



Meeting Notes

Health Information Technology Advisory Committee Information Blocking Task Force Workgroup 1: Relevant Statutory Terms and Provisions April 04, 2019, 1:00 p.m. – 3:00 p.m. ET Virtual

The April 04, 2019, meeting of the Information Blocking Task Force Workgroup 1: Relevant Statutory Terms and Provisions of the Health IT Advisory Committee (HITAC) was called to order at 1:00 p.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Lauren Richie conducted roll call.

Roll Call

MEMBERS IN ATTENDANCE

Andrew Truscott, Co-Chair, Accenture
Cynthia Fisher, Member, WaterRev, LL
John Kansky, Member, Indiana Health Information Exchange
Sheryl Turney, Member, Anthem

MEMBERS NOT IN ATTENDANCE

Michael Adcock, Co-Chair, Individual
Denni McColm, Member, Citizens Memorial Healthcare

ONC STAFF

Cassandra Hadley, HITAC Backup/Support
Mark Knee, ONC Staff Lead
Morris Landau, ONC SME
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Lauren Wu, SME

Lauren Richie turned the meeting over to Andy Truscott, co-chair.

Price Transparency

Andy Truscott noted that there are changes that will take longer to think through; therefore, the workgroup recommends that an additional group be formed to talk through these details in depth.

Sheryl Turney noted that making data that identifies cost and the patient's cost share available to the patient is complicated. The problem is: how procedures are priced is handled differently across states



due to state laws. There isn't one solution that will apply to everyone because the problem is complex. None of the insurers or hospitals are set up like retailers. It will take some time to get there.

Cynthia Fisher commented that ultimately, this is doable, to have real visibility into pricing differences. The patient needs to have negotiation leverage.

Sheryl Turney expressed concern, as she believes this will take significant time and is complicated. What Cynthia is suggesting would work in a fee-for-service environment, but the environment is moving to value-based arrangements which makes it difficult.

Cynthia Fisher commented that value-based reporting could be provided by the patient and their longitudinal patient record. This is an opportunity to engage the patient in the metrics.

Sheryl Turney noted there are states putting up common risk models that all could use. There are different risk models being used currently. The risk score determines the payment approach.

Cynthia Fisher commented that the goal is to lower the cost of health care so the patient can manage their health and wealth.

John Kansky commented that he doesn't want to see the information blocking regulation be stretched to do something that it isn't meant to do. He agrees with the free market perspective, but a different tool is needed.

Cynthia Fisher commented that to get at the visibility, there is a need to understand the agreed upon rate between the provider and the payer.

Mark Knee noted that there is a request for comment in the proposed rule to determine what ONC should do in this rulemaking, and a request for information to understand what ONC/HHS should do in the future.

Andy Truscott noted, based on the conversation, that there is another dimension to electronic health information that may need to be added.

Cynthia Fisher shared that the Health Insurance Portability and Accountability Act (HIPAA) has three levels of health information and reviewed those with the group.

Sheryl Turney commented that the patient wants to know what they are going to pay. The patient doesn't care between payers; they just want to know what the rate will be for their current payer.

Andy Truscott commented that a new class of data would need to be included in the definition of electronic health information. He is not sure that the current regulation will be where the how and the what are defined. A new task force should be established to define the "what." He is concerned with derailing the information blocking regulation. There is a need to unblock this information to achieve what is needed.

Sheryl Turney commented that she doesn't object, but is trying to look at this from all sides. There is a need to focus on what is important to the individual patient.



Andy Truscott thanked the group, as this is a difficult conversation.

Lauren Richie opened the lines for public comment.

Public Comment

There was no public comment.

Next Steps and Adjourn

Andy Truscott asked Cynthia Fisher to work on the potential updates to the electronic health information definition.

Lauren Richie adjourned the meeting at 2:42 p.m. ET.