2021-04-15 Meeting notes

Date 15 Apr 2021

Attendees

- Tom Sullivan
- Barry R. Hieb
- Jim Kragh
- Martin Smith
- Jim St.Clair
- Carmen Smiley
- Tom Jones

Goals

- Per distributed agenda

Discussion items

Time	Item	Who	Notes
5 Min	Call to order and roll call	Tom Sullivan	- Quorate - Recording!
5 Min	Approval of draft minutes of 3/18 and 4/1 meetings.	Tom Sullivan	Done
10 mins	Noteworthy news and member activities--	All--	Martin Smith Asks about whether "population health" initiatives are gaining more traction given the new Administration's focus on underserved populations. Tom Sullivan says population health has remained a policy priority and mentions a healthcare organization that has has a Health Equity Officer. Jim St.Clair – PatientID Coalition has a WG on how verifiable identity can improve health equity. Martin says follow-up with patients has been what's missing in the pay-for-service model. Tom S agrees that follow-up has been dependent on patient or individual doctor, and the doctor has generally not be compensated for follow-up efforts. Now the responsibility is shifting to more healthcare admin staff or more junior clinical staff. Particular focus has been on medications management. Barry R. HiebFollow-up requires good identity. Tom Jones Cites his bad personal experience getting information from his own records from sources who should have this readily available. --- Martin asked about recent news stories regarding problems the VA has been having with their Cernerr EHR implementation. Jim St.Clair says he hears from a contact close to the VA project that the project is over-budget and that the system is a poor fit to some of VAs requirements.
10 mins	Discussion of PatientID Coalition (remove prohibition on HSS funding of research for national health ID) – proposed position paper now in voting for adoption by Coalition members.	Barry R. Hieb Jim St. Clair	Barry R. Hieb – discuss his org's (GPII) position on the PatientID Now Coalition's position now being voted on. He feels they made some progress by advocation for changing language relating to a goal for patient matching performance, from "improving" performance to "eliminating" matching errors. Jim St.Clair Consensus in the Coalition is that there are no NIST-approved standards for "patient matching" Barry R. Hiebcan get to perfect matching if you have a process for correction ("healing") Resistance is that group want to be "solution agnostic" Martin SmithSuggests that the goals should be for "records matchings" and not "patient matching." Carmen Smiley acknowledges the distinction but says that "patient matching" is the term everyone uses and it's not useful to try to change that: "we're stuck with it." Martin SmithDo we need a healthcare ID or good strong IDs for multiple uses, including healthcare? Carmen – think healthcare has the most urgent requirement for better ID. Some others agreed. Jim Kragh– Notes that the existing requirement that all medical procedure costs must be disclosed by hospitals has just been spotlighted by a WSJ article, and he believes it will get renewed policy attention.
the 5 mins	Martin Smith updates on IAWG comments on NIST 800-63-4 issues, and place-holding response to UK request for comments.		NOT DISCUSSED.
10 mins	New Business:		NONE RAISED

5 mins	Action follow-ups, next meeting date, and adjourn		Next meetings: April 29, 2021