ONC | HealthIT ADVISORY COMMITTEE

Transcript

PHARMACY INTEROPERABILITY AND EMERGING THERAPEUTICS TASK FORCE 2023 MEETING

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VIRTUAL

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Speakers

Name	Organization	Role
Hans Buitendijk	**Oracle Health**	**Co-Chair**
Shelly Spiro	**Pharmacy Health Information Technology Collaborative**	**Co-Chair**
Pooja Babbrah	Point-of-Care Partners	Member
Chris Blackley	Prescryptive	Member
Shila Blend	North Dakota Health Information Network	Member
David Butler	Curatro, LLC	Member
Steven Eichner	Texas Department of State Health Services	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Jim Jirjis	Centers for Disease Control and Prevention	Member
Summerpal Kahlon	Rocket Health Care	Member
Steven Lane	Health Gorilla	Member
Meg Marshall	Department of Veterans Health Affairs	Member
Anna McCollister	Individual	Member
Deven McGraw	Invitae Corporation	Member
Ketan Mehta	Micro Merchant Systems	Member
Justin Neal	Noble Health Services	Member
Eliel Oliveira	Harvard Medical School & Harvard Pilgrim Health Care Institute	Member
Naresh Sundar Rajan	CyncHealth	Member
Scott Robertson	Bear Health Tech Consulting	Member
Alexis Snyder	Individual	Member
Fillipe Southerland	Yardi Systems, Inc.	Member
Christian Tadrus	Community Pharmacy Owner	Member
Sheryl Turney	Elevance Health	Member
Afton Wagner	Walgreens	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Tricia Lee Rolle	Office of the National Coordinator for Health Information Technology	ONC Program Lead

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

Michael Berry
Good morning, everyone, and welcome to the Pharmacy Interoperability and Emerging Therapeutics Taskforce. This taskforce meeting is open to the public, and your comments are welcome in Zoom chat throughout the meeting or during the public comment period that will be held around 11:50 Eastern Time. I would like to begin rollcall of our taskforce members, so when I call your name, please let us know if you are here. I will begin with our cochairs. Hans Buitendijk?

Hans Buitendijk
Good morning.

Michael Berry
Shelly Spiro?

Shelly Spiro
Good morning.

Michael Berry
Pooja Babbrah?

Pooja Babbrah
Good morning.

Michael Berry
Chris Blackley? Shila Blend? David Butler?

David Butler
Here.

Michael Berry
Steve Eichner? Raj Godavarthi?

Rajesh Godavarthi
Good morning.

Michael Berry
Jim Jirjis? Summer Kahlon? Steven Lane?

Steven Lane
Good morning, present.

Michael Berry
Meg Marshall?

Meg Marshall
Good morning.

Michael Berry
Anna McCollister?

Anna McCollister
Good morning.

Michael Berry
Thank you, Anna. Deven McGraw? I think Deven is going to be joining us a little bit later. Ketan Mehta? Justin Neal?

Justin Neal
Good morning, everyone.

Michael Berry
Eliel Oliveira? Naresh Sundar Rajan?

Naresh Sundar Rajan
Good morning.

Michael Berry
Scott Robertson?

Scott Robertson
I am here, good morning.

Michael Berry
Alexis Snyder?

Alexis Snyder
Good morning.

Michael Berry
Fil Southerland?

Fillipe Southerland
Good morning.

Michael Berry
Christian Tadrus?

I am here too.

Michael Berry
Sheryl Turney?

Sheryl Turney
Good morning.

Michael Berry
Afton Wagner?

Afton Wagner
Good morning.

Michael Berry
Good morning, everyone, and thank you so much, and now, please join me in welcoming Hans and Shelly for their opening remarks.

Opening Remarks (00:02:09)

Hans Buitendijk
Good morning, everybody. Today is our last meeting, during which we are going to be looking at the spreadsheet. In many different ways, I believe that is a good thing. When we look at the agenda, in Topics 1, 2, 3, and 4, we will see that review of recommendations. That is going to be our aim, and later on, we will start to introduce the format of the Word document in which we are going to run through that, so it is going to be a big day in that regard. I am looking forward to that discussion, and we have a number of different updates. I appreciate everybody's input, so, thank you for joining, and I am looking forward to the meeting. Shelly?

Shelly Spiro
Thank you, everyone. Gosh, it is our 14th meeting. How wonderful. We appreciate everybody sticking with us, and we appreciate all of those from the public who have been very religious in joining us every week that we have met. Thank you, everyone. Just as a reminder to the public, please go ahead and put your comments into the chat, and for our panelists, make sure you make your comments to everyone. With that, we are going to open up the discussion with our direct-to-consumer prescription services. We do not have a presenter today, but we will be going through this until probably about five minutes to the top of the hour, so let's go ahead. Does anybody need another intro as to what direct-to-consumer prescription services are? If not, we will just open it up for discussion.

Discussion: Topic 4, Direct to Consumer Prescription Services (00:04:13)

Anna McCollister
Shelly, this is Anna. If we could just do a very brief summary, that would be helpful. I have just been away for the past two and a half weeks and literally just got back last night.

Shelly Spiro
Well, we thank you for joining us and are so glad to have you back. You were very much missed. Tricia Lee, could you provide a little bit of an overview again of what ONC's intent was for this particular topic?

Tricia Lee Rolle
Sure, I am happy to, and welcome back. So, when we are discussing direct-to-consumer prescription services, we are talking about a catchall for services where an individual can go online and download an app or some other type of electronic means to fill out a template or a questionnaire, sometimes either chatting or actually having a video call or conversation with a physician, maybe a nurse practitioner, or other type of clinician, and then, based on their reported symptoms or whatever is happening with them, they can receive a prescription that might be mailed to their door or sent to a pharmacy of their choice. We have also noted that there may or may not be lab services that might be involved in there, but this kind of area is growing, largely around sexual/reproductive health issues and other acute care needs. So, hopefully, that is a good description for you. Obviously, it is very similar and related to telemedicine and telehealth services, but we particularly wanted to highlight this just because this is a way to get care and to get prescription services outside the usual PCP paradigm.

Anna McCollister
Perfect. Thank you very much. I appreciate that.

Shelly Spiro
Thank you. Christian has a question or a comment.

Christian Tadrus
Thank you very much. I was late to this call last time and missed that description. So, are we considering direct-to-consumer prescription services in the context of the initial prescription for a therapy that might be issued upon a medical exam provided through an internet questionnaire and/or telehealth, or are we considering the refill logic around that, where that medical evaluation and establishment of a patient-provider relationship scenario is meeting all the state definitions, and therefore, a prescription can be issued? That is one question I have. The second question I have is the intense regulatory construct around states not allowing this practice of internet questionnaires and minimal evaluation. Are we narrowing the scope down to what is allowed per state law? I guess that would be the second part of that question.

Shelly Spiro
Tricia Lee?

Tricia Lee Rolle
Sure. I think we should assume that this is happening legally per states' requirements for the way prescriptions are being sent, but under that, I think what we are really interested in understanding is if there is a need for data interoperability, better coordination with other healthcare providers, or anything else ONC should keep on their radar for this growing field. I think that there are certainly going to be a lot of different regulations that a company that is providing these services has to navigate, but we are not in a position to try to reconcile what the different state boards or state laws are allowing. We are just assuming that it is taking place and that, where it is happening, patients are getting care through these internet- or app-based services. What recommendations do you have for ONC for either monitoring the area or doing something particularly to help support interoperability?

Christian Tadrus

I do not think we want to simply support patients searching out a source for a prescription for a self-defined or self-identified health need, but the practice of medicine **[audio cuts out] [00:08:38]**.

Shelly Spiro
I think we lost Christian for a second. Does anybody else have any other comments or questions about this particular topic?

Hans Buitendijk
Perhaps one general comment is that one of the reasons we wanted to talk about it today a little bit further is that last time, we did not have the patient perspective that Alexis particularly provides. Not to put you on the spot, but we want to make sure that we have the opportunity to address any considerations in this regard from the patient perspective as well. I see Anna raising her hand.

Anna McCollister
Thank you, Hans, and again, my apologies that I have been away. So, I do not want to get into a territory, which I have done in the past, of making recommendations that are completely out of scope for ONC. I want to make sure I understand what it is we are trying to focus on. Is it purely the informatics backbone of how to make this work, or is it policy around whether or not it should work?

Shelly Spiro
I think it is the first one, Anna. ONC certainly cannot dictate policy in relationship to whether something is right or wrong. I think all we can do is leverage the technology to ensure that information-blocking and that information is flowing in a way that meets the standards that have been identified for interoperability. I think that should be our No. 1 goal. We can probably make recommendations to dig into this a little bit deeper.

I know from a pharmacy perspective, this is similar to a way that digital therapeutic types of software are working also, but I guess where we see a difference is how we coordinate with primary care, especially for our high-risk patients. We need to make sure that these types of prescriptions are identified in a way that can be shared with the care team and the patient, and what we see with some of these emerging therapeutics that are out there is that we have to make sure they are connected to the entire care of the patient if we want a person-centric model where information is flowing in an interoperable way between all of these entities, and I assume that is one of the reasons why ONC is interested in this particular topic, because some of these outside types of processes are not integrated with the total care of the patient.

Anna McCollister
Right. For instance, I had a situation where I was out of state, I was attempting to get an ADD medication filled, it was complicated, and I tried to do it through telehealth, but it could not be filled because it was a telehealth appointment, and that was because of state licensing determinations and state laws. ONC would not really have any jurisdiction over that. In that case, it was more of a state licensing thing rather than the flow of information because the provider could see my data from the one medical provider. So, I presume that kind of thing is out of scope, and what we are talking about is the actual flow of data and information.

Shelly Spiro
Correct. The situation that you were dealing with was probably for a controlled substance, and there are still some regulatory requirements on telemedicine and telehealth services with controlled substances state

by state, so I do not think this is the same type of thing that we are talking about. This is where the consumer goes to a physician not connected with that patient's care team, and Tricia Lee, please correct me if I am wrong, but I think that is the gist of what we are trying to get at.

Anna McCollister
Perfect, thank you. I appreciate that.

Hans Buitendijk
Perhaps to take it a little bit further, as part of the discussion, if you look at the spreadsheet, Shelly put in a recommendation draft there, and when we get to that, we can dive deeper into it as well, but the essence is where that data is possible, that data is shared with the rest of the care team, and there were some examples that were being used where such a provider or pharmacy online service would provide the ability to share the data back with the care team, but that is not universally necessary there and might not use the same standards, so the focus of a general comment recommendation would be that there be a focus on encouraging and enabling that ability. The patient might have a very particular reason why they are doing that and not be interested in sharing, such as self-pay, etc., but where that can be done, it should be possible to be done.

Shelly Spiro
One other piece that is important that we remember and that may be for ONC to do some outreach with the National Association of State Boards of Pharmacy is that there could be organizations out there that are using direct-to-consumer prescription services, but they might not be doing something that is legal, and that is for the state boards of pharmacy to do. When you have a consumer go directly to purchase something online, especially something that is a prescription in the United States, it might be from out of the country or from someone trying to do something illicitly, and that is one of the reasons why the state board might need to be involved, because they have a mechanism to ensure that all pharmacies in the United States that are in the business of dispensing prescription information have a license and are following all the rules and regulations that are put out by each state board of pharmacy. Christian, do you want to comment on that, since you are a member of a board in Missouri?

Christian Tadrus
I think that is the same. The regulatory constructs here sometimes get in the way of capabilities. We can do things, and things are happening because of industry pressures, financial pressures, or outside actors' interests, and we end up in a situation where the pharmacists and pharmacies are put at risk or are actually being driven into a different model with their licenses being on the line, so to speak, from a patient safety observation standpoint, which is their primary role from a regulatory standpoint, so I do think it is recognition that we have to talk about our recommendations from the standpoint of what the state authorities grant to the pharmacies to be able to do under their licenses, and that is that dialogue.

Just wrapping up my previous comment, our recommendations do not necessarily need to be policy recommendations, but I think we need to build commentary or reference to the concept that prescriptions emanate from a medical engagement of some sort, and through the professional engagement with a licensed practitioner, they are authorized to do that, and when we write our recommendations, we should not only write them from the standpoint of a consumer seeking out a drug. We have to use language that says "subsequent to appropriate medical need scenarios," and that is really where I was going with that.

When we say "direct-to-consumer prescription services," it almost sounds like it is all about the prescription and all about the patient doing a prescription activity or getting an activity, so maybe my angst is more around the description of direct-to-consumer prescription services and what that conveys in different settings. So, while we are using it here, as long as we are level-set on what we are doing, I have no problem with that. It said something different to me when I read it. I appreciate the conversation, and I understand where we are going with this. Thank you.

Shelly Spiro

Any other comments? David, I know you put some comments in the chat. Do you want to expand on them?

David Butler

That would be great, thank you. As everybody knows, we live in a society that believes that the therapies need to be controlled for what anyone receives. We have to recognize that there is a part of the population that also believes that medications should not be controlled, but that practitioners should become advisors to patients and caregivers. While I personally think that is highly risky, in my view, that is somewhat of the thread we are headed down, and if that were to happen and to become much more of a commonality, the things I put on the side are what I believe would need to be in place in order to maintain the safety aspect. Efficacy would be important as well, but I think we would need to establish at least a group to begin thinking about how patients at home and in ambulatory or other situations, and even their caregivers, which would be even more difficult, be able to assess, monitor, and report into a body that could then analyze, aggregate, and come back with recommendations for at-home or what I would call non-institutional or personal care of any type, whatever you want to call it.

So, it is really a whole new area for us to be thinking about, but the technology is offering ways for that to happen, and I believe there are people in the population who would like to see that and take advantage of it where they can, and I think that is something we do have to consider here. I come back again to the most important thing to me, which is monitoring safety to protect that patient.

Shelly Spiro

I totally agree with you, David, and I think you bring up a really good point. Typically, we see this also with over-the-counter, herbal medications, and others. Especially as pharmacists, we try to make sure that we have all of that information available to us because any time a patient is consuming anything, it can affect their medications, especially with patients that are high risk. We have to do that medication reconciliation evaluation, and if these prescriptions are not part of that loop or are identified by the patient helping us with their medication reconciliation in a very honest way, patients might not have a tendency to consider that medication more like an over-the-counter, like Tylenol, when getting a prescription. So, the aspect of doing drug-drug interactions or looking at potential adverse drug reactions could be a problem. Alexis?

Alexis Snyder

I think you partially made one of my points. The other part I was thinking about when David was speaking with the concerns in safety is really no different than a patient and/or caregiver of that patient keeping tabs already on medications that they are taking, even when they are not prescribed directly to the consumer, on side effects, how you are feeling, and adverse events, etc., and reporting that back to your physician. As you just said, Shelly, sometimes people are not honest about that either, or they are not thinking about it, but I think that maybe, if this is some sort of recommendation we build around safety for the direct-to-consumer prescribing, that survey that is going out initially certainly could be something that a patient fills

out or updates again that asks questions about these adverse effects or side effects of the drug before a refill is allowed.

Shelly Spiro
Thank you. Justin, you put some comments in. Is there something you wanted to say before we move to our topics or recommendations?

Justin Neal
Sure. I was just looking at it from the perspective of the more interoperability of the information being captured by the third-party services or providers, as I will call them, outside the regular chain of prescribing and the more interconnection between what they are getting elsewhere, putting it in the hands of a primary care provider or somebody else, it does provide a little bit more regulation of it, much like a PMP does for controls, where someone could essentially be doctor-shopping. From what my understanding is, the services do normally collect information about adverse events and other information, and if that is being shared back as part of a standard, if you are going to have this direct-to-consumer, largely patient-driven intervention, it is very important that it is fed back to a common ability to feed that back to other providers. I think it would almost put more sunlight on the entire part of this practice that is relatively new to the field.

Shelly Spiro
Thanks for explaining that. Anna, is there something you wanted to say for the last few minutes? I am not familiar with DIME IMPACT.

Anna McCollister
Sure. The Digital Medicine Society, which is working on different aspects of digital therapeutics and digital biomarkers, partnered with the American Telemedicine Association a couple of years ago and started a group called IMPACT, which is an acronym, and I do not know what it stands for, but essentially, it is a trade group for virtual-first care companies, and I am one of the founding members, just as a patient representative, because I know the founders involved with it. I have not been involved in everything they have done, but they have created a number of different workstreams where they have put together standards and recommendations for companies in the space and for insurers who are considering funding or paying for services in the space about what good care looks like.

I do know that data and interoperability has been part of a number of those recommendations, but especially with vacation brain, I cannot think with great certainty on exactly what they have done, but it might be worth reaching out to IMPACT and Jen Goldsack, who I think is the president or CEO of DIME. She or one of her team members would be an excellent person to have involved. Their perspective or the perspective of one of the members that is involved might be helpful because data, access to data, and making sure there is a proper handoff between the bricks-and-mortar healthcare system and these virtual-first or virtual-only care providers is something that is very important.

Shelly Spiro
It sounds like that comes in the form of a good recommendation, Anna. Would you be willing to go ahead and put that in?

Anna McCollister

Sure. Put that into what, the spreadsheet?

Shelly Spiro
I do not know. Hans, how do you want to work on this? We are at the time now to start working on the…

Hans Buitendijk
I think there are two options there. One is before or during the meeting, if you have the chance to put something in Topic 4, that would be great. If not, wait until the document comes out because then, it is easier to do it right there, and then we know it is coming, but then it is easier to do it right there.

Anna McCollister
Okay, I can reach out to them. I am here on a number of HITAC committees and the steering committee for DIME as a patient representative, so I do not want to be making recommendations from the perspective of industry, but I do know they have given these things significant thought, and it might be helpful. So, I am happy to reach out to them, get up to speed specifically on what they have done in this issue, and try to incorporate some of that feedback, if that would be helpful.

Hans Buitendijk
From a timeline perspective, we are trying to get everything into a document tomorrow or between now and next week where we really focus on cleaning that up with any comments that taskforce members have, so that is starting next week. We are really going to go down to the final crossing of Is and Ts, getting the nuances clear, etc., so after that point, we are trying to avoid having new recommendations coming. If that still works over the next one or two days, that will be great. Otherwise, it is going to be challenging to get it in.

Anna McCollister
Sure, okay.

Shelly Spiro
Anna, if you cannot, can you just send Hans and me your recommendation through email?

Hans Buitendijk
Yes, that is fine too.

Shelly Spiro
We can go ahead and put it in if you are having difficulty getting it into the spreadsheet in the next day or two.

Anna McCollister
Okay, thank you.

Topics 1, 2, 3 and 4: Review of Recommendations (00:28:10)

Shelly Spiro
Okay, Hans and Accel team, I think we are going on to our review and recommendations for Topics 1, 2, 3, and 4.

Hans Buitendijk
All right. Again, our goal today is in the respective columns that are marked with "final recommendation," we are going to turn everything green. Now, we might not quite make it, but that is the goal so that tomorrow, the document is going to come out. I think it is going to be a Google document that everybody can review and put their marked-up comments in, which is easier to do there than in the spreadsheet. We can use that between now and next week to get down to starting the final reviews and making sure that everything is in the right spot.

Later, we will have a quick look at the last topic of the agenda, what that document is roughly going to look like, so that you have a good idea of what to expect, but today, we are just going to go back to this spreadsheet. I am going to share my screen for that particular spreadsheet, and I would like to ask that everybody stay out of Column E on the Topic 1 recommendations, Column F for Topic 2, and then we will move on to Topic 3 similarly, to make sure that we do not overlap our thoughts. If you have anything to say, like last week, where you have a rephrasing or suggestion you would like to make, look at Columns F, G, or somewhere to the right and put the comment or suggestion there. We can then copy it while we talk or after the session. If it is correct, you should see my screen popping up, and we need to make sure that it is the right size. I will open up this one to test out how readable it is. Should I make it larger, or is it fine?

Shelly Spiro
I cannot read it. It is way too small.

Hans Buitendijk
I will go this way. Does this make it better, or should I go a little bit further up?

Shelly Spiro
It is better, Hans. Maybe just a little bit larger if you can. That is better, that is great.

Hans Buitendijk
That is great?

Shelly Spiro
It is for me. I do not know how others are.

Hans Buitendijk
Anybody else? Is this working? All right, in this first one, we have everything green, so we are not going to stop there. In the second one, we were looking at R11. We had a couple of notes that we wanted to make sure we had. The first one is that there might be some better terminology than "reasonably." In this statement here, we have the term "reasonably available," and Alexis, I am curious whether you had a chance to look at a better term or whether we are okay with this in light of the rest of the statements.

Alexis Snyder
No, I am not okay with "reasonably." I do not have a substitute right this minute. I can think about that for you, but I was just trying to make a point that "reasonably" is not a definitive time period. One person might

think two days is reasonable, but the pharmacist might think a week is reasonable, so I do not think just using that word is going to solve this problem for the recommendation.

Hans Buitendijk
Perhaps, then, unless you have something before the end of the meeting, as part of the fine-tuning of the document, we should see whether we can tailor that a little bit further. For today, we are going to start with this, and in the document, we are going to do the final tuning there.

Alexis Snyder
I think that is reasonable. I guess the only thing I would add is that perhaps we think about defining a period of time, like no longer than 48 hours, three days, or something to that effect. Otherwise, the recommendation really is not helpful for patients and caregivers because the timeline could be much longer than a patient would like.

Hans Buitendijk
Perhaps that could also be addressed by indicating somewhere in the recommendation that part of this recommendation is to define what is reasonable so that we do not have to do it and come up with what that is, but that we recognize that it must be defined so that it is not too open for interpretation once this capability has been put in place.

Alexis Snyder
That makes sense.

Shelly Spiro
Pooja?

Pooja Babbrah
That is what I was going to say. I think we should just say that it is defined because I know that in some rulemaking, there are some things, like with prior auth, urgent requests, and other things in a certain time period, for which I do not think we can actually define the time period, but I think we suggest that the time period gets defined in some kind of additional rulemaking or something else.

Hans Buitendijk
I just want to see whether this, then, along those lines would do it for today. I will put this in there, and then we can wordsmith it further. Would that work?

Shelly Spiro
Hans, Scott recommended “appropriate.” I do not know if that is an option…

Alexis Snyder
I think that has the same issue as “reasonable.” What is appropriate to one person is different to another.

Shelly Spiro
Yes, but again, it has to be determined by the situation, so calling out a timeframe might not be… And that is really not what ONC can recommend because you have other issues, like with state board regulations. We want everything to be real-time, but it is not…

Alexis Snyder
I think what Hans suggested made sense, putting in wording about defining it.

Hans Buitendijk
What I would suggest for today is we know we have a little bit of work to do to clarify that and put in that it needs to be defined, but we do not know what it is right now, and then we move on to the other parts. Otherwise, we will not get through the rest of the recommendations for today.

Anna McCollister
Hans, I will say super quickly that I completely agree with Alexis's concerns and I am glad that we are taking that into consideration. I just think maybe what we should do is give ONC guidance on the process for determining that and make sure that that process includes patients who would be impacted.

Shelly Spiro
Perhaps if you can put a couple of thoughts together on how to phrase that sentence to add to it, that would be great, and then we can put that in. That need not be done today, but then we can do it as part of completing the document itself.

Anna McCollister
I will do that, and Alexis, please chime in if what I send you is not cool.

Hans Buitendijk
The second part here was a comment that this is a bit of a long sentence, so I took a stab at how to split it up a little bit. I managed to get it from one into two, I think. Maybe we can still split it in three. Have a look at whether this is a reasonable start, and again, the rest will be done by way of fine-tuning as we go through the document itself, not working in the spreadsheet anymore, and then this would go.

Alexis Snyder
I think that makes sense. I think it looks good, and I think we can wordsmith it later on the doc.

Hans Buitendijk
Okeydoke. Anybody else? If not, then are there any further concerns turning this green for today with every opportunity for fine-tuning? If not, I think I have finally figured out that I might as well just turn it green and then deal with the strikethrough later.

Shelly Spiro
You might want to keep the red red, though.

Hans Buitendijk
Well, if it is strikethrough, then I will just have to take it out. I think that is the only thing I have to do. Okeydoke, we got that. Great, next one done. We did have a comment that there may have been an opportunity for a new recommendation for reallocation. We have not seen anything today, so we are going to skip this, but if that still comes along between now and the next couple of days, then we can still consider it, but otherwise, we did not receive anything on this. I noticed that I did not do that last week, so we are

going to go down to the bottom of Excel because one of the next ones is where we missed one that was actually already ready for review and that is happening here.

So, we have two in this cell to look at. We went through R6 and had a follow-up that Christian was going to look at. From that, we have this updated version of the recommendation where we are adding to include measurement systems and then add additional language to better clarify what the focus of the measures should be about. The question here is does this address the clarity that we were seeking, and will everybody then accept that as a recommendation we want to move forward with?

"Recommend that ONC work with the public health organizations, including CDC and STLTs, to create a set of metrics, measurement systems, and outcome measures specifically addressing identification of gaps and advances in exchange of critical data between pharmacists capturing clinical data related to immunizations, medications, treatments prescribed/dispensed/administered, e.g. antibiotics and antivirals, and related public health medications," putting some spaces in there, "and case reporting identified during the pharmacist's encounters. The measures should align with principles of measurement signs, specifically around feasibility and the ability to readily capture data from a level of analysis. Additionally, the measures should improve the quintuple aim, safety, outcomes, cost, health equity, and burnout, with a focus on the measured entity (pharmacy, health plan, hospital, etc.) having the ability to improve the measures."

Shelly Spiro
Scott?

Scott Robertson
In "the ability to really capture data from the level of analysis," the "from" does not sound right. Maybe it should be "appropriate to the level of analysis," unless this is a phrase that is from measurement science.

Christian Tadrus
I do not think so, Scott. That was my verbiage. "Recommendation" sounds better.

Scott Robertson
Oh, okay. "Readily capture data appropriate to the level of analysis"?

Hans Buitendijk
Christian, would that work?

Christian Tadrus
Yes, I agree with Scott. That is just wordsmithing, and it is appropriate.

Hans Buitendijk
Okay. Other comments? With that, can I turn this green up to this point, and then the other notes can be dropped? If there are no concerns, I am going to go ahead with that. In the next one, I am going to remove these comments and put them somewhere because we do not want to lose them. I will drop them in the column to the left. That was R12.

Shelly Spiro

Was it R16?

Hans Buitendijk
Sixteen. So, I will clean that up. We will fix the reference. I guess we just had too many in there. Okeydoke, next one. That is what confused me, because we are now jumping to R34. This one was put in before last week, but it sat at the bottom of the cell. I pulled it up. This was a recommendation by David, so, have a look at it. "Recommend that ONC, in collaboration with the FDA, provide guidelines to provide further advanced transparency as part of the proposed decision support intervention certification criteria in the proposed HTI-1 rule that are needed to ensure greater clarity on authority, delegation of authority/responsibility, review procedures regarding future machine learning software, hardware, and data set combinations that achieve artificial intelligence levels capable of self-initiative, self-management, and self-control within practice settings overseen by local and state regulatory authorities."

The rationale indicates that "As these advance, ONC should work closely with the FDA on how to manage these technologies that have those abilities. For example, they may require clinical trials. Self-learning technology will be included in comparative randomized clinical trials, etc., and once FDA approves, software/hardware combinations will be licensed and can further identify insight, transparency, quality, etc." David, is there anything to add while others are reading this? This was a combination of what you wrote and a couple of tweaks to it, so the intent was to still capture that.

David Butler
One thing to start off with: Could you get rid of the bad grammar at the beginning, the second "provide"?

Hans Buitendijk
This one here?

David Butler
Yes.

Hans Buitendijk
I can do that. That is easy. Any other comments? If not, does anybody object to me turning this green?

Shelly Spiro
Just as a reminder, when we turn it green, it means that we are putting it into the Google doc, which will be easier for us to edit.

Hans Buitendijk
Okeydoke. Let's check whether there is anything else so we can get that, unlike last time. Okay, we are moving on to R17. R17 had a couple of adjustments. I did not check whether Deven is already online or not.

Shelly Spiro
Deven is here.

Hans Buitendijk

Okay, because we needed to check with her a little bit. We now have it stated as "Recommend ONC collaborate with the pharmacies and other provider communities, including HIT vendors, to establish appropriate reporting mechanisms directly from the pharmacy to the care team members and vice versa, i.e., enable bidirectional push messaging rather than solely relying on prospective queries for information, for example, EDT messages upon discharge, results availability, administration of a drug, and fill status on a prescription when filled." I believe that addressed Deven's question.

Deven McGraw
Definitely. Before, it did not have a verb. It looks good.

Hans Buitendijk
And with that, do we then have a recommendation that is readable, complete, and acceptable? I am not hearing anybody.

Deven McGraw
It looks good.

Steven Lane
That looks really good, thank you.

Hans Buitendijk
Then this one will go green up to that point. The rest is just commentary to get it in the right spot. Oh, that is the wrong green color, sorry. There we go. Let's see whether there is anything else. I do not think so. In R18, we had a follow-up, and I am not sure whether Ike was able to join.

Shelly Spiro
No, he is not on.

Hans Buitendijk
Okay. We had a discussion around whether this required additional clarification and perhaps a separate recommendation. I did reach out to Ike and have not heard back yet, so what I would suggest is that we see whether everybody is okay with this as it stands and then adjust it, but we will follow up as we get into the Word document, where we may need to tweak this a little bit more. Does anybody have a concern here?

We are stating, "Recommend that ONC collaborates with pharmacists, other providers, clinical data registries, including IIS registries, and public agencies, including the CDC and STLTs, to identify a minimum data set within USCDI that pharmacists must be able to exchange with IIS registries, EHRs, and possibly other pharmacy information systems, considering the various roles that pharmacists may have in the test-to-treat process. The scope should consider not only prescription-related data, but also any non-prescription-related data where the pharmacist provides test-to-treat services such as assessments, tests, treatment, and/or advice rendered," with the rationale that we have talked about quite a bit? Any concerns, recognizing that when we reconnect with Ike, we might have a couple of adjustments there to consider? Not hearing any, this one is going to turn green.

Shelly Spiro

I think Melissa had said either IIS or immunization registry.

Justin Neal
Yes, you do not need both.

Hans Buitendijk
Where is that?

Shelly Spiro
I think it is in the first…

Christian Tadrus
The top line. Maybe instead of "IIS registry," it should be "immunization registry." Is that what people are saying?

Hans Buitendijk
When we talk about clinical data registries, that is not only immunizations or IIS, but other ones as well. We can say "immunization registries" if that makes it easier.

Justin Neal
Actually, that is a good point. There are other registries that pharmacies may need to contribute to. It might make more sense to keep it broad.

Hans Buitendijk
That is why we did this, but we wanted to make sure that nobody got confused that that would possibly not include immunization, so it went in there.

Shelly Spiro
And there was another recommendation about "have ability to access" instead of "need access." I am not sure where it is, though. Scott, did you want to say something while Hans is looking for that?

Scott Robertson
There is another reference to "IIS registry" just in the middle of the revision.

Shelly Spiro
The third line down. Should that be "immunization"?

Hans Buitendijk
Here, it can be "clinical data registries."

Scott Robertson
I think that was "clinical data registries."

Shelly Spiro
So, that was Suzanne. Where did you see that?

Scott Robertson
Under the rationale, it actually says that.

Shelly Spiro
Which line, Suzanne?

Scott Robertson
Actually, I think "pharmacists need the ability to access health records" might be where she is doing it. Sorry to speak for you, Suzanne.

Shelly Spiro
Is that good, Suzanne? Yes, she said, "Thanks, Scott."

Hans Buitendijk
Okay. Anything else?

Shelly Spiro
It does not look like there is anything in the chat.

Afton Wagner
I think "particular" should be "particularly." "Particular during emergencies" is in the first sentence of the rationale.

Hans Buitendijk
Oh, is it there too? Okay, "excess," and there needs to be a space there, and "particularly" there as well. I have also fixed it in the one here. Thanks, Afton.

Shelly Spiro
Steven, why don't you comment on what you said?

Steven Lane
We were just trying to figure out how to phrase things to be inclusive, and I thought we might try to use language like "IIS and other relevant clinical registries" in some of these recommendations.

Hans Buitendijk
So, would we do it like this, and then drop the parentheses?

Steven Lane
Yes, I think that might be clearer.

Hans Buitendijk
And then, can we leave it here as just "clinical data registries" to avoid repeating the entire string? Is that acceptable?

Steven Lane
It makes sense.

Hans Buitendijk
And then, we can just say "exchange with relevant" here. Okeydoke, any other things we need to do today? Certainly, as we get into the Word document over the next week, any adjustments are going to be absolutely welcome. That is what we are looking for to make these kinds of clarifications. So, I could make it greener, but it sounds like we have gotten it over today's finish line. Anything else in here?

Shelly Spiro
No other comments. Let's move on.

Hans Buitendijk
Okay, let's move on, then. I am just double-checking that there is nothing else in this cell. There is definitely nothing there. We are at R22. "Recommend that ONC collaborate with the pharmacy community, patients, and caregivers to develop guidance on best practices for data capture from patients and pharmacies." Rationale: "There is information that might not be available from other data sources. In their interactions, pharmacists might be the ideal in-person contact at that time to provide/solicit that information and offer better guidance to help enhance that or other capabilities." Any further discussion here? This was pretty much where we left it last week. Not hearing any, this is going to go green.

That should bring us to the last one on Topic 1 in here. We had a fair amount of discussion around the ability to enable data access within the appropriate privacy policies and patient consent, particularly in patient consent directives, which got us talking about how we need to then be able to evaluate that. This recommendation is focusing on what is needed to help further move that forward. We have not really talked about the details here, so we need to carefully look through this and see what makes sense or what we need to drop or modify. It currently states, "Recommend that ONC advances the necessary efforts to establish a national privacy policy and patient consent directives management infrastructure beyond establishing privacy policy and patient consent directives tagging standards that support the documentation and management of computable privacy rules and patient consent directives, enabling consistent evaluation and application of these policies as data is being requested and pushed regardless of the interoperability method used." We probably want to put it in multiple sentences, but let's keep on going.

"ONC should consider collaboration with organizations such as ARPA-H in combination with HL7 accelerators SHIFT and Stewards of Change for this complex and critical capability. This capability should be a shared capability across all interoperability parties, including pharmacies and pharmacists, as this much be consistently managed regardless of setting. ONC should consider the role of TEF, Trusted Exchange Framework, as a critical component of this infrastructure." And then, the rationale is summarizing the discussions that we have generally. Any thoughts around this of adding, subtracting, or modifying to have this in place? Deven?

Deven McGraw
My apologies, I think I might have missed the day when this was initially brought up or discussed. The idea that we would have a single national infrastructure for consent registry is a pretty big idea and concept that my gut says needs a bit of further exploration before a flat-out "ONC should advance this" kind of

recommendation. We are having this discussion in California, and it is very complicated, given that consents are often done very contextually and situationally, responding to a lot of different ways that the law requires a consent to be, much less internal policies around consent, so there is just a lot to this. It does not necessarily mean it would not be a valuable thing to explore. My sense is that I would feel more comfortable if it would say "explore," even "actively explore," even setting up a different task group to dive into this in more detail, but I feel it is pretty mature to say, "Oh, ONC, go do what is within your authorities to advance this" when I think it is a little underexplored by this group.

Hans Buitendijk
Fair point.

Shelly Spiro
Pooja?

Pooja Babbrah
I totally agree with Deven. I think there is a lot of activity around this, so I would recommend that we honestly take out "establish national privacy policy and patient consent directive infrastructure" and leave it at… To Deven's point, I think this needs a bigger effort than just us saying this is what we should create because FAST has now put out something to create something. I know there are efforts. You even have Stewards of Change added in the chat, too, but I just think this is bigger, and I am not ready to make the directive recommendation like this, so I totally agree with Deven on this one.

Shelly Spiro
Steven?

Steven Lane
I will just pile on. I think it is good for us to recommend continued work and focus in this area. As I mentioned, we touched on this in our HTI-1 Taskforce recommendations as well. We might want to go back and look at how that was phrased there, but we are not ready to declare that ONC should just go do this. I just wanted to agree with that as well. I am also commenting that Sequoia Project is going to be launching probably a longstanding privacy and consent workgroup on the first of the year, and if we do have a listing of folks with whom there should be collaboration, we should include that one.

Shelly Spiro
Thank you, Steven. Also, there is some work that is being done on personal preferences, and some of the personal preferences, such as software like ADVault that are combining advance directives, consents, and personal preferences, are emerging ways to capture this information that are overseen by the patient. Anna?

Anna McCollister
I just wanted to agree with everybody and provide a "patient voice" officially on the record. I think this is important. We need to take this on, but doing it quickly without considered thought could create more barriers to information exchange than might be anticipated, and I do not think that is the best thing for patients, so I completely agree with what has been said. It will be interesting to see what Sequoia and the Sequoia Project work group takes on and thinks through because they have done a lot of great work on

different types of trusted exchange things, as we all know. If we act hastily or make hasty recommendations, there may be ramifications that are unanticipated.

Hans Buitendijk
I have a couple of thoughts. I completely agree that the term "advances" is too strong for where we are at. I am very comfortable with changing it to "actively explore." I would have a concern if we did not reference in some fashion the concept or need for infrastructure in the sense that that need not mean there is a singular place where things are kept, but that the infrastructure enables that everybody who needs to know appropriately what the consent directives and policy/policies are for a given patient for a given jurisdiction. We need to have a way for the appropriate parties to figure out what it is, and that is not just a standards issue, it is also an issue of a way to communicate that across the parties which has some form of infrastructure so that can be done, that enables that.

From that perspective, I would actually be uncomfortable removing the concept of "infrastructure." There might be a better word, but currently, the standards as defined are insufficient to actually achieve and say, "Hey, go implement the standards," if you will. It would not get us to the endpoint that we are looking for. There is something else that we need that is different than standards. The question is, how can we express that?

Shelly Spiro
I think that Deven has said we could take out "national" and replace it with "interoperable."

Hans Buitendijk
That is a good way.

Shelly Spiro
And then, Scott has a comment.

Scott Robertson
Maybe we should move the word "infrastructure" up so it reads, "Actually explore the infrastructure needs for an interoperable privacy policy," because when I read it, I know it is not the intent, but I read "consent directive management infrastructure" as one thing.

Hans Buitendijk
That makes sense. That is helpful. Deven, I think you had a couple of other things you were thinking of that could help modify and enhance this.

Deven McGraw
I had suggested them in the chat, and Shelly raised them. I also wonder whether the specificity around collaboration with ARPA-H in combination with an HL7 accelerator is a little bit too directive at this stage. "As part of this exploration, ONC could consider collaboration" might work. I almost think there is more work even for the HITAC to do on this versus being this directive to them at this stage. That is all.

Hans Buitendijk

So, maybe I will just put this here for the moment in between the little bracket of the example parties. As Steven mentioned, there are probably a couple other ones out there, and that should just be a listing at best, nothing more than that.

Deven McGraw
I just wonder whether, again, if we think this idea is not quite fully advanced, that there is more to this, then why would we be so directive? Why would we just toss it over to ONC and see what they do with it versus inviting further exploration on this issue, even with HITAC? That is more specific compared to considering this to be our only shot at this.

Hans Buitendijk
Is it good like that?

Deven McGraw
Yes. That is also a suggestion because there are a number of us on the HITAC, though not all of us, but it just feels like it needs a lot more digging.

Shelly Spiro
Pooja?

Hans Buitendijk
I just have one quick question to make sure I got Deven's suggestion correct. Deven, would this say "including HITAC" and then drop the rest?

Deven McGraw
Yes.

Hans Buitendijk
Okay. Sorry, Pooja. Go ahead.

Pooja Babbrah
I was part of a listening session at HIMSS that Stewards of Change hosted, and we actually came out of that with language that was very general for ONC about doing some research, looking at pilots that have been going on. I can put the language we used in the draft recommendation so we can look at it as a possibility. To Deven's point, when I read this, it is still very narrow, whereas the language we ended up with was "Hey, ONC, there is a lot of work here, we know it needs to be solved, we know that you need to do some research," and kept it very general, so I am happy to add that in here for us to review next time.

Hans Buitendijk
Okay, yes, if you could do that, maybe once we complete this discussion, there will be a couple of people willing to put something more together offline. We will have a spot summary in the document, but we know we need to do a little bit more work to clean that up before the next discussion.

Shelly Spiro
David?

David Butler
I just wanted to jump in and say I agreed with Deven. The question that occurs to me is what is our focus here on this? It seems very broad. The example that came to my mind was, having worked with some of the companies that were doing both GDPR requirements and HIPAA requirements, in effect, you can build out an easy relational database that will allow each patient to pick who is allowed to see what in their records, but that opens itself up to abuse potential in the sense that it could be a patient who says, "I do not want this practitioner seeing this today" or "I want my records completely removed today," and then wants it back tomorrow. The impact on providers, organizations, and the patients themselves has to be part of this exploration. What I am seeing here could address that, but it just seems very vague and nebulous. It seems to me we need more examples of what we are recommending here.

Hans Buitendijk
Thank you. Any other comments?

Shelly Spiro
Nothing in the chat, no hands raised.

Hans Buitendijk
I get the sense that between Pooja, Deven, and myself, if we go back and forth on a couple of suggested enhancements here to address the concerns raised, that will be great. Would that make sense? Is there anybody else that would like to be part of that email exchange that we are going to have?

Deven McGraw
Will people have a chance to look at it if they are not necessarily part of the email exchange?

Hans Buitendijk
Yes, because it will come back in, we can put in the document, and then everybody can see it, but if we have an opportunity over the next couple of days to come up with something there, then that can go straight into the document.

Anna McCollister
I do not need to be part of the email chain, but if any of you on it think that my perspective would be helpful to chime in, just let me know.

Hans Buitendijk
Okeydoke, we will add you in. I see that Scott is sitting on that cell as well. Just be careful. Hopefully, you did not add anything. This will then go into that part. That actually gets us to the bottom of Topic 1, and we are going to go to Topic 2. In Topic 2, we are now looking at Column F. I am going to shrink this a little bit to the left. Tell me again whether this is the proper size. Does that work?

Shelly Spiro
It looks good. Open up the cell, and let's see.

Hans Buitendijk

I need to move it a little bit over here to get the full cell, like that. Does that work?

Shelly Spiro
Yes, that is good.

Hans Buitendijk
All right. Now we are looking at recommendations we made as we were going through use cases and different contexts that went through. Recommendation 24 is "Recommend that ONC pursues a set of standards, technologies, and frameworks to advance interoperability with and among pharmacies and pharmacists that is common with the provider community that is being deployed through the ONC certification program in collaboration with CDC and deployment of the Trusted Exchange Framework." I am wondering whether the last part, "in collaboration with," is needed, or whether the period can just stop right where my cursor is right now. Any comments on this in addition to that suggestion to drop this part?

Shelly Spiro
I am not seeing anything.

Hans Buitendijk
You are not seeing anything?

Shelly Spiro
I am not seeing any comments coming through the chat or hands raised.

Hans Buitendijk
With that adjustment and the rationale, are there any additional comments?

Shelly Spiro
Let's make it green.

Hans Buitendijk
Okay, with no further comments, I am making it green.

Shelly Spiro
Oh, we got one from Scott. Was that about this one?

Scott Robertson
I am just pointing out that Kathy Graf put a comment in about whether it is "among pharmacies and pharmacists" or if we take out "pharmacies."

Hans Buitendijk
Thank you. Thoughts? Do we believe that this needs to be specifically focused on pharmacists or that there are aspects in here that would apply to the pharmacy?

Scott Robertson

We did not ever come to an actual decision about when we say “pharmacy,” “pharmacists,” or both. I know we have discussed it a couple of times, but we do not have, forgive me, a standard.

Hans Buitendijk
We did not come to a singular way. There are some recommendations of where we need to address one, the other, or both, so I believe we need to evaluate for each recommendation whether it is truly about the pharmacists only, about the pharmacies because of the nature of the topic, or about both because both are in play.

Shelly Spiro
Kathy also brought up licensed pharmacy technicians. I do not want to put a whole other category in, but pharmacies would cover that.

Hans Buitendijk
Would pharmacies cover that? Okay.

Shelly Spiro
I think pharmacies would cover that.

Hans Buitendijk
We then have to go back to some of the other ones and make sure that pharmacies are included where we might have dropped them because we are talking about pharmacists specifically, but if we need to include licensed pharmacy technicians, then we would have to add that back. Christian?

Christian Tadrus
Thank you, Hans. I just have more of a question mark. If we get granular about these roles and pharmacies, pharmacies do have other support personnel that have authorities and engagement. When we think about public health, for example, community health workers are embedded in pharmacies nowadays as well. Now, they are outside the general oversight of pharmacy boards, but they are increasingly going to be authorized to do things that are in the public health space and interfacing with public health, such as referrals, assessments, and things like that. I only say that to say if we are not going to keep it at a high level, such as “pharmacies,” that is fine, but we might want to conceptually consider that it might not be a pharmacy technician or pharmacist in a primary role because the healthcare team in a pharmacy may include other health professionals, such as nursing, or it could also involve some of these public health entity type of roles. That was my only comment.

Hans Buitendijk
David’s comment here is “The pharmacists have the authority and the pharmacists are the facility, so it should be included for the specific need.” It sounds like we generally should keep it in at this point in time, based on the combination, but we need to carefully look at the recommendations. Based on this context, are we talking about the pharmacies as facilities, or do we want to include other authorized staff as well beyond the pharmacists? Do we include one, the other, or both? We can do that as everybody reviews the final recommendations as we move into the document stage.

Shelly Spiro

I would like to say one thing on that. A pharmacist can put up a shingle and do their own work, whereas a pharmacy technician cannot. They have to be in conjunction with others. That is why I think "pharmacies and pharmacists" is appropriate.

Hans Buitendijk
Okay. Not hearing any comment within, if we can capture that note, then we will pick that up as part of further editing. All right, any other comments from the taskforce members? If not, then at this point in time, we are going to go green here, and we will do further refinements in the document. Next one. I am also looking at the clock. I think I have a few more minutes.

Shelly Spiro
Actually, we have five minutes until public comment.

Hans Buitendijk
Okay. R25, "Recommend that ONC identifies the needs and capabilities relevant to the pharmacy versus the pharmacists as it identifies opportunities for advancing interoperability." This goes to that similar point, where this is now calling it out more specifically. Any comments, thoughts, or adjustments? If not, not hearing anything, this is going to go green, minus the last period here.

Shelly Spiro
David has a comment.

Hans Buitendijk
David has a comment, sorry.

David Butler
I appreciate it. I am unclear what we are describing as "pharmacy as an organization." What is "organization" describing with regard to clinical workflows and clinical practice? As an organization, I think of a professional association.

Shelly Spiro
Maybe we should say "entity" instead of "organization." Would that help?

David Butler
I would think so. I would still just view the pharmacy… I do not know if we are using "pharmacy" here as the profession or the facility.

Hans Buitendijk
"Facility" can be used for the physical building or the organization. Sometimes, that gets confusing, so I think that is why we put in "organization," to be clear that "facility" is not interpreted as the building.

David Butler
That is where I am unclear. What is a pharmacy as an organization? I need an example.

Hans Buitendijk

That would be the organization along the likes of…

Shelly Spiro
Walgreens.

Hans Buitendijk
CVS, a community pharmacy, or whomever.

David Butler
So, those are corporations.

Hans Buitendijk
Those are types of organizations, then.

Shelly Spiro
Maybe that is the confusing part.

David Butler
The businesses.

Shelly Spiro
We could say "business" or "entity."

David Butler
Or "taxable organization" or something. "Business entity" works.

Hans Buitendijk
Okay. We will go back through and make sure that that is clear.

David Butler
The other concern here that nagged me is when you look at those corporations, those business entities, a significant part of their business from a revenue and operational viewpoint has nothing to do with pharmacy. They are selling all kinds of goods in the out-front area versus the pharmacy area. Are we also talking about addressing those issues within the Walmart or the CVS that is selling the candy and the tools?

Hans Buitendijk
We are only looking at the pharmacy as the business unit entity/organization that is managing and pulling together the pharmacy-related capabilities, the inventory, the staffing, the pharmacists, etc., in that role. That is the unit that is pulling that together. We are not going to go to the candy store.

David Butler
So then, to borrow from HIPAA wording, this could be the pharmacy department as a component of a hybrid business entity or a hybrid entity, which is how HIPAA refers to the healthcare practice in a pharmacy, and HIPAA requirements separate the data on the pharmacy side from the rest of the business.

Hans Buitendijk
The question is to what extent do we need to refine that or understand that a business entity can have sub-entities, etc.? It is not always a department. It might just do the pharmacy. Perhaps we can fine-tune this as we progress. We have to be careful that we are not going to create a very large statement of "pharmacy." That could be a department, the organization, or a corporation, so if there is an opportunity to keep that shorter, that would be great. Can you provide or, as follow-up, look at how we can do that in a way that is concise and that we can define at once, and then we can use the term "pharmacy" throughout the rest of the document in that fashion?

David Butler
I would be glad to. I am just judging that maybe I would be saying would be too restrictive, so I would welcome somebody else looking at what I put in.

Shelly Spiro
Let's go ahead and go to public comment. We can come back to this.

Hans Buitendijk
I would suggest that we come back to it as part of refining documentation, not for today, but as part of the next couple of discussions and meetings to do that, considering Deven's comment as well that we do it at the top, not inside each recommendation.

Shelly Spiro
Great. Mike?

Public Comment (01:19:48)

Michael Berry
All right, thank you. Everybody, we are going to open up our meeting for verbal public 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 of your screen. If you happen to be just on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. Let's pause for a moment or two to see if any members of the public would like to make a comment. I am not seeing any hands raised yet, so I will turn it back to our cochairs. Thank you.

Hans Buitendijk
All right, we will go back to the screen. We will go for another five minutes so that we have the last five minutes to look at the document that we have started to work on to get a sense of the outline, how it flows, and where, therefore, these ones are going to come in. Let's see how far we can get. R26: "Recommend that ONC include the pharmacy community in the advancement of patient matching in general and," with a comment here, "recommend in particular advancing pharmacies' ability to link patients to the right records." In light of what we have been talking about, that would probably be "pharmacists," correct? Or do we say "pharmacies" because that includes other staff as well, like licensed technicians, etc.? Which one should we use, "pharmacies" overall, counting as everybody, or "pharmacists"? Any comments or thoughts?

Shelly Spiro

We are hearing "pharmacies," at least in the chat, from Scott because it would include all staff. It is really the vendor who has to help with that, so that is contracted with the pharmacy, not necessarily the pharmacist, unless it is just a pharmacist's clinical software.

Hans Buitendijk
So, it is probably a combination?

Shelly Spiro
Yes. I think we can discuss this, maybe when we have a discussion… Scott, do you have a comment? We have a couple of minutes left.

Scott Robertson
It says "record location services." While I think that might be good, it does not seem to fit with linking the patients to the right records.

Hans Buitendijk
Perhaps, but at the same time, we are doing patient matching in part so if the pharmacist needs to get access to patient data, they need to get that information from the right care team members for the right patient in the matching. Where are they? So, it seems to always go together that we are **[inaudible – crosstalk] [01:23:01]** complete record can be distributed.

Scott Robertson
Okay, then, actually… It is not flowing in my mind well when I read this. "In general" might be unnecessary. "Advancement of patient matching and record location services."

Hans Buitendijk
I will put this one red and strike it out. That will be the suggestion there.

Scott Robertson
Within TEF in particular. Actually, maybe put a comma after "services."

Shelly Spiro
David has a recommendation, "in order to provide pharmacists the needed information for improving patient care."

Hans Buitendijk
That is a great suggestion to add. I do not think I can copy it and drop it in. Let me try.

Shelly Spiro
I can read it, and then you can type it.

Hans Buitendijk
Yes, or we can add it… No, that definitely did not work.

Shelly Spiro

I would type it anywhere. “In order to provide pharmacists the needed information for improving patient care.” I do not think you spelled “needed” right.

Hans Buitendijk
We will add that to the sentence. Any concerns with that? We will do some wordsmithing to get it put in correctly.

Shelly Spiro
I think Pooja has her hand up. We have just a minute.

Pooja Babbrah
I will be quick. I am just struggling with including “pharmacy community” in the advancement. I am not quite sure what we are asking ONC to do here.

Shelly Spiro
In the past, Pooja, I think a lot of the… We need to engage pharmacists more in a lot of the talks that are happening nationally in relationship to patient matching.

Pooja Babbrah
Right, okay.

Shelly Spiro
I think that is the intent.

Pooja Babbrah
That is the intent? Okay.

Hans Buitendijk
Okeydoke. With that, do we think we have it down to wordsmithing and can turn it green otherwise?

Pooja Babbrah
Sorry, should we add…? Maybe that is the word here that is missing, then. “In the advancement of patient-matching discussions?” Put it in red, and maybe I will revisit it. Thank you.

Shelly Spiro
Hans, I think we need to go to our taskforce work plan.

Hans Buitendijk
Yes. I just want to make sure that, now that we know it is down to further wordsmithing, we can make this green, we have the essence, and we have a little bit of work to do, but we are fine otherwise?

Shelly Spiro
I think we are right.

Hans Buitendijk

Okeydoke. We got very close. Just to let you know, going down to 33, we almost got there, not quite, but we are going to go look at the document. Who can display that? I do not have it quite handy yet, but if I stop sharing, who would have that available from the Excel team, or Tricia Lee, to display it? While that is being pulled up, what we have been doing is start to populate the recommendation document in the format and flow that we were looking for. "We did not have any documents to display," okeydoke. Let me see if I can get to it in a quick fashion. Where is it?

Shelly Spiro
We just wanted to show you the Word document we will be working off of. Hans has done a great job of pulling this all together. We have a nice introduction going with some use cases, and what we are trying to do is move away from the Google spreadsheet. Ah, here you go, Hans. We just want to give you a quick view of what we have been doing. You only have two minutes, Hans.

Hans Buitendijk
We will go fast. Gently scroll down. In the document, you will see we have the introductions, the charge, the questions that are being asked, the presenters, etc., so that should all be fairly straightforward. But then, when we scroll down and get to the introduction, that is where the content is going to start to come up. Keep on going to the introduction part, one or two pages further down. There we go. "Recommendations," and then "Introduction." What we started to do here particularly is pull our use cases from the spreadsheet with the topics that we have discussed. You should start to recognize the Topic 1 topics and themes and the Topic 2 use cases. We are introducing them here, defining them, and further clarifying them, and then, when you keep on going, the themes and topics start to jump in. We are going to be using them to reference in the recommendations.

We did not organize the recommendations where you scroll down further. You will not see them organized by the questions that were raised, but more some of the topics, particularly in Topic 2, in more of **[inaudible] [01:29:36]** we would like to come up. Go back just a little bit. We will start out with the recommendation. We are still referencing the original R1 to R3 from the spreadsheet, and we will do that until the very last moment so that, as you review, you can go back to the spreadsheet and identify what our discussion was and what we had there, and then you will see it in here when we further modify it, but if you need to go back, that is why we keep the Rs in there as they were. Scroll down to the end of this one, right there.

Shelly Spiro
We are at the top of the hour, Hans. I just wanted to let you know.

Hans Buitendijk
Hold it right there. That is where the references are linking it back to the spreadsheets, questions, use cases, themes, and topics. That is how we are going to be organizing it, and that is where we have been looking for your feedback, and homework assignments will come with that detail. That is all.

Task Force Work Planning (01:30:33)

Shelly Spiro
Next week, we are meeting again. Hans might not be able to be with us. Also, we are meeting with the HITAC on October 19th, so please join us on that day, and we should be finishing up our final recommendations. Sorry, Mike, we went over a minute, but I think we are ready to adjourn.

Hans Buitendijk
Thank you. Have a great week.

Michael Berry
All right, thanks, everybody.

Adjourn (01:31:00)