Information Blocking Workgroup 1

Transcript
March 13, 2019
Virtual Meeting

SPEAKERS

Name	Organization	Title
Michael Adcock	Individual	Co-Chair
Andrew Truscott	Accenture	Co-Chair
Cynthia A. Fisher	WaterRev LLC	Member
Valerie Grey	New York eHealth Collaborative	Member
Anil K. Jain	IBM Watson Health	Member
John Kansky	Indiana Health Information Exchange	Member
Steven Lane	Sutter Health	Member
Arien Malec	Change Healthcare	Member
Denni McColm	Citizens Memorial Healthcare	Member
Aaron Miri	The University of Texas at Austin, Dell Medical School, and UT Health Austin	Member
Sasha TerMaat	Epic	Member
Lauren Thompson	DoD/VA Interagency Program Office	Member
Sheryl Turney	Anthem Blue Cross Blue Shield	Member
Denise Webb	Individual	Member
Mark Knee	Office of the National Coordinator	Staff Lead
Penelope Hughes	Office of the National Coordinator	Staff Lead

Operator
All lines are now bridged.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Good morning, everyone. Welcome to work one, under the information blocking task force. As a reminder, this group is looking at relevant statutory terms and provision as it relates to information blocking. We have to our call, today. And I'm sorry, we're a little bit late getting started here, but we'll do a quick roll call and then jump right into it. Andy Truscott?

Andrew Truscott – Accenture – Co-Chair
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Michael Adcock?

Michael Adcock – Individual – Co-Chair
Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Sheryl Turney? No Sheryl on yet. And I believe John Kansky's going to be absent. Denni McColm? I see she's on the Adobe we'll give her time to dial in. And Cynthia Fisher?

Cynthia A. Fisher – WaterRev, LLC – Member
Yes, this is she.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. Great. I will turn it over to our co-chairs to get us started.

Michael Adcock – Individual – Co-Chair
Well, good morning/afternoon everyone. This is Michael Adcock. I appreciate everyone being on the call. Appreciate all of the great discussion last week and work that's going on. We have another very busy week this week, including an, I'm sure, discussion packed call but we need to move through the specific charges that this workgroup has been tasked with concerning information blocking and definitions.

And we're going to start out for the first probably 45 or 50 minutes talking about health information networks and health information exchanges. And then we will move into – and then we're going to move into the discussions around – I don't know where. Can you pull back the agenda, please? Perfect. We are going to go back into EHI, including our recommendations on that. Including price information requests, for information, that was a big part of our discussion last week. And I think what we all heard, and we will go into this more when we start that discussion. What we all heard in the task force, or at least what I heard, and I'm pretty sure what Andy heard as well, was that we need to delve into that as a part of this workgroup meeting, as a part of the task force. So, we will get started right away

with health information networks and exchanges. And if Mark could pull up the Google doc, we can start working through that and start having some discussion.

Mark Knee – Office of the National Coordinator – Staff Lead
Yep, sure thing Michael. And just pulling it up now. I guess Katie – or whoever, let me know, I'm not sure which – I have two monitors, and I want to make sure I'm sharing the right screen. So, let me pull it up. Here we go. Can you all see it? Now I need to zoom in, but are you seeing anything besides the lake right now?

Accel
We can see it.

Mark Knee – Office of the National Coordinator – Staff Lead
All right. Perfect. Great. All right. So, Michael, you want to start with health information network of and exchanges, is that right?

Michael Adcock – Individual – Co-Chair
Yeah, yeah. Yeah, that's how the agenda goes. I think we will start there and then come back to EHI and talk about the pricing information as well.

Mark Knee – Office of the National Coordinator – Staff Lead
Great. And I'll scroll down to – I know we already touched on topics previously, so we can kind of – it will help to go through what was said before and work our way through and come up with some recommendations.

Michael Adcock – Individual – Co-Chair
Yeah, and I think that Andy – Andy had put some things in as well and may have a couple of thoughts. Andy if you want to kick in your thoughts and we'll give the discussion a start.

Andrew Truscott – Accenture – Co-Chair
Sure, I think I'm – yeah, I would like to start moving to actually at least putting down the draft recommendations we're going to make upwards. This will be difficult because John is not on the phone, here. But Cynthia and Denni are. So, if we look… Are we – Okay? To what extent is the group comfortable with these definitions as they currently stand in 102? I have some updates. I think we should talk about access change, processing, handling, or use. But the – now, Cynthia, you had some discreet concerns when we spoke before.

Michael Adcock – Individual – Co-Chair
And maybe while people are thinking, I'll just kind of frame it one more time. So, just real quickly and I know I've said this before but, you know, Cures has these four actors, and what we're trying to do here is to provide definitions for the provider, developer, and in this case, health information exchange and network to make sure it covers the full scope of actors that should be covered. But also, it isn't too broad, and it strikes the right balance. So that's our goal, and feel free to weigh in.

Andrew Truscott – Accenture – Co-Chair
And I think too, it protects, you know, below the line, at the bottom. So, we can actually start editing it together and if we want to change stuff.

Michael Adcock – Individual – Co-Chair
Yep, here I go.

Cynthia A. Fisher – WaterRev, LLC – Member
Andy, could you restate that. I didn't hear you clearly.

Andrew Truscott – Accenture – Co-Chair
Oh, sorry. Below the line, at the bottom of the section, I'll just put the text of the actual rules so that we can start editing it together.

Cynthia A. Fisher – WaterRev, LLC – Member
Okay. The screen keeps moving, right? So, you're below this line is recommendations from the workgroup?

Andrew Truscott – Accenture – Co-Chair
Yes. So that is the text that we can start editing and tailoring together.

Cynthia A. Fisher – WaterRev, LLC – Member
And is what is printed there exactly as it states in the rule? And Mark is representing HHS, right? He's on the phone.

Mark Knee – Office of the National Coordinator – Staff Lead
Yes. So, I believe Andy copied the text I had above and moved it down there. So, you guys can see it and work off of it to see if you want to tweak or make recommendations to that language.

Cynthia A. Fisher – WaterRev, LLC – Member
Okay. Thank you, Mark. Thanks, Andy.

Mark Knee – Office of the National Coordinator – Staff Lead
Yeah, sure.

Michael Adcock – Individual – Co-Chair
Okay. So, health information exchanges. Are we comfortable with the wording of the definition? If not, let's discuss it so we can get the recommendations going. Anybody have any input on that? I know that John was a big part of that discussion. I do not know if… we can start and let him look at the Google doc if anybody has any comments.

Andrew Truscott – Accenture – Co-Chair
Okay, so my… that's just what… health information exchange **[inaudible] [00:06:43]** I am a little but it cautious of using the word enable. That is more of functional, as opposed to a… I was proposing changing that to facilitating or facilitates and then inserting the world's processing. I can delete it again. Handling in there as well.

Mark Knee – Office of the National Coordinator – Staff Lead
And just a note. Your recommendation is your recommendation. But again, the access exchanger used is directly from CURES so from RPF…

Andrew Truscott – Accenture – Co-Chair

We'll delete that.

Cynthia A. Fisher – WaterRev, LLC – Member
And Andy, I believe that us changing this, that was within Cures, and it was probably very well thoroughly thought through. And I think, you know, to not see the original work – so when you change the words here, then we don't see a red line and don't see what was there and what was in Cures. I think it is a bit problematic because it then changes the definition. If you underline it facilitates, but we do not have the original work is then it's just hard to follow it.

Andrew Truscott – Accenture – Co-Chair
Okay, okay. The original words provided at the top of the section, 171 to 102, the original words are there. We don't have a facility in the Google docs to do redline changes.

Mark Knee – Office of the National Coordinator – Staff Lead
That is what I was looking for.

Cynthia A. Fisher – WaterRev, LLC – Member
Well, maybe if you keep the original word, that enabled, and then you put the underlined word that you want to add next to it then it's not like… you know what I'm saying.

Andrew Truscott – Accenture – Co-Chair
Okay. Yeah. Okay, yeah, I haven't got strikethrough as a capability either, so I can't do strikethrough, okay.

Mark Knee – Office of the National Coordinator – Staff Lead
Andy, why don't you copy exchange down a second version, and you can make edits to that right below. So, we can have the original on the top and then right below you'll have the one you work off of. Does that make sense?

Andrew Truscott – Accenture – Co-Chair
I can do that. If you can see it onscreen, that's fine. There, yeah. I've done it. The reason why I'm suggesting this is that, and I understand why we've used access exchange or use. I get why you did that. And I like the fact that it's generally consistent apart from, Mark as we discussed previously, two or three notable exceptions where we actually in the rule we deviate even though Cures did not. I get that. The reason is for the health information exchange, they are not all created equal. And some do far more than others. And some do far less than others. And I'm not – we can have health information exchanges which actually do a whole bunch of processing themselves and maintain repositories themselves. Which would, those repositories they maintain themselves and the processing they do, would not be deliberately called out in the current definition. That's my only point.

Cynthia A. Fisher – WaterRev, LLC – Member
So, are you looking for the big data aggregators behind the scenes using it for various purposes as well to be called out in this?

Andrew Truscott – Accenture – Co-Chair
Well, I wasn't actually thinking of the big data aggregators, but they are a useful one that we can talk about. But I'm talking about, in the health information exchange world, someone like, say New York or Texas where you have a network of networks set up, is markedly different than where you have some

of the other states that have core repositories sitting there like let's say California, etc. And this definition is very much tailored towards the purity in exchange versus the hybrid nature that most of them are. And when you get into the private exchange world, because I believe that this definition and, Mark keep us honest here, is supposed to encompass public and private, that it doesn't… in the private exchange world, there's much more sort of central repository type focus.

Cynthia A. Fisher – WaterRev, LLC – Member
So, from the patient side of things, getting access, you're trying to be more inclusive of those that also process in the private side of the world and cover a broader definition of the exchanges. And the point that I brought up is in the Cures Act, is the Cures Act has network and exchanges as small N and small E. And so, there are a lot, and through innovation, there will be a continuum of various networks and exchanges that will have both individualized and broad patient-based patient data. And we would be best served to make sure we are inclusive of the small N and the small E which was intended as the Cures Act was written with networks and exchanges in the broad sense of the definition.

Andrew Truscott – Accenture – Co-Chair
I don't think – frankly, we – I do not have any problem pluralizing an amplified definition. It feels like ONC does, certainly from Mark's comments. And that they wouldn't want to – wouldn't want the definition which, as you pointed out, I think means we stray away from the intent that Congress had.

Mark Knee – Office of the National Coordinator – Staff Lead
Sorry, Andy, can you say that one more time? As far as what your interpretation of ONC is expecting?

Andrew Truscott – Accenture – Co-Chair
The comment you made would imply that you do not want to move away from the current definition as it stands.

Mark Knee – Office of the National Coordinator – Staff Lead
Well, so just to clarify, I am just here to kind of provide background and help move this conversation along and facilitate the conversation. I was just trying to explain what we were thinking with our definitions. A lot of times with our definitions we stuck as close as possible to the Cures language and tried to be consistent. But that's not to say, if you think that it should be changed you should definitely make those recommendations.

Andrew Truscott – Accenture – Co-Chair
Yeah, and to Cynthia's point, Cynthia has outlined her understanding of the intent of Cures, and my suggestion around some minor wordsmithing here is to maintain that intent.

Cynthia A. Fisher – WaterRev, LLC – Member
So, perhaps then Andy, I think – to me if we read the exact language, my issue is it has a small N and small E because you know that on a continuum these things are amoebas. You know, they keep changing shape. But a network and an exchange group, the Webster's definition and small n and small E are wherever a patient's data is networked and exchanged.

Andrew Truscott – Accenture – Co-Chair
No, you are absolutely right. You are absolutely right. The fact is that in the rules we do need to have some type of proper noun definition to put the boundaries in place. And right now, I think these boundaries are inadvertently have been set a little bit tight. And I agree with you, Cynthia, I think they

should be a bit broader. Which is why I was proposing the processing and handling language. And it's almost by definition the term enables. If you are information blocking, then you are not enabling. So, by definition, you're not.

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah, yeah, I got it. So, I see what you're saying. So, I think perhaps maybe if we add you're or facilitate, you could say enable or facilitate, you know, keep it broad. And you have processes, all those things you want to add, anything to add on to it as additives. But then I would add and, you know, the opening for technological exchange and change of exchange to that anywhere in the broad sense of the definition as relayed and cured which is networked or exchanged for individuals amenities.

Andrew Truscott – Accenture – Co-Chair
Yep. So, I think we were having a conversation about maintaining the original direction and intent whilst there are some language changes. Like, you know, the definition of a proper noun. And that brings that level of ambiguity that we just need to make sure we don't go out. I think we're on the same page. So, can you see the screen?

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah. And I would suggest you could say enabled or facilitate, you know. So, some of them may enable, some may – like the original intent is just to make it as broad as possible. And I think it is also that we should somehow top it that it's a small N and a small E anywhere it's networked, anywhere it's exchanged.

Mark Knee – Office of the National Coordinator – Staff Lead
Hey, Andy, just for my clarification. Can you – I'm still having trouble understanding the key difference between an enable and facilitate.

Andrew Truscott – Accenture – Co-Chair
Okay. Enable means you make something happen, facilitate means to try to make something happen.

Mark Knee – Office of the National Coordinator – Staff Lead
Okay. Just as far as recommendations go, if you guys move forward with this, that would be helpful to explain, you know, for preamble purposes. The distinction.

Andrew Truscott – Accenture – Co-Chair
How about seeks to enable?

Cynthia A. Fisher – WaterRev, LLC – Member
Well, I don't get… because then it's narrower, like, you know.

Michael Adcock – Individual – Co-Chair
Andy, I like enables or facilitates. I think that it covers both the action and desire for the action or the coordination of the action. Cynthia, do you agree? I mean, I think it certainly makes it broader than just focusing on the word enables.

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah, but I think you also had a process there as well, Andy, right? You had added process.

Andrew Truscott – Accenture – Co-Chair
Yeah, I haven't got that yet. I want to test whether you are comfortable with that first.

Cynthia A. Fisher – WaterRev, LLC – Member
I'm really comfortable when we go back to what Cures said, and it's a small N and a small E.

Andrew Truscott – Accenture – Co-Chair
But we can't do that, that's the problem. We have to have a definition.

Cynthia A. Fisher – WaterRev, LLC – Member
Well, you can. You could basically also say the intent is that we're networks in the broad of the definition, exchanges in the broad sense of the definition exist. That these apply, these information blocking rules would apply, and 21st Century Cures would apply.

Andrew Truscott – Accenture – Co-Chair
You're not supposed to use a word to define itself.

Cynthia A. Fisher – WaterRev, LLC – Member
Pardon?

Andrew Truscott – Accenture – Co-Chair
You're not supposed to use a word to define itself. So, we shouldn't really use the word exchange with a lowercase E to define exchange with a capital E.

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah, but you could use the word network, Andy, and pull up the *Mariam Webster Dictionary* definition of what a network is and what an exchange is, and that's what we did. We looked up the network, I don't have it on me now, but I could get it to you.

Andrew Truscott – Accenture – Co-Chair
No, Cynthia, I understand the English definition of network. I don't believe we should use a word like an exchange to define network or a word like network to define exchange. Because we have two discrete definitions here, health information exchange and health information network. And to use any of the wording for one to describe the other would be confusing long-term.

Cynthia A. Fisher – WaterRev, LLC – Member
I agree with you on that. What I am saying is separate, the industries come up with a narrower condition of a certain type of network, which is the capital health information exchange and the health information network. But those are narrower definitions than the broader use of the word that Cures has of the word network, which you can define under *Meriam Webster* and the world exchange under *Meriam Webster.*

Mark Knee – Office of the National Coordinator – Staff Lead
And just a point of background, I mean, Cynthia, you're right, and I could pull up the language. It is just a network and exchange. But with our definitions, we were trying to, again, strike a balance, because it seems like the intent of Cures was to focus on health information exchanges and health information networks, and that's why we went that direction.

Cynthia A. Fisher – WaterRev, LLC – Member
Well, I understand, but you can understand that there are narrower third-party groups that are creating these individual groups versus there are other enterprises that are sharing information in a broader sense of network and a broader sense of exchange.

Michael Adcock – Individual – Co-Chair
Is there – this is Michael.

Denni McColm – Citizens Memorial Healthcare – Member
What would be an example of that? Well, I have seen significant software data that protects certain entities from fine. And has the entire financial and health and the software and the health information drilled down by patient. And that's a network exchange. So, there are lots of players that have an individualized exchange of health information that is outside of the ATNs and HIEs.

Michael Adcock – Individual – Co-Chair
Andy is –

Andrew Truscott – Accenture – Co-Chair
Go on.

Michael Adcock – Individual – Co-Chair
Is what you are trying to accomplish here is to broaden the definition of health information exchange with a capital E, to the point of including exchanges with a lowercase E, correct? I mean, can we not do it within the definition?

Andrew Truscott – Accenture – Co-Chair
That's what I'm trying to do.

Michael Adcock – Individual – Co-Chair
That's what I perceived we're trying to do is, while we didn't want to use the term exchanges to define exchange, we can use the definition within exchange with a lowercase E inside the H-I-E uppercase. Continue what you're doing just broaden it the point where it covers everything that would be considered in a lowercase E. I don't know how you protect against the future, but if we certainly put language in there that without having to use exchange to define exchange.

Denni McColm – Citizens Memorial Healthcare – Member
Somebody needs to be able to read the rule and understand who it applies to. If I read this statement, it applies to practically – I mean, so many entities, clearinghouses, **[audio cuts out] [00:23:58]** Cynthia's referring to **[audio cuts out]** I mean, it would be huge and very broad.

Andrew Truscott – Accenture – Co-Chair
Denni, Denni, you are breaking up quite significantly. We're getting probably every third word.

Denni McColm – Citizens Memorial Healthcare – Member
Oh. Sorry about that. I don't know if I'm… Am I still?

Michael Adcock – Individual – Co-Chair
Try again. We'll see if we get

Andrew Truscott – Accenture – Co-Chair
If you repeat the same sentence three times, maybe we'll get a whole sentence at the end.

Denni McColm – Citizens Memorial Healthcare – Member
I was just saying, we have to be able to – people have to be able to read it and understand who it applies to.

Andrew Truscott – Accenture – Co-Chair
Absolutely, absolutely. I think the health information exchange definition is in two parts. The first part is what, and the second part is the who. Do you hear that? I've just put the cup there. So, we have the who – the what, sorry. And then we have the who. Now, beyond the fact that I'm not a fan of having the word exchange used in there, I get why ONC would like to leave that there. Because that is consistent with the language in the Cures, even if it's not necessarily consistent with the absolute intent. I'm just proposing inserting the word processing and handling as functions, and certainly the word other as well because that should capture the future proofing that Cynthia is looking for. Are we at least comfortable as a group with the front side of this, slight tweaking? Functorial side.

Mark Knee – Office of the National Coordinator – Staff Lead
Andy, while they are thinking about that, just for my clarification, so you do not think that processing and handling would be encompassed in excess exchange use?

Andrew Truscott – Accenture – Co-Chair
No, because some of the HIE's will move data from A to B and not look at it and that is exchange. Some of the HIE's actually go and look at the data and do things with it and store it. That is processing and handling and other use. I'm just trying to be crystal clear that we need both.

Mark Knee – Office of the National Coordinator – Staff Lead
Okay. Got you.

Denni McColm – Citizens Memorial Healthcare – Member
So, but you have in mind a specific set of actors you are calling health information exchanges? And this definition is way broader than that.

Andrew Truscott – Accenture – Co-Chair
Oh, absolutely. Look, we'll get to the second part in a minute. I agree with you right now. I think honestly, I think that we should be seeking to tweak and tune to the breadth of the actors covered by this, partly because we do have other definitions to capture actors those as well. But a health information exchange is something particular in the industry, and that is what we should capturing. But there are different flavors of it. It's just, and this is my opinion, I don't want to railroad too hard, you know. Guys, I want to discuss it.

Cynthia A. Fisher – WaterRev, LLC – Member
Yes, you know, I will just add that if you look at the future, there may be players very separate than what the players we know today are. And the health information exchanges are sub-entities of handshake partners that have agreed to do business together, right, in some way. But if I go to the Cures Act and I read the language straight up, and I don't know if everybody has that – if we have it right on hand. It may be helpful if someone has right on hand, I'll have to ask my assistant to pull it up.

Mark Knee – Office of the National Coordinator – Staff Lead
Yeah, I can pull it.

Cynthia A. Fisher – WaterRev, LLC – Member
Pull it and put in?

Mark Knee – Office of the National Coordinator – Staff Lead
Yeah, which language specifically in Cures do you want to see?

Cynthia A. Fisher – WaterRev, LLC – Member
And it's discussions of networks and exchanges.

Mark Knee – Office of the National Coordinator – Staff Lead
Yeah. Sure. Give me one second.

Cynthia A. Fisher – WaterRev, LLC – Member
I'm just trying to find myself.

Mark Knee – Office of the National Coordinator – Staff Lead
I just have the beginning of the information blocking provision pulled up, but if you want me to scroll down, let me know.

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah. And I guess my point is, if you look, even the discussion of network exchange they are all small N's right, and E's. And it's really spoken throughout Cures here, in a broad sense. And information blocking wherever this data – this information, health information is, traded and exchanged, and networked across entities. My concern is just maybe if we – my comment would be is that we established the broad sense that this applies as we look towards the future with the small N and small E defined in a *Merriam-Webster* way. And for now, we know that the healthcare systems and this concentrated effort has created HIEs and HINs.

Mark Knee – Office of the National Coordinator – Staff Lead
Just a point about that, and I definitely understand what you're saying. But it seems like you also agree that it should be limited to the health information landscape, right? Because the definition of exchange and network in the dictionary is going to – I don't know what it is exactly, but it's going to be very, very broad. I think, from our perspective. we want to be careful who exactly we would be covered if we did that.

Cynthia A. Fisher – WaterRev, LLC – Member
Yes, and health information is the lower case too here right, so. Yes. It's the health information, and it's lowercase. And I think that's the point. Is the future is going to be very different? If we tighten the HIEs and HINs they might go away in 10 years, you know. We have to think of a revolution that we can lay the type for the future. I guess that's my point. And not create definitions that just define small subgroups as we are today, that we may entangle ourselves in our own underwear.

Mark Knee – Office of the National Coordinator – Staff Lead

That's helpful, and I'm going to bud out, I just want to say I definitely see what you are saying. And kind of to your point, and we talked about in parable, we created what we call functional definitions where we are not trying to capture entities that self-identify as a health information exchange or network, we're trying to capture entities that act as we're defining in our definitions. So, and that's how the overlap we talk about, that you could potentially be a developer. but qualify as an exchange or network or be a provider but acting like a network. That is where we're coming from, is trying to look at the function of the entity or actor.

Denni McColm – Citizens Memorial Healthcare – Member
I don't remember in the Cures, is there any definition of all the exchanges and networks in Cures?

Andrew Truscott – Accenture – Co-Chair
No, there's not. There's not a definition. If you go back to the document, I posted the URL, ONC itself has already released a definition of the health information exchange. Scroll up, up. I'll put the URL in there for you. Go, up, up, up, up, up, there we go. No, there is actually a what is HIE, already published by ONC. Which is very long and stuff, but there is a whole different base of direct exchange, career-based exchange.

Denni McColm – Citizens Memorial Healthcare – Member
Why didn't ONC use that?

Mark Knee – Office of the National Coordinator – Staff Lead
I need to look at the link, I'm going to go look at it now. But I do want to say that I think what Andy's pulled up here is kind of our previous definition of health information exchange. But what we're talking about is here is specific to information blocking. So, in context of what we're talking about is information blocking.

Andrew Truscott – Accenture – Co-Chair
Agreed. So, if I got to the end of my sentence, okay. All I've done is when I was thinking about this, I looked at what the market has currently got. Because if you put stuff in the market which fundamentally changes definitions, that is not going to help anybody. So, have we looked at what we have right now, looked at where Cures wants us to go? Which I think, you know, everything we are trying to do here is to be aligned as tightly as possible – we have to be aligned with Cures Act, and the principle's that Congress asked us to do. And that's what I am proposing with the slight tweaking and rewording of HIE in here. My suggestion is removing the word exchange and focus upon the function of an HIE, which is access, processing, handling, or other use of electronic information. Then we get to the point that Denni's going to talk to us about. I think that lays around the scope of that. Because when we say a particular class of individuals or entities for a limited set of purposes, I have no idea what that means.

Michael Adcock – Individual – Co-Chair
So just to bring it back around, so Cynthia, is there something you feel that needs to be added to the HIE definition as it sits there, to make it broader or more aligned with what Cures was trying to get us to accomplish?

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah.

Michael Adcock – Individual – Co-Chair
I just want to make sure that we get whatever in there we need to have in there. Because I don't know, I haven't looked through the entire Cures Act, but I don't – is health information exchange capitalized in there anywhere?

Cynthia A. Fisher – WaterRev, LLC – Member
No.

Michael Adcock – Individual – Co-Chair
So okay.

Cynthia A. Fisher – WaterRev, LLC – Member
So, this is – this is my concern, is Cures act doesn't have it capitalized in there, and it speaks in a very broad sense. So, I'm looking at it from a patient perspective, where I sit between two colleagues, one's waiting eight days for the results of a brain scan, the other one had thyroid surgery and couldn't get the report after two weeks of cancer of the thyroid. So, they're trying to get it, and the surgeon says, "I don't do that. You get it from someplace else." So, it's like, okay. If there's any exit out of here – and then I'm also looking at the future. Already it's so hard for people, even though it's digitally in their healthcare mass general system, the patients aren't getting access. And in a broad sense – when I hear them tell stories my surgeon says she is not responsible, or my primary physician said it's not theirs. So, they get stuck trying to chase it down, and they can't get it. So I'm just looking at if we narrowly say only the health information exchange, I just think that whenever that is digitized and it's there, in the broad sense of networking for whatever information tied to a patient, whether it's their clinical or their health information or their care plan, in a broad sense, Congress is trying to get that patient access availability. You know, in a broad sense.

Andrew Truscott – Accenture – Co-Chair
We agree with you, Cynthia. We agree with you 150%. This is a single definition of health information exchange, which sits alongside the definition of the health information network, which also sets a broader preamble around who the potential actors are. We have to look at these as a whole, and not myopically focus upon a single term and think that that is supposed to represent everything because it's not. But in the legislation, it is broad, and I think with the rules, what ONC is seeking to do is provide clear the clarity so that there is a clear understanding of, yes, I am in scope. As opposed to well, if I read it one way I could be, if I read another way I could be, or if I look at the *Meriam Webster* definition then I should be, but if I look at the *Urban Dictionary* version, I'm not. I think – and that's what we are tasked with here. And this is one term that needs to be defined because it is usually referred to elsewhere.

Mark Knee – Office of the National Coordinator – Staff Lead
And, just a comment, I think, Cynthia, it sounds like maybe your issue is more with the definition of electronic health information. Because really that's in the definition of HIE and HIN. And it sounded to me you are concerned with the scope of the information down the road that might be included. Like you don't want to limit.

Cynthia A. Fisher – WaterRev, LLC – Member
No.

Mark Knee – Office of the National Coordinator – Staff Lead

No, that's not it? Okay.

Cynthia A. Fisher – WaterRev, LLC – Member
Not on this point. My point here is that it says, an individual or entity that enables or facilitates but if they're not enabling or facilitating, they're information blocking. Look at the reverse of that slip. To me, it should be any entity that networks or exchanges the information or is connected. If they are providing it to another party, they have to provide it to the patient. Wherever patient information exchanged or networked, in the broad sense.

Andrew Truscott – Accenture – Co-Chair
Okay, so listen to **[inaudible] [00:39:57].**

Cynthia A. Fisher – WaterRev, LLC – Member
So that's the concern. If I am not giving you the information, I am not held accountable if you read that definition, right? If I'm a provider…

Andrew Truscott – Accenture – Co-Chair
Cynthia, I don't agree with you, I'm sorry. If you're seizing upon a single definition and seeking to apply this definition to any potential actor, and that is not the intention. This intention is to capture those organizations who are involved in moving information from A to B, and in some way may or may not do something with that information as it is moving. But these are the organizations that facilitate that movement. Not necessarily an organization that is patient facing, although they might be. You know, the actor could be a health information exchange as well as a provider, as well as a health information network, potentially. But, you can't – there are organizations and entities out there who are not providers, but are health information exchanges, and we can't seek, and we shouldn't seek to mandate this very, very broad set of responsibilities upon an organization that frankly is not equipped and is not appropriate to directly provide that information to a patient. They enable and facilitate the transfer of that information, absolutely. And they must not block that, and they must make it happen, but they wouldn't necessarily be doing the direct patient, here you are patient. Here's your information. They are part of the overall continuum.

Michael Adcock – Individual – Co-Chair
Right, so the third gen that you were talking about in your earlier example, Cynthia, would be covered under provider, and they could not information block. All these other groups would be covered under individual definitions. This is the definition of an entity that identifies as a health information exchange. So, it just – it's one of many. And to me, maybe I'm reading this wrong, it's one of many actors. It does not mean that a physician isn't required, it just means that these people that do these tasks are required or are prohibited from information blocking. So, it doesn't exclude the providers, the providers you'll find somewhere else, the actors you'll find somewhere else. These are specific actors. Am I wrong in that?

Andrew Truscott – Accenture – Co-Chair
That's my understanding. Anybody that…

Michael Adcock – Individual – Co-Chair
These are two of many definitions. Not just the only two and if we don't get it all in here, we're not going to… they're not going to be held accountable. I mean, if the provider's not giving the patient… and believe me, as a direct care provider I completely understand what you're saying as a clinician. And

as a patient, I understand what you're saying about not being able to get results. That wouldn't be covered under the health information exchange unless the health information exchange was the one blocking it. If the surgeon's not given the information, the PCP's not given the information, they would be held accountable under the provider definition unless I'm reading this the wrong way.

Mark Knee – Office of the National Coordinator – Staff Lead
I think that's right, Michael. Basically, there are four categories of actors, and you have to look at those definitions to understand the full scope of real-life entities that would be covered.

Andrew Truscott – Accenture – Co-Chair
Yes. That is in part why we started looking at the term actors, which is the bottom section of this document.

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah, I understand the actors, everyone. I think it's just enabling the broadness of the definition the way Cures Act was written was broad, and the intent was broad, where it is networked and exchanged. And the narrow where you define these tickets today, then the more complicated, and the less press on accountability. And, as we know now, today patient and the great clinician get caught in the middle. Because one points to the other as being the responsible deliver. So that was my influence. I do not want to beat a dead horse, but I do want to point out that I think it would behoove us to broadly lay the type that it's a big pipe for the future of a small N and a small E of exchanging health information. And health information is defined in HIPPA in the previous law. But we look at the capital HIE and HI and as entities that exist to share this information and their accountability. So, I think there is room for both, is my point. And I think if you think of the pipe being broad and we can lay, and a conduit of an HIE and conduit of a HIN and a conduit of a provider. I think it would behoove us to think as the Cures was intended, that's all.

Andrew Truscott – Accenture – Co-Chair
Well, why don't we – Mr. Chair, why don't we try to work there and come back and test with Cynthia the definitions as revised appropriately meet the breadth of what the Cures.

Michael Adcock – Individual – Co-Chair
That's fine. I was just going to ask, Cynthia, what is missing from the definition as we have now that would not cover what we're looking for? I mean, not just the thought we all have – As far as – I mean, we haven't heard a lot from Denni. She's probably just been enjoying the conversation back and forth. But I don't know of anybody right now that disagrees with you as far as keeping it broad and holding people accountable. What in this definition, because we need to come up with a recommendation to change the definition to make it more broad? What's missing from this definition that needs we need to cover health information exchanges, not necessarily electronic health information, we're going to discuss that a little bit later. Well, not a lot later because we're already at that time now, I think we can move forward with this. But what's missing, Cynthia?

Cynthia A. Fisher – WaterRev, LLC – Member
I'd have to get back to I would be happy to do so.

Michael Adcock – Individual – Co-Chair
Well, Andy do you want to be moving through, and Denni, do you have anything to add to this? If not, we'll keep – we'll kind of wordcraft some stuff right here and come back to discuss it. Because I think

we all are agreeing on the same points. We wanted to be broad enough to cover the actors that need to be covered and cover, more importantly, the actions that need to be covered. So, I think we're all agreeing on this, we just need to make sure that we can move forward with some type of record.

Denni McColm – Citizens Memorial Healthcare – Member
Yes, this is Denni. Have we discussed the second half of the sentence? Is that what we're going to do next?

Andrew Truscott – Accenture – Co-Chair
I would say.

Denni McColm – Citizens Memorial Healthcare – Member
Right. Okay, yes. Let's go ahead with that.

Andrew Truscott – Accenture – Co-Chair
I just have one proposed little tweak as well. Enables facilitates or performs. We can come back and work through this in the next meeting, but I just wanted to capture what was in my head. Okay, the second part of this. Primarily between or among a particular class of individuals or entities for a limited set of purposes. Personally, if I was reading this in a contract, I would be like, I would throw it out. Primarily does that mean I have to do it as a… you guys understand that. And a particular class, well, what is that particular class? And liberty set, what is that liberty set? Those are probably my big concerns with that statement. Underline them there so you can see what.

Michael Adcock – Individual – Co-Chair
Right. I mean, to me we would have to define that somewhere. What are those limited – what are the primary and limited? What are the definitions of that? What groups of people are we talking about?

Andrew Truscott – Accenture – Co-Chair
I would argue that liberty, set, and purposes we have already said in this sentence. It's access exchange, processing, and handling. That is the limited set of purposes.

Denni McColm – Citizens Memorial Healthcare – Member
This is Denni. I am struggling with how to modify it. It doesn't mean anything, right?

Michael Adcock – Individual – Co-Chair
I don't understand why we couldn't put a period after electronic health information.

Andrew Truscott – Accenture – Co-Chair
That's a good point, actually. Mark, can you comment on the original intent of this?

Mark Knee – Office of the National Coordinator – Staff Lead
Yeah. And I mean I had briefly pulled up preamble where we talked about some examples. We say that HIEs include but are not limited to regional health information organizations, state health information exchanges or other types of organizations, entities, or arrangements that enable EHI to be accessed, exchanged, or used among particular types of parties or for particular purposes. So that last part is to, I believe, to differentiate exchanges from networks. And as you see networks don't have limiting languages about for the limited set of purposes that we talked about. So, I think Congress made it clear

that they wanted to differentiate between exchanges and networks, and here we are doing that with our definitions.

Denni McColm – Citizens Memorial Healthcare – Member
So, the difference between unaffiliated parties?

Mark Knee – Office of the National Coordinator – Staff Lead
Sorry. Say that one more time?

Andrew Truscott – Accenture – Co-Chair
You broke up there.

Denni McColm – Citizens Memorial Healthcare – Member
Oh, sorry. Between unaffiliated parties? Is that what -- the examples you give are exchanges between –

Andrew Truscott – Accenture – Co-Chair
That's all I picked up, yeah.

Mark Knee – Office of the National Coordinator – Staff Lead
Right. And if you look at the definition of the network down below that's the key – that's one of the key pieces of the network. That you are doing these things between or among two or more unaffiliated individuals or entities. So that's the network. But with the exchange, it's focused. It is a more refined class of individuals or entities because it's a particular class for a limited set of purposes.

Michael Adcock – Individual – Co-Chair
But what particular class and what limited services?

Mark Knee – Office of the National Coordinator – Staff Lead
So, here's my take on that. You know, it is definitely open for comment and interpretation. I guess, to the conversation we were just having, if you narrow that, then you are narrowing the scope of the definition. What we're trying to do is find this balance between clarity for the reader, but also enough wiggle room that it covers the appropriate group of people who are functioning in a certain way. That was our goal. But again, open for comment.

Andrew Truscott – Accenture – Co-Chair
I must confess, I really like the saying, HIE is around affiliated parties and HIN and is unaffiliated parties. I quite like that. That feels a logical separation of the two. Otherwise to Cynthia's point, they are all exchange, lowercase E, of information.

Denni McColm – Citizens Memorial Healthcare – Member
What I think of is an HIE you define state health information exchange, etc. and the examples, those are not affiliated unless you consider they are working on the exchange to be an affiliation.

Andrew Truscott – Accenture – Co-Chair
That is exactly what I was saying. You have to be a member of the exchange, and that provides the affiliation.

Mark Knee – Office of the National Coordinator – Staff Lead

And just a note. The discussion on this in the preamble is on Page 343.

Andrew Truscott – Accenture – Co-Chair
343. I really hope public questions and comment on this. It would be really nice to hear.

Cynthia A. Fisher – WaterRev, LLC – Member
As I read what is written primarily between or among a particular class of individuals, entities, or for a limited set of persons, I think that narrows it. And I think that is incongruous with what the Cures Act wrote, that Mark provided us earlier. And if I am looking at the definition of a network – if I look at say the *Cambridge* definition, I think Andy has a little bit of an English accent there, so we'll go ahead and speak English to the English. It's a large system consisting of many similar parts that are connected together to allow movement or communication between or along the parts and between the parts and the center, or a control center. So, the provider could be a control center, and then there is movement between the part in a broad sense of the word of the network. So, I just think that we have the role in making sure that we cast the net far and wide.

Andrew Truscott – Accenture – Co-Chair
Okay. I think as a group we are struggling with the primary, particular task, limited set? Is that fair?

Michael Adcock – Individual – Co-Chair
Yes. Correct.

Andrew Truscott – Accenture – Co-Chair
I inserted in the first part of the sentence, for discussion, the term legitimately. Because that should cover all the boundaries around whether it is appropriate to do the exchange or not. Then kind of put a period after the information and just stopped the sentence. I am intrigued by the affiliated parties versus unaffiliated. Go on.

Denni McColm – Citizens Memorial Healthcare – Member
What does legitimately mean, Andy?

Andrew Truscott – Accenture – Co-Chair
Legal. Maybe it is the wrong word.

Denni McColm – Citizens Memorial Healthcare – Member
I just think it is peculiar.

Andrew Truscott – Accenture – Co-Chair
Okay. That's okay we can remove it. Okay, take that out but then – I'm struggling with the class bit. I understand the preamble, I'm not sure this achieves what the preamble was looking to do. What is it supposed to be between an HIE and HIT?

Michael Adcock – Individual – Co-Chair
That's a great question.

Andrew Truscott – Accenture – Co-Chair
Is it just affiliated versus unaffiliated that is the big difference?

Denni McColm – Citizens Memorial Healthcare – Member
When it defined affiliated earlier in the preamble for the HIE, for this purpose we propose that two parties are affiliated if one has the power to control the other or if both parties are the under common control or ownership of a common owner.

Andrew Truscott – Accenture – Co-Chair
Okay, well, if you are a member of the health information exchange, the exchange has the power to control the boundaries within the contract you have with them. I understand that is not what it was supposed to mean. If they are part of the same care organization, then you're affiliated – I get that's what it's supposed to mean, but that's not what it says.

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah. And when you go to the broad sense of exchange, it is really the act of giving something and getting something that is similar in that exchange. It would be an agreed-upon share. Sort of sharing health information over the exchange is an agreed-upon handoff, and the network is the pipes to allow the interconnectedness of that communication between the parts. To me, the exchange is the actual valued information that's going across the pipes, that are pre-laid, handoff of determined communication.

Andrew Truscott – Accenture – Co-Chair
I've just put some wording I'm using through. So, I was thinking that we could add it to the end of the definition where the parties are not part of the same organization or formalized agreement to share the information. That captured kind of what the preamble is trying to do.

Michael Adcock – Individual – Co-Chair
And then delete the primarily, particular plan.

Andrew Truscott – Accenture – Co-Chair
Yeah, yeah, yeah, yes. That's kind of on my mind. We can do that, yeah.

Michael Adcock – Individual – Co-Chair
Thoughts from the other members?

Denni McColm – Citizens Memorial Healthcare – Member
So that says, I'm sorry. I was reading the preamble. The health information exchange. Where the parties are not part of the same organization or part of a formalized agreement to share information. There is something missing in that sentence.

Andrew Truscott – Accenture – Co-Chair
Quite possibly. I'm not saying I am the best craftsman.

Michael Adcock – Individual – Co-Chair
But you're doing a great job of putting things in there. The overall purpose of that sentence, is everyone okay with where we are on health information exchanges?

Cynthia A. Fisher – WaterRev, LLC – Member

I am a little slow because I can only read the changed version. I can't see the other one. I'm having trouble on my screen. I only have one. I do not have the original underneath it or above it. Like I can't see it. I'm sorry. Maybe I'm inept at using my iPad for this. I can't see it.

Andrew Truscott – Accenture – Co-Chair
I'll stick it right next to it. There we go.

Cynthia A. Fisher – WaterRev, LLC – Member
And the original one is the bottom one.

Andrew Truscott – Accenture – Co-Chair
Yes

Mark Knee – Office of the National Coordinator – Staff Lead
For my clarification, just because I'm tagging along here, what is the differentiation between HIE and HIN, because it looks like there is some common thread, you're putting in your HIE definition.

Andrew Truscott – Accenture – Co-Chair
Well, yeah. The HIN there is, either the parties are part of the same organization, yeah. They're part of the same organization. So, HIN is more of an organizational construct I think from looking preamble.

Denni McColm – Citizens Memorial Healthcare – Member
I think its HIN is more New York network. When I read it, that's what it thought it was describing the network of HIE.

Andrew Truscott – Accenture – Co-Chair
So, did I when I first went through it, but then I looked and saw in the HIN definition we propose two parties are affiliated if one has the power to control together or if both parties are under the control of the common owner. That says to me that that's all moving around parents and subsidiaries a single group of balance sheets at the end of the day. As opposed to HIE which is – there is no direct relationship, but they want to share the same information.

Mark Knee – Office of the National Coordinator – Staff Lead
Just to highlight. So, our definition of HIN has to do with unaffiliated individuals. I think we go through in preamble what affiliated means, but what we're saying is our definition is two or more unaffiliated individuals.

Andrew Truscott – Accenture – Co-Chair
Oh, I see. So, it's supposed to be the other way around.

Mark Knee – Office of the National Coordinator – Staff Lead
Well, it's over here, just to be clear.

Andrew Truscott – Accenture – Co-Chair
Okay, so it's supposed to be the other way around.

Cynthia A. Fisher – WaterRev, LLC – Member

I find as I am here just representing patients and caregivers and families. I look at this and go, if you all who have been in this and knee-deep for years from the various player's side, and you are confused about what a HIN and HIE today and we are all confused, one can only imagine how confusing it is to the outside world, right?

Andrew Truscott – Accenture – Co-Chair
Well, I wasn't confused. I started reading the rules, actually. I had a pretty good understanding. And actually, the way we always treat it is that the health information exchange is the verb, and the health information is the noun. That is the way we have always handled it generally in the market. This is seeking to put two proper noun definitions around it, for different purposes.

Cynthia A. Fisher – WaterRev, LLC – Member
So, then we have affiliated and unaffiliated, and okay, you know.

Andrew Truscott – Accenture – Co-Chair
What affiliated means something in clinical delivery, if you are affiliated to the hospital it's not as a provider. So that puts another kind of semantic around it.

Denni McColm – Citizens Memorial Healthcare – Member
That affiliated does not mean the same thing as the definition of affiliated means. Who can have a provider affiliated with us that we do not control?

Andrew Truscott – Accenture – Co-Chair
Exactly.

Denni McColm – Citizens Memorial Healthcare – Member
All right.

Cynthia A. Fisher – WaterRev, LLC – Member
Right. So that is why, dear friends on this committee I keep going up 30,000 feet and go back to the Cures Act says, and I go back to the narrower definition, the more definitions get hijacked for the convenience of relationships and organizations. And in the broad sense, an exchange is the act of giving and sharing information one thing for the other. And the network is classically system of pipes and the agreements of pipes that go along the way. If you are trying to hold accountability for players across the system that network and then exchange the information through that network, that has broader accountability and a far broader definition. and the question is, many different entities called as you said, I don't know if that was Denni -- nonaffiliated and whether they're within the hospital system or not. And affiliated, it changes. I think this is a slippery slope.

Andrew Truscott – Accenture – Co-Chair
Okay. And we get that which is why we are trying to be so broad, Cynthia. Denni, you sent through the preamble probably more than I have on this one. Why are so many, many different words used to describe HIE versus HIN? I am struggling to ignore the affiliated and unaffiliated thing because that might be a bit of a red herring. They seem to functionally be the same thing. Is that fair? There are more words in HIN.

 Denni McColm – Citizens Memorial Healthcare – Member

Yeah, but basically, it does seem like an odd distinction between affiliated and not affiliated when HIEs are among, by this definition, unaffiliated entities as well. Can just say that we don't think the definitions are clear for the moment and… right? Yeah. They do not identify the parties specified that the regulation would apply to. We all have in our heads that it applies to health information exchanges and entities like health information exchanges that take electronic health information and do something with it, share it among parties or use it for a registry. But we are having a hard time defining what I think.

Andrew Truscott – Accenture – Co-Chair
Yeah, right. So, RIO may well fall under the definition of a HIT. However, they specifically call out HIE in the preamble.

Denni McColm – Citizens Memorial Healthcare – Member
Right. So is the health information exchange one the basic entity and network are as a higher-level definition of, maybe it even said a network of information exchanges. Like of all the **[01:07:19] [audio cuts out]** in New York. What is the other topic we're supposed to do today?

Andrew Truscott – Accenture – Co-Chair
No, it's not. But we are hung up on it.

Mark Knee – Office of the National Coordinator – Staff Lead
Just a quick note that they are not mutually exclusive. So, if you look at the bottom of Page 343, we say that you can be clear both a HIN and HIE.

Andrew Truscott – Accenture – Co-Chair
Why do we need the difference between the two? Just out of interest.

Mark Knee – Office of the National Coordinator – Staff Lead
Is that to me or to the group?

Andrew Truscott – Accenture – Co-Chair
You can answer if you have an answer.

Mark Knee – Office of the National Coordinator – Staff Lead
My answer would be probably not too much to give there. I would say that Congress clearly made them into two different groups, and we are attempting to provide definitions for what Congress described as two of the actors under information blocking.

Andrew Truscott – Accenture – Co-Chair
Did Congress an HIE was an actor?

Mark Knee – Office of the National Coordinator – Staff Lead
They said exchange and networks are two of the four actors.

Andrew Truscott – Accenture – Co-Chair
I see. they did say the use of health information exchanges for patient access. Okay. so yeah, they did actually say an exchange was ah… okay.

Denni McColm – Citizens Memorial Healthcare – Member
I thought the definitions workgroup would be easy.

Mark Knee – Office of the National Coordinator – Staff Lead
Here you go, Andy. I pulled up the Cures language again right here. See.

Andrew Truscott – Accenture – Co-Chair
We all agree with what Cures is trying to do. They could have expressed it in a more helpful way at this point.

Michael Adcock – Individual – Co-Chair
Do we want to look at this individually and put notes and come back at the next meeting and go on to the next topic because we're about 25 minutes over?

Andrew Truscott – Accenture – Co-Chair
Yeah. That makes sense.

Michael Adcock – Individual – Co-Chair
All right, Mark, if you could move on to the next area. I will ask folks to look at the potential definitions. Go back into *Merriam's* or *Cambridge* or *Oxford* or *Webster,* whoever you want to listen to for definitions, and try to give thought to that to finalize that on the next call. For now, we will move on.

Andrew Truscott – Accenture – Co-Chair
What are we moving on to?

Michael Adcock – Individual – Co-Chair
Hold on, let me see. In the agenda, it says electronic health information including pricing information. If I remember right.

Andrew Truscott – Accenture – Co-Chair
You mean the very first one, 171 to 102?

Michael Adcock – Individual – Co-Chair
Yes. Because there was a lot of discussion in the general task force meeting just like there was in our workgroup meeting last time, that pricing should be a part of this. That we should address pricing as a part of electronic health information. So, we need to work towards finalizing this.

Andrew Truscott – Accenture – Co-Chair
So, I actually put some drafting in, I left it largely intact out of respect to the broad task force around payment. I just left that wording in there. And I just inserted the weather human or machine-readable form, because I think, that's just for clarity.

Mark Knee – Office of the National Coordinator – Staff Lead
Excuse this PowerPoint I'm pulling up. Wrong screen.

Denni McColm – Citizens Memorial Healthcare – Member
So, I heard in the discussion of the group that everyone agrees that price transparency is important but not necessarily in this regulation. Maybe I misread.

Andrew Truscott – Accenture – Co-Chair
I certainly agree with the first part of that that everybody agreed it was important. I thought the end balance, was that was not an absolute majority. There was a majority feeling that payment and information should be considered electronic health information within this definition.

Denni McColm – Citizens Memorial Healthcare – Member
The confusion about – go ahead.

Andrew Truscott – Accenture – Co-Chair
This is not the – the more exhaustive conversation is in the next session around the comment regarding price information. This purely around whether payment information should be considered DHI.

Michael Adcock – Individual – Co-Chair
Can you scroll down to where your recommendation is?

Andrew Truscott – Accenture – Co-Chair
Yeah, it's very minor.

Michael Adcock – Individual – Co-Chair
I think we had it.

Mark Knee – Office of the National Coordinator – Staff Lead
Did I go too far?

Michael Adcock – Individual – Co-Chair
I think so.

Andrew Truscott – Accenture – Co-Chair
You've gone too far.

Mark Knee – Office of the National Coordinator – Staff Lead
Here, this?

Andrew Truscott – Accenture – Co-Chair
Yes.

Michael Adcock – Individual – Co-Chair
There we go.

Cynthia A. Fisher – WaterRev, LLC – Member
But which is the recommendation? Is it point two, or?

Andrew Truscott – Accenture – Co-Chair
Yes, point two. Basically, below this line are recommendations for the workgroup. The amendment to point two of electronic health information. In the blue box above, you have the original text. The and the bit underlined is inserted, nothing has been deleted.

Cynthia A. Fisher – WaterRev, LLC – Member
I guess I do not understand why your recommending adding human or machinery to before. Is that the recommendation?

Andrew Truscott – Accenture – Co-Chair
That was my recommendation for discussions. Because to avoid any conversation about if something is not understandable by a human when they read it, that is not health information. That is not the case. If it is understood by a machine, then it is. If it is in CT codes, it is still health information.

Mark Knee – Office of the National Coordinator – Staff Lead
Andy, do you mind if I jump in and give a little more background about EHI the definition. Because I think it's important. Is that okay?

Andrew Truscott – Accenture – Co-Chair
Oh, please do. But if you're going to say… just say no. The reason I suggested that is because we repeatedly come across this over the last 15 years where organizations get themselves tied up in knots talking about if a person can read the information, if they cannot it is just data, and we don't have to do the same thing with it. Go ahead.

Mark Knee – Office of the National Coordinator – Staff Lead
I just want to make sure you all understand, I think we talked about this before, where we got our definition of EHI. And much of it was already established by Congress because they defined health information in the public health service act, but for our purposes, we needed to expand to electronic health information, so we leveraged the definition of electronic media. And then we really didn't do much else. We made the provision that EHI may be provided directly from individual or technology that the individual has elected to use. And that's really the only addition we made. We clarified that it does not include the identified information. And then we have the request for information about pricing information. I guess, to my point, before you tear up the definition it is based on established law. Not it's new definition essentially is what I'm saying.

Michael Adcock – Individual – Co-Chair
I don't think the person purpose is to tear it up. But if the established definition is leaving a gap to where potential electronic health information could slide through and not be considered blocking if someone decided not to give it. I that it is within our task to try to clarify that, and that's what I read this as.

Michael Adcock – Individual – Co-Chair
I agree 100%. I just wanted to give you the background, but that being said, if you think it needs revision, go right ahead.

Andrew Truscott – Accenture – Co-Chair
You guys can reject my recommendations but, boy, this is purely coming from a market experience of having had this conversation more times than I care to think about.

Denni McColm – Citizens Memorial Healthcare – Member
I'm sorry I got called away while you were telling about the background. Was it because the health information was only defined, and electronic health information wasn't that's what this is trying to do?

Mark Knee – Office of the National Coordinator – Staff Lead
Yeah, so basically, in the short version is that the majority of the definition was already established the law. Congress to find health information in the public health service act, and then we leveraged HIPPA language about electronic media which is the definition. And all I was saying is we didn't make many new changes except saying DHI may provide directly from an individual or from technology the individual elected to use, so we expanded that. But beyond that, much of the definition was already established, is what I was saying.

Andrew Truscott – Accenture – Co-Chair
And we were agreeing with it.

Denni McColm – Citizens Memorial Healthcare – Member
Thank you, Mark. That was very thoughtful.

Mark Knee – Office of the National Coordinator – Staff Lead
Sure.

Michael Adcock – Individual – Co-Chair
So, thoughts about the underlined edition? No thoughts?

Andrew Truscott – Accenture – Co-Chair
Well, I can provide one, but I would like to hear what everyone has to say first.

Denni McColm – Citizens Memorial Healthcare – Member
This is Denni. It does not bother me either way if add it or not. I don't feel that strongly about it.

Andrew Truscott – Accenture – Co-Chair
My view is pure, from what Cynthia was saying earlier, this is supposed to be broad. It's supposed to cover that which I could easily read on screen and also that which I require some kind of IT powers, and yeah, and frankly it's based upon experience in the real world.

Michael Adcock – Individual – Co-Chair
I do not have an issue with it.

Cynthia A. Fisher – WaterRev, LLC – Member
It was helpful, Andy, to get your perspective of folks wanting to withhold information if it's code related, right? I think machine-readable forms can be sorted and explained and aggregated. Whether it goes into the definition were supported as inclusive of any human and machine-readable form, whatever, and not inclusive of in a broad sense. Without barrier or whatever. But I appreciate you bringing that insight into the equation.

Michael Adcock – Individual – Co-Chair
So, does anybody have any other comments on that definition?

Andrew Truscott – Accenture – Co-Chair
I think we all like it, in general. I think it is a good definition. **[Inaudible] [01:19:13]** did you like it?

Mark Knee – Office of the National Coordinator – Staff Lead
Did you say, Mark?

Andrew Truscott – Accenture – Co-Chair
Yes. Did you like it?

Mark Knee – Office of the National Coordinator – Staff Lead
Yeah, I think it's good, yeah.

Andrew Truscott – Accenture – Co-Chair
Did you write the definition in the first place?

Mark Knee – Office of the National Coordinator – Staff Lead
No, as I said, it was already established it was there way before we, we just kind of took bits and pieces.

Andrew Truscott – Accenture – Co-Chair
Copied it.

Mark Knee – Office of the National Coordinator – Staff Lead
Are you all leaning towards keeping the weather human or machine-readable addition?

Michael Adcock – Individual – Co-Chair
I think if it addresses a real-world potential issue, I am fine with keeping it.

Mark Knee – Office of the National Coordinator – Staff Lead
I would just ask that if you do, I am still trying to understand. It seems to me that that is a narrowing term more than anything else. Down the road when you make the recommendation, it would be helpful to have explanatory language for why it is a necessary addition.

Andrew Truscott – Accenture – Co-Chair
We'll put the language in.

Cynthia A. Fisher – WaterRev, LLC – Member
Now I pull back… I pull back and support Mark with a broad electronic where it is electronic. We do not want to narrow.

Andrew Truscott – Accenture – Co-Chair
Okay, okay. Guys, this is not the in now the town.

Cynthia A. Fisher – WaterRev, LLC – Member
We can keep it broad keep it as is and add a separate sentence to say, you know, inclusive of human and machine-readable form. But I think that we do not think we want to narrow it. We do not want to step over ourselves in narrowing. So, I appreciate your indecisive to that part.

Andrew Truscott – Accenture – Co-Chair
This does not narrow it. This broadens it.

Mark Knee – Office of the National Coordinator – Staff Lead
Again, I am not trying to lead them… yeah, go ahead. Sorry.

Cynthia A. Fisher – WaterRev, LLC – Member
I think we should leave the definition as is and create a separate sentence that says we want to ensure it includes, that it's open and broad to include human and machine-readable forms. We do not want to narrow the key definition. I think we leave the key definition and broaden the second sentence and enhance it that we wouldn't want it to be denied of human and machine-readable form. But I think at first broadly, and inclusive, and to include. Then you do both. Then you accomplish both.

Michael Adcock – Individual – Co-Chair
I'm still trying to – This is Michael I am still trying to see how that restricts anything. I do not understand how it's restrictive.

Mark Knee – Office of the National Coordinator – Staff Lead
So, from my perspective, in writing the language, if you have any other information that identifies there is no clarifying language. But once you add clarifying language, you are narrowing. That is the way I read it.

Cynthia A. Fisher – WaterRev, LLC – Member
I agree. Any information is broad. Any information that identifies the individual.

Andrew Truscott – Accenture – Co-Chair
Define information. What does information mean? Is something that, you know, we'll go by the *Merriam Webster* definition, but it's something which directly informs you. The arguments I have heard multiple times is what I don't understand; therefore I cannot be informed; therefore it is not information.

Cynthia A. Fisher – WaterRev, LLC – Member
Well, who gets to say that?

Andrew Truscott – Accenture – Co-Chair
An organization who is trying to afford large penalties for noncompliance.

Cynthia A. Fisher – WaterRev, LLC – Member
Got it. Why don't we just keep the definition of any information and inclusive of? And that can include and be inclusive of. Because if it is not machine-readable and they put in a PDF or not any machine-readable format, then they can skip accountability, too. You can think about how that can be exited from. Will not put it in machine-readable form.

Michael Adcock – Individual – Co-Chair
So, Andy… Sorry to interrupt. The difference you are hearing is some people say because you cannot read it is data what it said any other data or information.

Andrew Truscott – Accenture – Co-Chair
That is fine.

Denni McColm – Citizens Memorial Healthcare – Member

Or how about the additional sentence. Information includes machine-readable.

Andrew Truscott – Accenture – Co-Chair
I'm happy with either. I just do not want to inadvertently provide a backdoor for organizations to elect to utilize rather than comply.

Michael Adcock – Individual – Co-Chair
What it sounds like the group is saying and I think we can come back to it, is leaving the definition the way it is but basically define information below or say include human and machine-readable forms. Is that?

Andrew Truscott – Accenture – Co-Chair
I prefer to keep it one sentence. It is easier to read and therefore complies with. But If that is the more elegant way than I am comfortable either way.

Mark Knee – Office of the National Coordinator – Staff Lead
Just to provide another option and not trying to lead you in any direction, but if the groups still split on this down the road, you can put that language in the preamble. I know it is controversial but at the clarifying language in the preamble but leave the regulatory text the same.

Andrew Truscott – Accenture – Co-Chair
I'd be okay with that too.

Denni McColm – Citizens Memorial Healthcare – Member
That sounds good.

Andrew Truscott – Accenture – Co-Chair
But do you see what I'm trying to, what I'm suggesting we protect against?

Cynthia A. Fisher – WaterRev, LLC – Member
Yes. I think you're trying to broadly make sure that patients could access to the data that is obviously relevant and can be well communicated even though an original form it might not be. I agree with that. The preamble may be the place to put it. And I think maybe we flag it that it is meant to be broadly inclusive.

Andrew Truscott – Accenture – Co-Chair
That works too.

Cynthia A. Fisher – WaterRev, LLC – Member
Maybe we add that.

Andrew Truscott – Accenture – Co-Chair
Changed the recommendation to say in preamble, please amplify the information. It is supposed to be both that which is readable by a human and understandable and that which requires parsing by machine or something like that. Do that, I think we have captured everything.

Michael Adcock – Individual – Co-Chair
Mark, is there a way to do that? Just to capture that note and make sure shows up?

Andrew Truscott – Accenture – Co-Chair
Yeah, I'm offline right now, so yeah.

Mark Knee – Office of the National Coordinator – Staff Lead
Oh sorry. Okay. I thought Andy was doing it. I want to make sure I capture it accurately, so repeat that one more time.

Michael Adcock – Individual – Co-Chair
We're going to remove the underlined portion under the recommendation that Andy put here. Just delete it.

Mark Knee – Office of the National Coordinator – Staff Lead
I will do that. Making additional notes to myself here, yeah. Okay.

Michael Adcock – Individual – Co-Chair
And then add a flag that says we will address any other information in the preamble that includes information that is both readable by human or machine-readable form, and somebody else has to make that look pretty.

Andrew Truscott – Accenture – Co-Chair
We recommend that they do.

Cynthia A. Fisher – WaterRev, LLC – Member
 Mark can you explain the weight of a preamble versus being tagged in the back and with a separate **[inaudible] [01:29:11]** because everything is nuanced and it would really help clarification.

Mark Knee – Office of the National Coordinator – Staff Lead
I think it is an important point. I should be better at explaining it. I feel for every workgroup I have tried to do that. Even internally I think there are questions about preamble versus reading text. So will just say what our position is. Because it is not always black-and-white. I mean preamble should be read in conjunction with the read text. It is always shorter than, preamble and preamble explain how we got to the read text and provides examples and clarifying language and color to the regulatory text.

That being said, there should never be a situation where an agency is creating new requirements in the preamble. That is problematic. If you read the preamble and say this is a requirement that they are saying in the preamble but not included in the red text that would be problematic. But, generally, we approach it that the regulatory text is supplemented by the preamble and explains our intent in how I got there. The preamble is still part of the regulation and should be read as such. Does that make sense?

Cynthia A. Fisher – WaterRev, LLC – Member
But does it hold accountability? Because I could look at what Andy's saying and give an example. if the patient has certain testing results that over time can be traced and also, if they get it in machine-readable format versus non-machine-readable format, then they can have an app or have other application aggregates the data lot and charted chart it and modify an alert to a patient that's trending.

But if there is withholding of the machine-readable or even coding because pricing is also important here, if we look at withholding of that and the preamble does not have accountability of moving to the future of us being able to manage care in a consumer way, we will want it machine-readable and we will want analytics and want the coding clearly aggregated for us and give it. So, I throw that out there to say that the waiting is also important for accountability to get it in human and machine-readable format and access to records.

<u>Mark Knee – Office of the National Coordinator – Staff Lead</u>
That is helpful. I think using a real-world example is a good way to approach it. What I would say is if you think the definition of EHI would not clearly address the scope of the information you want if we do not have human and machine-readable forms in it then that should be added. However, if you think the definition in the regulatory text is good and important as an explanation of what we mean to include the example of a human and machine-readable form, then that would be okay to add. You want the read text to be very clear and get at what we want it to get at, but you also cannot make it as long as the preamble because needless to say people would not like that too much.

<u>Andrew Truscott – Accenture – Co-Chair</u>
Then it becomes preamble.

<u>Mark Knee – Office of the National Coordinator – Staff Lead</u>
Yeah. So That is where I would leave it. I will not make a decision for the group, but if you think it is important enough to be included in the definition because it goes to the entire framework of the definition you are trying to revise, then it should be in text regulatory text. But if you think it is more explanatory as an example, then preamble is the place to put it.

<u>Cynthia A. Fisher – WaterRev, LLC – Member</u>
I think it is important that Andy brought the point of machine-readable is You think about people getting results across systems. I know we have people report now that one will be in a machine-readable format and another lab will be PDF. They cannot aggregate the data and look at the trends. I think we're in a moment of time when the technology exists, and perhaps, we added the broadened desire for the machine-readable format, and we give a broader definition in the preamble. So, it is both. So, the applications in the preamble and -- we want to make this data usable for the patient.

<u>Mark Knee – Office of the National Coordinator – Staff Lead</u>
One other consideration. Sometimes -- for instance, human or machine-readable. I'd use it as a clarifying language. If there are other definitions of electronic health information really broad without -- I guess that consideration is, is there other clarifying language that could be put in there or narrowing language such could be suggested. All I'm saying is you want to be careful about the scope when you change the definition and reg text. In preamble, you can be a little more forgiving because you use as an example versus reg text you are putting it in as the definition.

<u>Andrew Truscott – Accenture – Co-Chair</u>
As opposed to information understandable by a dog?

<u>Mark Knee – Office of the National Coordinator – Staff Lead</u>
I am not speaking to other dogs can't can understand our writing but what I am saying is if you want it in the definition it should go in the regulation text if you one as an explanation, I would say preamble.

Andrew Truscott – Accenture – Co-Chair
Stick it in the preamble. Let's move on.

Michael Adcock – Individual – Co-Chair
All right, Mark, what's next that we have time – we have eight minutes before we go to public comment.

Mark Knee – Office of the National Coordinator – Staff Lead
I think, On the agenda along with – if there are any other issues you want to talk about the definition of electronic health definition, or I guess we could talk more broadly about the pressing issue as well.

Andrew Truscott – Accenture – Co-Chair
Let's get pricing out of the way, I guess. Mike, will that work for you?

Mark Knee – Office of the National Coordinator – Staff Lead
Is eight minutes enough, Andy?

Andrew Truscott – Accenture – Co-Chair
No. But we'll start with it. The sentiment that came out was the task force as a whole, I believe was while we all consider pricing important, we're not sure how these regulations are the appropriate place to give full consideration to a very complicated series of issues. That said, we have been asked to give comment. It was left as the group would go back and discuss this and work out what the heck we're going to suggest. This is us discussing.

Denni McColm – Citizens Memorial Healthcare – Member
This is Denni. I still feel like even though price transparency is very, very important that it is out of scope for this regulation and should be tackled in its own regulation. I think we will undermine the effectiveness of what we are really trying to accomplish with the sharing of information about a patient for the care they receive. If we get it even more jumbled up, then it is in the regulation you inadvertently have.

Andrew Truscott – Accenture – Co-Chair
You'd end up inadvertently having a piece of pork barreling going on. Is that paraphrasing what you're saying?

Denni McColm – Citizens Memorial Healthcare – Member
Pardon, I cannot understand you.

Andrew Truscott – Accenture – Co-Chair
We would inadvertently do pork barreling by including stuff that was not intended to be in here just because we have regulations to hang it on.

Denni McColm – Citizens Memorial Healthcare – Member
Right. It is important and does need to be addressed, but I feel like this is not the place.

Cynthia A. Fisher – WaterRev, LLC – Member
Thank you. I believe for me that this is the place because I go back to the definition of the health information and the patient's health information and electronic health information. It is inclusive of

both the clinical as well as payment past present and future. Future payment is price, and I think if we look at the data of what has been asked in the RAFI request for information on pricing and I think this is something that we hear every day from patients and physicians themselves. Not knowing the price and needing the price to not only manage control of their health but wealth. They are being pushed to have higher deductibles and out-of-pocket co-pays and high health insurance plan coverage. People want to access. This is the information blocking time of Cures Act to provide that. This information is exchanged and networked. That is where it all begins.

Andrew Truscott – Accenture – Co-Chair
I think it is good that we have and the definition. Do you think there are hooks inside this regulation to make price transparency happen? As it stands right now do, we have sufficient rules or have some way to enable price transparency? Do you think we will need more regulations or is this good enough?

Cynthia A. Fisher – WaterRev, LLC – Member
I think there is a lot here. There is a lot here to provide to the patient. You have information blocking and accountability. You have the patient's connectedness to their information.

Andrew Truscott – Accenture – Co-Chair
Awesome. So, can we, therefore, leave it as it sits with the definition inside electronic health information and the recommendation is there should be potentially further regulation around how it is going to happen, and we are comfortable with where it is now? Sounds like Cynthia is pretty comfortable with the draft as it is. Sounds like Cynthia, you are pretty comfortable with current drafting as it is.

Cynthia A. Fisher – WaterRev, LLC – Member
Yes. I don't see it on the screen. Does anybody else have any comments?

Andrew Truscott – Accenture – Co-Chair
Yeah, we have the term payment in the definition of EHI.

Cynthia A. Fisher – WaterRev, LLC – Member
Yeah, future payment.

Andrew Truscott – Accenture – Co-Chair
Future payment. Past, present, future.

Denni McColm – Citizens Memorial Healthcare – Member
I should not bring this us up, but payment is not price.

Andrew Truscott – Accenture – Co-Chair
Wouldn't that be implicit?

Denni McColm – Citizens Memorial Healthcare – Member
I don't know. I go to a restaurant and ask for the menu. I see the price I'm going to pay as a future payment. If those two words are combined, A future payment is what our prices. That is the real price.

Andrew Truscott – Accenture – Co-Chair
Please, Let's not talk about cost at this point.

Denni McColm – Citizens Memorial Healthcare – Member
No. I agree. 100%.

Andrew Truscott – Accenture – Co-Chair
It sounds like we are all of like mind we can leave the current drafting of EHI intact and our recommendation when asking for comments is this is probably not the right place to give a further discussion about price transparency and the means that might take place. But it should be subject to future regulations.

Denni McColm – Citizens Memorial Healthcare – Member
What do you mean by that Andy?

Andrew Truscott – Accenture – Co-Chair
My personal opinion, I think that is without setting a lexicon for transparency, without putting in place a mechanism for organizations to share pricing information on an apple to apple basis, we will never give full transparency. That is not talked about in here. And I think that will be a useful subject of future regulations.

Michael Adcock – Individual – Co-Chair
Before we get too much further, it is time for public comment. Not to be rude and stop the conversation but we did say we would have public comment at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Sure. Thanks, Mike. The operator can you open the public line?

Operator
Sure. If you would like to make a public comment, please press the star in the number one on your telephone keypad. The confirmation tone will indicate that your line is in the question queue. You may press start star in the number two to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the Starkey. Once again, to make a public comment, please press the star in the number one at this time. One moment while we poll for comments.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Thank you. I don't see too many participants, but we'll see if we have any takers.

Andrew Truscott – Accenture – Co-Chair
 I would really, really like to hear some public comment, because I'd like to understand if we are reflecting what we hear out in the market place.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Operator, do we have any public comments in the queue?

Operator

No public comments in the queue as of yet.

Cynthia A. Fisher – WaterRev, LLC – Member
Andy, just a flag for, I did like whether it was a preamble or included in the definition is inclusive of human and machine-readable, and the word inclusive.

Andrew Truscott – Accenture – Co-Chair
That's good.

Cynthia A. Fisher – WaterRev, LLC – Member
It just came to mind.

Andrew Truscott – Accenture – Co-Chair
I think that it's an excellent idea.

Mark Knee – Office of the National Coordinator – Staff Lead
Okay. I'll write that. Add it in right now.

Michael Adcock – Individual – Co-Chair
I guess we have eight more minutes for discussion since there is no public comment.

Mark Knee – Office of the National Coordinator – Staff Lead
Is there anything you all want to add to the Google doc for price transparency, then? It sounds like there may be a resolution on some aspects.

Andrew Truscott – Accenture – Co-Chair
My point was that there should be future regulation around this. I am not sure the market will work out how to do this without direction. That is a personal view.

Mark Knee – Office of the National Coordinator – Staff Lead
When you say future regulation you mean the final rule we will be putting out or something totally separate?

Andrew Truscott – Accenture – Co-Chair
Separate. And at least I think it might delay this rule substantially.

Michael Adcock – Individual – Co-Chair
Any other comments?

Cynthia A. Fisher – WaterRev, LLC – Member
I just think we have a lot of tools in the Cures to provide for health information. I think I understand Andy's concerns and I do think that transparency in the marketplace will address significant information blocking.

Andrew Truscott – Accenture – Co-Chair
No one would be more delighted to me if the market magically sorts itself out on the basis of what we have here. I would be delighted if that was the case. We have worked in this market for a long time. The market tends to like direction as opposed to arbitrary fix itself. There is the discussion. There are

specific questions and Andy and Michael we have talked about this. There could be two different recommendations or a majority or minority recommendation. For my understanding, it seems Cynthia may be in a different place than Andy and other folks.

Mark Knee – Office of the National Coordinator – Staff Lead
So, I would just direct everyone – it sounds that there are at least two different viewpoints. There is the discussion to maybe reread that because there are specific questions. And, Andy and Michael, I think we had talked about this, there could be two recommendations, or a majority and a minority recommendation potentially. From my understanding it seems that Cynthia might be in a different place than Andy and other folks, is that right?

Andrew Truscott – Accenture – Co-Chair
I'm not sure. I think we're all in agreement that there is nothing more to happen here.

Mark Knee – Office of the National Coordinator – Staff Lead
Okay. Does that mean it should be understood that pricing information is included in our definition of EHI and that OIG should enforce information blocking concerning pricing information or is there a different understanding?

Andrew Truscott – Accenture – Co-Chair
That is my understanding of the group.

Michael Adcock – Individual – Co-Chair
That is my understanding as well.

Mark Knee – Office of the National Coordinator – Staff Lead
If that is the understanding, I think it would be helpful from our perspective to get a better sense of what you all mean by price information and the scope of that. That is what the request for information is about. Parameters and implications of including price information in the scope of EHI. For instance, should it reflect the amount to be charged to paid for by the patient health plan? The amounts to be collected from the patients including direct did medical services? All those questions.

Andrew Truscott – Accenture – Co-Chair
On another call, we should go to those. It will be that the recommendation might be to set up a task force to go to consider those.

Mark Knee – Office of the National Coordinator – Staff Lead
Okay.

Michael Adcock – Individual – Co-Chair
What else we discuss? I do not know that we can start anything new. Not in three minutes. Anything else anybody would like to say, or we can cut off a few minutes early. Cynthia, any?

Andrew Truscott – Accenture – Co-Chair
Cynthia are you comfortable in the considerations that we have appropriately reflected the intent of 21st century Cures Act and what Congress wants us to put in place?

Cynthia A. Fisher – WaterRev, LLC – Member

I think we have more work to do with the network side. It is probably a good place for us to hit refresh. We are working hard. These are significant issues. They have substantial downstream consequences. To enter you I think we're working on trying to keep the patient's best interest front and center.

Andrew Truscott – Accenture – Co-Chair
Okay, thank you.

Cynthia A. Fisher – WaterRev, LLC – Member
I think everyone for that. These are big and difficult issues.

Michael Adcock – Individual – Co-Chair
Agreed. Denni did you have anything else to add, if not we will end this one a few minutes early.

Denni McColm – Citizens Memorial Healthcare – Member
I do not have anything to add. Except I do hope myself and all of us can come up with constructive thoughts. I think Andy did that better about the wording and suggestions.

Michael Adcock – Individual – Co-Chair
Agreed. That's one of the things I wanted to end with. I wanted to in with that we need to spend time between now and the next meeting looking at the document and coming up with ideas and inserting them into the Google documentation to read this before the next meeting so we can be as productive as possible. But if there is nothing else and I do appreciate Andy and everyone's discussion. Thank you all for the hard work. This is a difficult task and a lot to get done. Thank you all for your time to work on this. With that, we will conclude.

Andrew Truscott – Accenture – Co-Chair
You're welcome, sir. Take care.

Cynthia A. Fisher – WaterRev, LLC – Member
Thanks, everyone. Okay, bye-bye.

Denni McColm – Citizens Memorial Healthcare – Member
Bye.

Mark Knee – Office of the National Coordinator – Staff Lead
All right, bye.

Cynthia A. Fisher – WaterRev, LLC – Member
Thanks, Andy.

Duration: 114 minutes