Health Information Technology Oversight Council

October 14, 2015

Oregon Health Authority

Agenda

1:00 pm	Welcome & Introductions • Introduction of Chair & Vice-Chair
2:00 pm	Health IT in Oregon Overview • HIT Environment and Meaningful Use • Overview of the Oregon HIT Program
2:30 pm	Break
2:40 pm	HITOC History and Charter • HITOC History – Bob Brown
3:40 pm	HITOC Logistics, Processes and Preferences
4:05 pm	HIT/HIE Community & Organizational Panel (HCOP)
4:15 pm	Public Comment
4:25 pm	Conclusion and Next Steps

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Vision of an "HIT-optimized" health care system

The vision for the State is a transformed health system where statewide HIT/HIE efforts ensures that all Oregonians have access to "HIT-optimized" health care.

Oregon HIT Business Plan Framework (2013-2017): http://healthit.oregon.gov/Initiatives/Documents/HIT_Final_BusinessPlanFramework_2014-05-30.pdf

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Goals of HIT-Optimized Health Care

1. Sharing Patient Information Across the Care Team

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver "whole person" care.

2. Using Aggregated Data for System Improvement

- Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.
- In turn, policymakers use aggregated data and metrics to provide transparency into the health and quality of care in the state, and to inform policy development.

3. Patient Access to Their Own Health Information

- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

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Role of HITOC – 10,000 Foot Level

As of 2015, HITOC reports to the Oregon Health Policy Board. State legislation sets HITOC's duties as follows:

- Make recommendations related to Health IT to the Board
  - State Strategic Plan for health IT
  - Policy priorities and/or barriers to address
- Regularly review and report to the Board on
  - Status of OHA's efforts within the Oregon Health IT Program
  - Efforts of local, regional, and statewide orgs to participate in health IT systems and adoption/use of Certified EHR Technology
- Advise the Board/Congress on federal law and policy changes that impact Health IT efforts in Oregon

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HIT: Opportunity and Challenges

- HIT and EHR investments in Oregon abound
  - But not working well or interoperable in many cases
  - HITOC can convene and plan to improve interoperability and “make the investments work for health system transformation”
- OHA and others are investing in state-level HIT
  - HITOC will monitor and report on progress and ensure we are delivering value for the investment
- Connecting all members of the care team is important
  - Challenges with behavioral health information sharing and barriers to participating in HIT for non-physical health providers
  - HITOC can study these issues and make recommendations for policy or other changes
- HIT Opportunities and Challenges Identified by the Board
  - HITOC can take action to address priorities of the Oregon Health Policy Board

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Useful Definitions

- **Health Information Exchange (HIE)** – the electronic transfer of health information between two or more health IT systems
  - Sometimes HIE can also refer to an organization that provides this service

- **Interoperability** – the capacity of different health IT systems and software applications to communicate and exchange data and to make use of the data that has been exchanged

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Introductions

We have asked HITOC members to introduce themselves and briefly speak to the question (3-4 minutes each):

Why is it important to you to move health IT forward in Oregon?

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Health IT in Oregon - Overview

Susan Otter, Director of HIT
Office of HIT, Oregon Health Authority

Oregon's Coordinated Care Model

How does Health IT support CCOs and the coordinated care model?

Selected characteristics of the coordinated care model:

- Care coordination, population management throughout the system
- Integration of physical, behavioral, oral health
- Accountability, quality improvement and metrics
- Alternative payment methodologies
- Patient engagement

Coordinated care model relies on access to patient information and the Health IT infrastructure to share and analyze data

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EHR Adoption and Meaningful Use in Oregon

- Oregon providers have been early adopters of EHR technology
- Currently, Oregon is in the top tier of states for providers receiving EHR incentive payments, with more than $387.3 million in federal funds coming to
  - 60 Oregon hospitals and
  - Over 6,700 Oregon providers
- However, 135 unique EHRs are in use in Oregon

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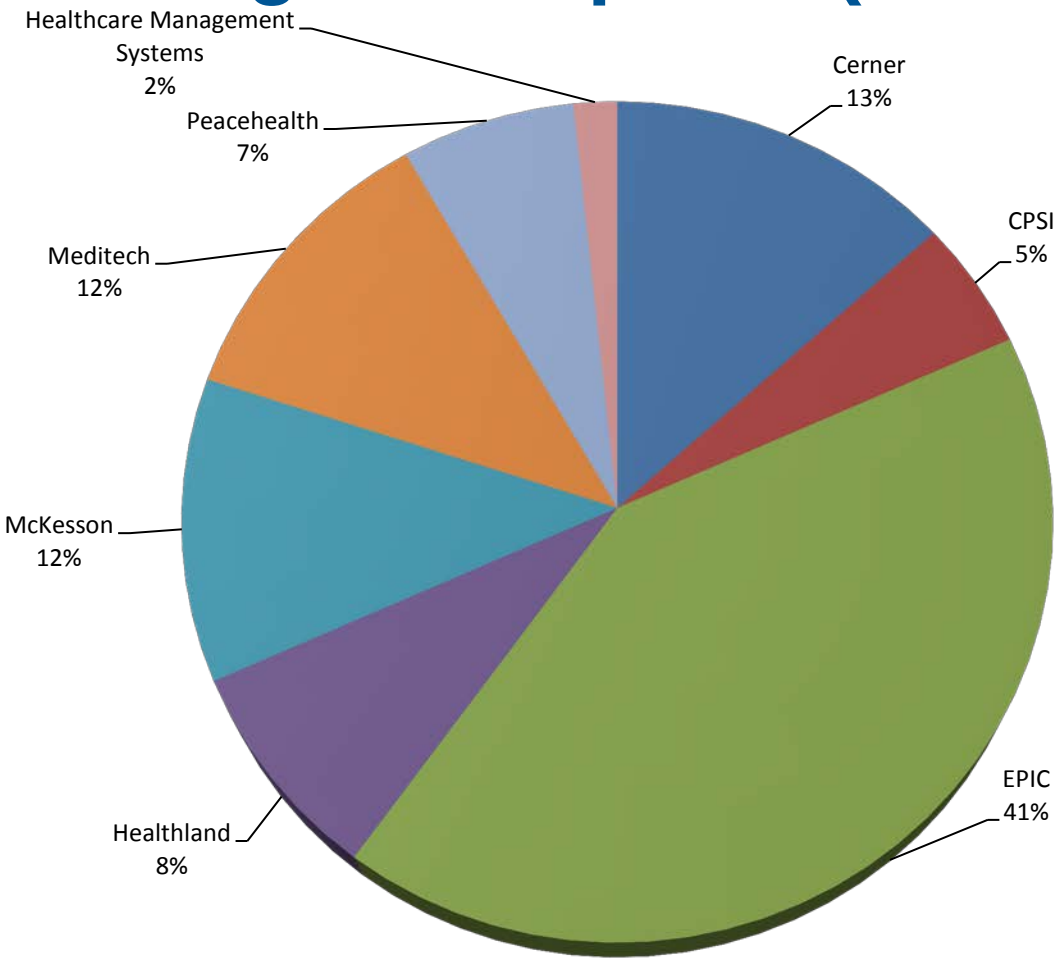
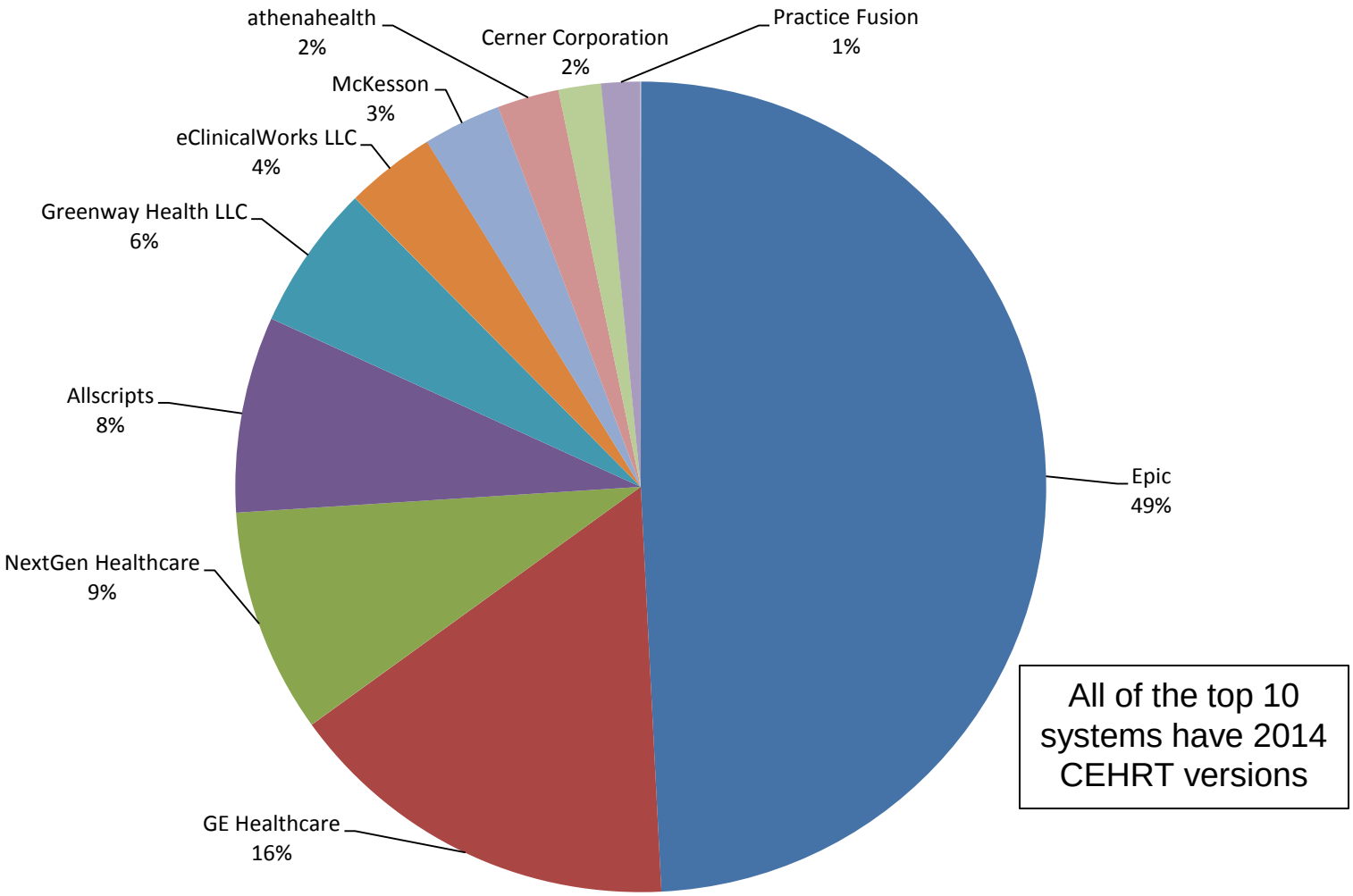
EHR Vendor Systems in use by Oregon Hospitals (n = 60)



* Based on most recent EHR Incentive Payment data for a hospital from the Medicare or Medicaid EHR Incentive programs 2011- June 2015

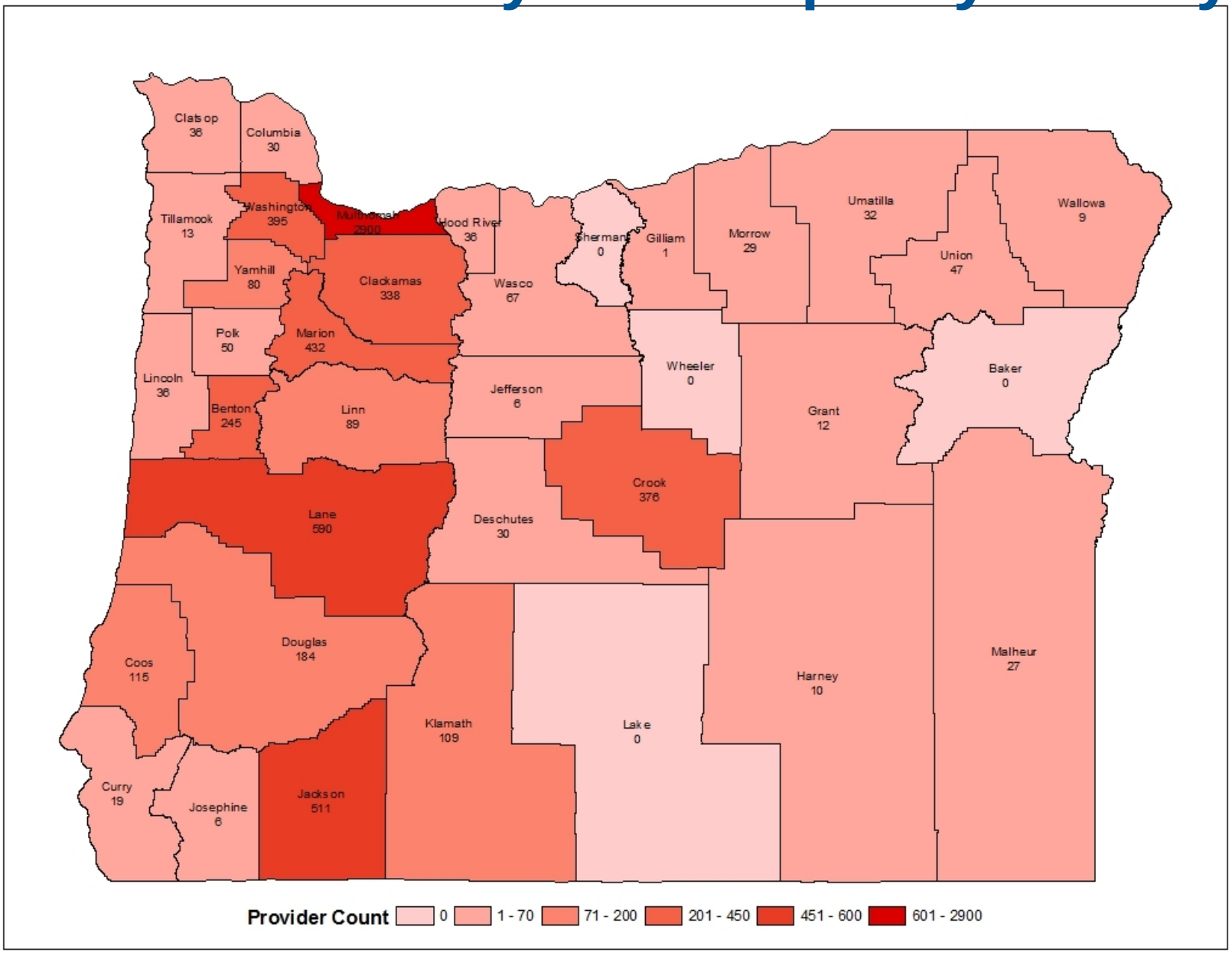
EHR Vendor systems purchased by Oregon Eligible Professionals (top 10) n=5,589 out of 6,886



All of the top 10 systems have 2014 CEHRT versions

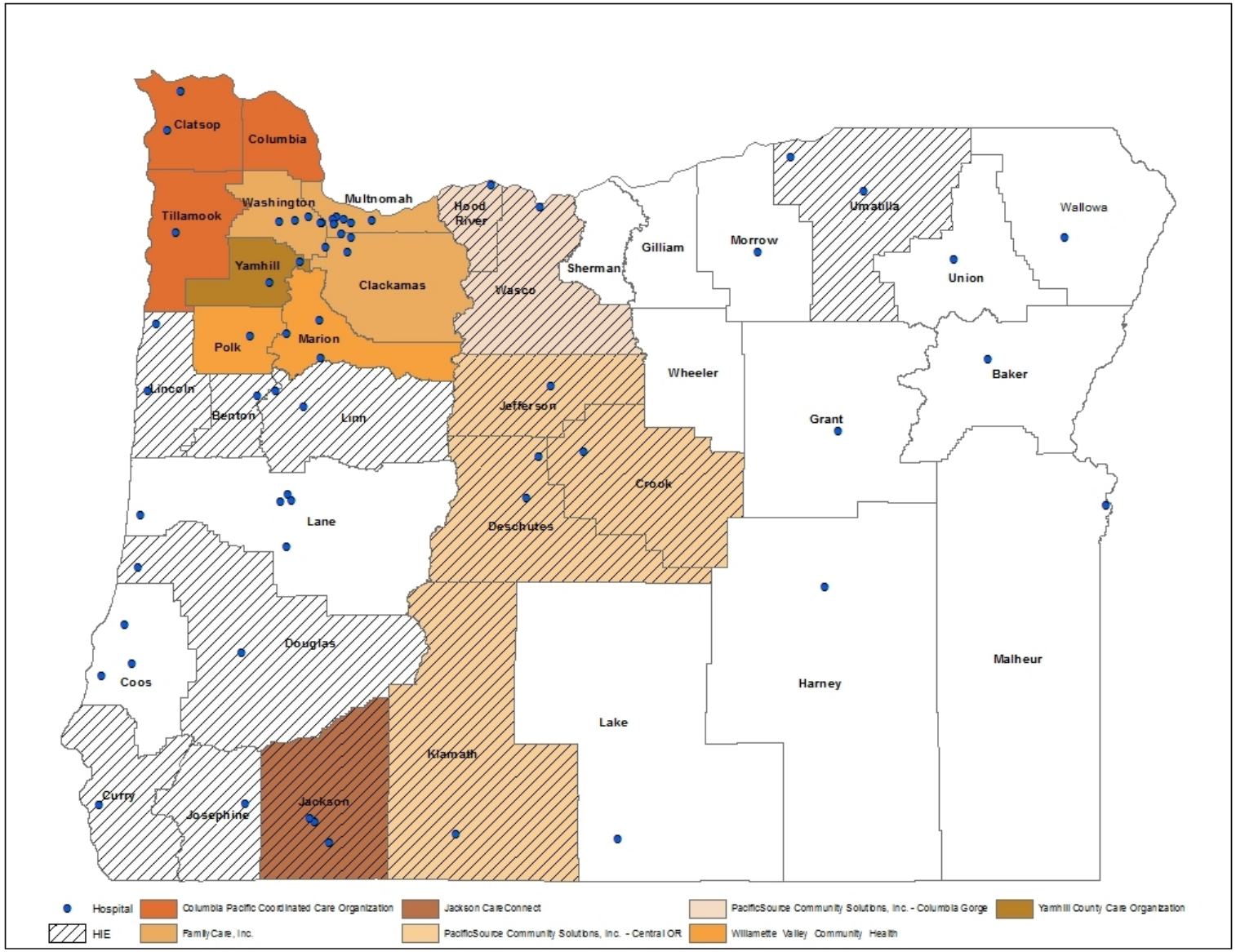
* Based on most recent EHR Incentive Payment data for a hospital from the Medicare or Medicaid EHR Incentive programs 2011- June 2015

EHR Incentive Payment Map – by County



Participation in HIE – by County

Regional HIEs, Hospital event data: CCOs (PreManage), Hospitals (EDIE)



Other Health Information Exchange Efforts in Oregon

- Direct secure messaging within EHRs is beginning
  - CareAccord, Oregon's statewide HIE
- Vendor-driven solutions:
  - Epic Care Everywhere, CommonWell
- Federal Network (the Sequoia Project)
  - Trust community leveraging a common set of standards, legal agreement and governance
  - connection to federal agencies: SSA, CMS, VA, etc.
- Other organizational efforts:
  - by CCOs, health plans, health systems, independent physician associations, and others
  - Including private HIEs, point-to-point interfaces, HIT tools, hosted EHRs, etc. that support sharing information across users

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HIT/HIE exists in Oregon, but gaps remain

Many providers, plans, and patients do not have the HIT/HIE tools available to support a transformed health care system, including new expectations for care coordination, accountability, quality improvement, and new models of payment.

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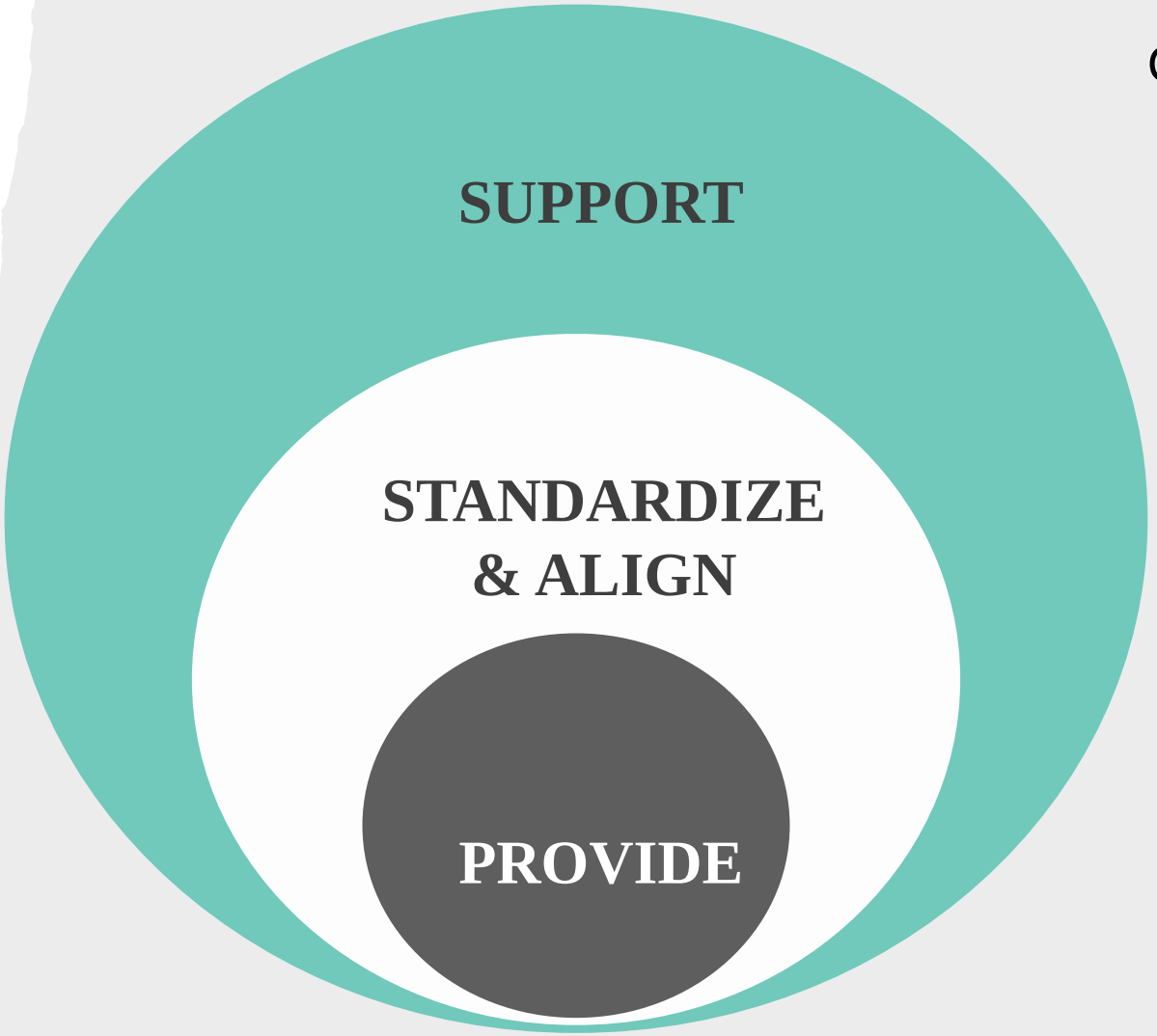
The Role of the State in Health IT



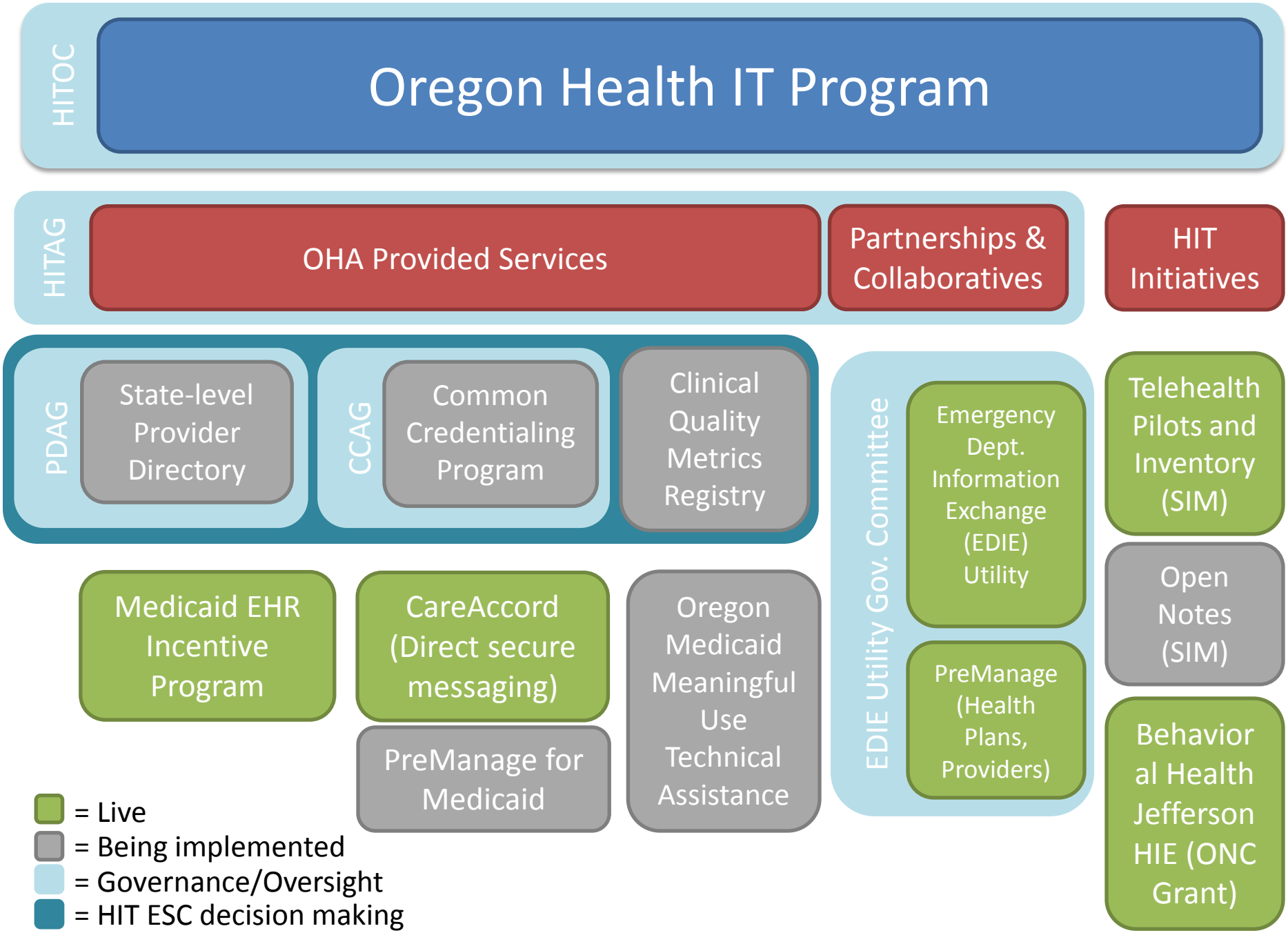
Community and Organizational HIT/HIE Efforts

OHA Office of Health IT

Mission

The Office of Health Information Technology develops and supports effective health IT policies, programs, and partnerships to enable improved health for all Oregonians.

Policy/ Program Development	Strategy	Implementation	HIT Programs
• Federal & state policy and legal analysis • Oregon Administrative Rules • Federal environment • Federal funding and grants • Program development, initiatives and pilots	• HITOC & related committees • HIT environmental scan & metrics • Stakeholder engagement • Partnerships & collaboratives (e.g. EDIE Utility) • State legislation	• Common Credentialing • Provider Directory • Clinical Quality Metrics Registry • Technical Assistance to Medicaid Practices	• Medicaid EHR Incentive Program • CareAccord Program • Flat File Directory (Direct secure messaging addresses)


HITOC
Oregon Health IT Program
HITAG
OHA Provided Services
Partnerships & Collaboratives
HIT Initiatives
PDAG
State-level Provider Directory
CCAG
Common Credentialing Program
Clinical Quality Metrics Registry
EDIE Utility Gov. Committee
Emergency Dept. Information Exchange (EDIE) Utility
PreManage (Health Plans, Providers)
Telehealth Pilots and Inventory (SIM)
Open Notes (SIM)
Behavior al Health Jefferson HIE (ONC Grant)
Medicaid EHR Incentive Program
CareAccord (Direct secure messaging)
PreManage for Medicaid
Oregon Medicaid Meaningful Use Technical Assistance
= Live
= Being implemented
= Governance/Oversight
= HIT ESC decision making

Oregon Health Information Technology Program

Developing and Supporting Effective HIT Policies, Programs, and Partnerships to Achieve Health System Transformation

Phase 2.0 2017+

Query
- Query Capability to Locate Records
- Implications for Provider Directory and CQMR

Patient-Provider Index (PPA)
- Statewide Patient/Provider Attribution (PPA)

Phase 1.5 2014-2017

House Bill 2294 Passes 2015

State-level Provider Directory (PD)
- Provider Directory Advisory Group Established: April 2015
- Solution Launches: 2017
- Fees to be established per HB 2294

Clinical Quality Metrics Registry (CQMR)
- e-Reporting of Clinical Quality Metrics
- Solution Launches: early 2017
- Accept CCO Data: April 2017
- Accept EHR Incentive Data: 2018
- Fees not necessary for CCO and EHR Incentive program reporting

Common Credentialing (CC)
- Credentialing Information Database
- Common Credentialing Advisory Group Established: October 2013
- Solution Launches 2017
- Fees to be established per SB 604

Oregon Medicaid Meaningful Use Technical Assistance
- Support meaningful use of EHRs
- Launches Q4 2015
- OCHIN Selected as Vendor; Regional work plans set priorities
- Funding through 2017

HIT Initiatives and Pilots (Federal Grant-Supported 2015-2017)
- SIM Funding: Telehealth pilots, Telehealth Inventory, OpenNotes (patient portal)
- ONC Interoperability Grant (Jefferson HIE) Behavioral Health Consent Management

Emergency Department Information Exchange (EDIE) / PreManage real-time notifications
- EDIE Utility Governance Committee Established: January 2015
- Statewide Hospital Notifications 100% Hospital Participation: August 2015
- Financing Model: 50% hospitals, 50% health plans and CCOs

Phase 1.0 2010-2013

Senate Bill 604 Passes 2013

CareAccord
- Direct Secure Messaging - Health Information Service Provider (HISP)
- Web-portal Launched: May 2012
- Flat File Directory Launched: July 2014
- Initiating EHR integration pilots: July 2015
- Fees to be established per HB 2294

Medicaid EHR Incentive Program
- Established by HITECH Act, 2010
- Program runs from 2011-2021
- Program has paid out $123.8 million to 57 hospitals and 2,249 eligible providers
- "Final" Stage 3 MU rules expected Fall 2015

Services & Programs

HITOC
Continued Strategic Planning, Oversight & Policy Transparency

Establishment of Compatibility Program

HITOC Resets per HB 2294
Strategic Planning, Oversight & Policy Transparency; Reports to the Health Policy Board

CCO HIT Advisory Group (HITAG)
Oversee implementation of Phase 1.5 Services ($3 million in Transformation Funds)

HITOC Established per HB 2009
HIT Task Force; Strategic Planning, Oversight & Policy Transparency

Oversight

HITOC History

Bob Brown, HITOC Member

Establishment and Composition

- The original HITOC was part of HB 2009 (2009) which created OHA and the Oregon Health Policy Board
- Started meeting in October 2009
- Governor-appointed, Senate confirmed body of 11 members
- Required to be Oregon citizens and included both public and private sector representatives
- Required consumers and providers of health care and privacy and information technology experts

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Year-by-Year Highlights

Year	Highlight
2009	• HB2009 Passed Oregon legislature – establishes HITOC • HITOC convenes (October) • ONC announces State HIE Cooperative Agreements • Environmental Scan: Initial HIE survey

2010	• HITOC establishes Committees
	  • Sets Strategic and Operation Plan for ONC cooperative agreement
	  • ONC approves; implementation funding from ONC released
	• Environmental Scan: Initial hospital/provider EHR survey

2011	• Development of Phase 1, including CareAccord • Environmental scan: Surveys of LTC, Pharmacy

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Highlights – Cont.

Year	Highlight

2012 (CCO launch)	• HITOC produces reports:
	  • Oregon Strategic Plan for HIT (Sept.)
	  • Reports on labs, eRx – based on ONC focus areas
	• CareAccord launches statewide Direct secure messaging (May)

2013	• Strategic planning revisited:
	  • OHA convenes HIT listening sessions
	  • HIT Task Force convenes; recommends HIT/HIE Business Plan Framework
	• CCOs agree that OHA should invest $3m in statewide HIT/HIE services (Phase 1.5)

2014	• HITOC engagement:
	  • Endorses the HIT/HIE Business Plan Framework
	  • Phase 1.5 development, telehealth pilots, interoperability
	• Environmental Scan: CCO HIT Deeper Dive Meetings

2015	• Passage of House Bill 2294; creation of new HITOC • HITOC engagement: Meaningful Use proposed rule

HITOC Committees – Past and Present

- HIE Strategic and Operational Plan:
  - Finance Workgroup
  - Legal and Policy Workgroup
    - Consent Implementation Subcommittee
  - Technology Workgroup
- Advisory Panels, Workgroups, Subcommittees:
  - Lab Workgroup
  - ePrescribing Workgroup
  - HIO Executive Panel
  - Consumer Advisory Panel
  - HIE Accreditation Program Subcommittee
- Continuing (Present) Committees/Panels:
  - HIT/HIE Community & Organizational Panel (HCOP)

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HITOC Charter, By-Laws and Initial Work Plan

Justin Keller, Policy Analyst

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House Bill 2294 (2015)
Next Era of HIT in Oregon

- HB 2294 has three major components:
  - Establishes the Oregon Health IT Program, authorizing OHA to offer statewide health IT services beyond Medicaid/OHA programs, and to charge fees to users
  - Authorizes OHA to participate in partnerships or collaboratives to implement and provide statewide health IT services
  - Updates and refines the role of the Health IT Oversight Council
    - The Health Policy Board shall determine membership
    - HITOC shall report to the Board

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HITOC Governing Documents

- HITOC Charter –
  - belongs to the Oregon Health Policy Board, revisions require their approval
- HITOC By-Laws –
  - belongs to HITOC, revisions require affirmative vote of 2/3 Council members

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HITOC Charter – Membership

- Membership is determined by the Oregon Health Policy Board
- The Board is charged with ensuring HITOC has collective expertise, knowledge and experience with:
  - Health care delivery
  - Health information technology
  - Health informatics
  - Health care quality improvement
- The Board is also charged with ensuring broad representation on HITOC of individuals and organizations that will be impacted by the Oregon HIT Program

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HITOC Charter – Additional Membership Principles

- Broad mix of health care perspectives
  - from providers, hospitals, health plans, CCOs
  - including perspectives from various EHR/health IT tools (e.g., Epic and non-Epic users);
- Subject matter experts that account for a “whole-person care”
  - (e.g. behavioral health, dental health, and long-term care);
- Representation from:
  - Subject matter experts in privacy and security of electronic information;
  - Consumers or patient advocates; and
  - Individuals or organizations that work with disproportionately-affected populations including geographic diversity.

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Charter – Responsibilities of HITOC

- Make recommendations related to Health IT to the Board to achieve the goals of health system transformation
  - Strategic plans for health IT; policy priorities and/or barriers
  - Respond to Board requests
- Regularly review and report to the Board on:
  - OHA health IT efforts including the Oregon Health IT program toward achieving goals of health system transformation
  - Efforts of local, regional, and statewide organizations to participate in health IT systems
  - Progress related to adoption and use of health IT among providers, systems, patients, and other users in Oregon
- Advise the Board or the Congressional Delegation on federal law and policy changes that impact health IT efforts in Oregon

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Health Policy Board

The nine-member Oregon Health Policy Board (OHPB) serves as the policy-making and oversight body for the Oregon Health Authority. The Board is committed to providing access to quality, affordable health care for all Oregonians and to improving population health.

Under ORS 413.011, the Health Policy Board's duties include (but are not limited to):

- Serving as the policy-making and oversight body for the Oregon Health Authority;
- Approve and monitor community-centered health initiatives that are consistent with public health goals, strategies, programs and performance standards;
- Reporting to the Legislative Assembly;
- Establishing quality metrics (for all providers and payers);
- Establishing cost containment mechanisms;
- Establishing evidence-based clinical standards;
- Ensuring a stable health care workforce statewide.

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Health Policy Board Responsibilities

- Policy-making on high-priority or urgent issues
- Oversight to ensure that policies are moving in the intended directions; systems/programs are coordinating or aligned whenever possible; and CCOs remain accountable.
- Oversight to monitor alignment and coordination between various areas of transformation in Oregon, including: public health modernization, behavioral health and oral health integration, health care transformation and early learning system transformation, including:
  - Metrics alignment
  - Workforce development and oversight
  - Service delivery
  - Access
  - Equity
  - Financial sustainability

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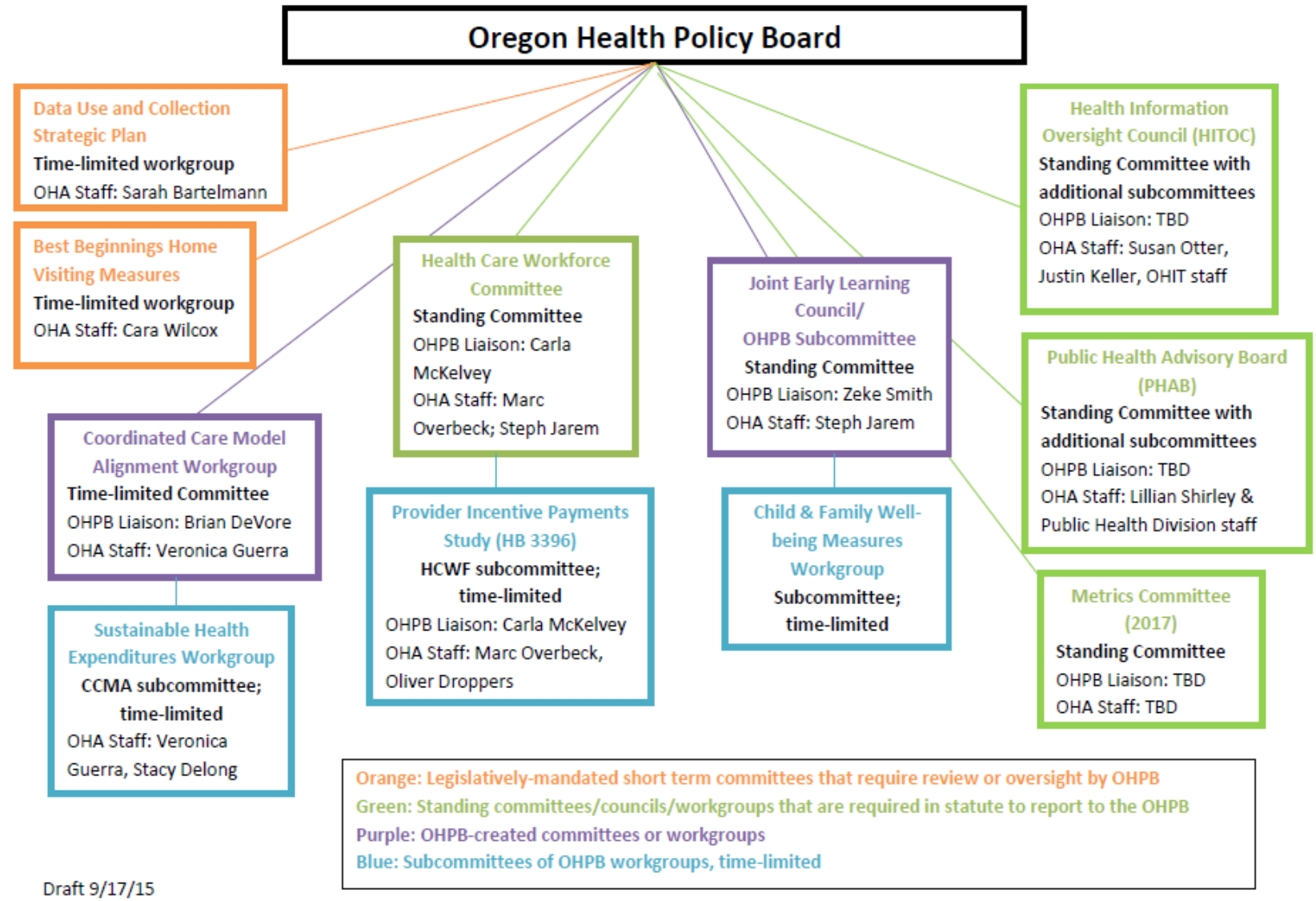

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Charter – Actions of HITOC

The Council may take the following actions:

- Make formal recommendations and reports to the Board;
- Identifying priorities for HITOC work;
- Charter committees (for ongoing work) and/or work groups (for short-term work) on various topics related to HIT;
- Request data and reports to assist in preparing recommendations to the Board or the Congressional Delegation;
- Provide a Council Member to serve as a liaison to other committees or groups as requested.

Endorsement of Charter

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HITOC By-Laws – Highlights

- HITOC shall have no fewer than 11 members and no more than 15
- Staggered terms initially
  - Then 3-year terms (per original HITOC)
- Chair/Vice-Chair Duties (standard)
- Expectations of Members

Approval of By-Laws

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HITOC Charter – Initial Work Plan

	Topics	Outputs
Policy Topics	• Improving interoperability across OR HIT/HIE investments • Behavioral health information sharing • Other priority policy topics	• Policy recommendations, • Behavioral health model consent • Interoperability guidance • Updated Strategic Plan
Health IT Environment	• Monitoring EHR Use and HIT/HIE efforts • Monitoring OR HIT Program • Bridging the "Digital Divide"	• Board Reporting • HIT Metrics and Dashboard • Provider HIT Survey – (Behavioral Health Providers)
Federal Law & Policy	• Meaningful Use Stage 3 and other relevant federal rules • ONC Interoperability Roadmap • ONC Standards Advisory	• Comments on Proposed Federal Rule Changes • Impact analysis to Board • Recommendations Congressional Delegation

Preview: HIT Progress and Environment Review and Reporting

- HITOC reporting on Oregon Stakeholders'
  - Adoption and Meaningful Use of EHRs and HIT
  - Participation in HIEs and other HIT/HIE efforts
- HITOC work ahead/discussion:
  - OHA staff will bring information to HITOC to review – development of metrics/dashboard, environmental scan information, proposals for surveys or other data collection.
  - HITOC can request specific data collected
  - Will need input from HITOC and the Board on preferences for level of information, frequency, etc. Consider HITOC volunteers for specific topics if needed.

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Preview: OHA HIT Efforts Review and Reporting

- Reporting:
  - HITOC to report to Board - on OHA's health IT efforts including the Oregon Health IT program toward achieving goals of health system transformation
  - OHA to report annually to the legislature - on the status of the Oregon HIT Program (June 2016 anticipated)
- HITOC work ahead/discussion:
  - OHA staff will need to orient HITOC and bring information to HITOC to review on OHA HIT efforts
  - HITOC to play an oversight role re: OHA HIT efforts – including recommendations to OHA or the Board on OHA's HIT efforts
  - Will need input from HITOC and the Board on preferences for level of information, etc. Consider workgroup or sub-committee for specific topics if needed.

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Preview: Interoperability

- Improving interoperability across HIT/HIE investments
  - Identify barriers, priorities for interoperability
  - Support providers, stakeholders in navigating interoperability
- Potential work products for HITOC:
  - Data collection/environmental scan on interoperability in Oregon,
  - Guidelines or principles for HIT/HIE participants in Oregon
    - Compatibility Program: expectations for users of state HIT services
  - HIT vendor interoperability scorecard
- HITOC work ahead/discussion:
  - Scope and charter this work
  - Consider workgroup or sub-committee
  - Identify subject matter expertise needed

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Preview: Behavioral Health Information

- ONC Cooperative Agreement awarded to OHA and sub-recipient Jefferson HIE
- Objectives:
  - Develop universal interpretation of law for exchange, disclosure, and re-disclosure of drug, alcohol and mental health data in Oregon (e.g., 42 CFR Part 2)
  - Develop a common consent management model
  - Implement consent model within Jefferson HIE technology
  - Connect with behavioral health EHRs and others
- HITOC work ahead/discussion:
  - Jefferson HIE to orient HITOC to their work
  - OHA Behavioral Health provider survey
  - Consider workgroup or sub-committee

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HITOC Logistics, Processes, and Preferences

Susan Otter

Justin Keller

Format for HITOC Meetings

- Featured Topic
  - Start each meeting with a deeper dive in a specific area, may include invited panel or presentation from sub-committee
- Health IT Policy and Recommendations to Board
  - Consideration of HIT issues, strategic planning, options for recommendations
- Oregon HIT Environment, OHA's HIT efforts, Reporting
  - Review collected information (e.g., EHR Incentive Program, Health IT Dashboard, Oregon HIT Program status)
  - Preparing reporting to the Health Policy Board
- HITOC Business & Composition (as needed)
  - HITOC workplan development, chartering workgroups, subcommittees; changes in HITOC membership, etc.
- Federal Policy/Law Considerations (as needed)

Discussion - Feedback On First Meeting

- Feedback on Pre-Meeting Webinars?
- Preference moving forward for educational opportunities?
- Preferences on materials – printed or electronic?
- Format of meetings?
- Other ways that OHIT staff can support HITOC?

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HIT/HIE Community & Organizational Panel (HCOP)

Marta Makarushka
Lead Analyst

Oregon Health Authority

HCOP Charter

Objective

- Facilitate communication and coordination among CCOs, entities that provide health information exchange, and other healthcare organizations
- Provide strategic input to HITOC and OHA regarding ongoing HIT/HIE strategy, policy, and implementation efforts.
- Identify opportunities for HITOC to consider regarding providing guidance and/or developing policy to address barriers or better support HIT/HIE efforts in Oregon

Membership

- Limited to organizations that are leading a HIT/HIE project with a cross-organizational focus
- Organizations based in Oregon
- Vendors are not eligible to be members

Approval of HCOP

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HCOP Kickoff meeting themes

- Opportunities
  - Broad stakeholder support
  - The multitude of use cases that are possible

- Challenges
  - Value proposition and buy-in/adoption
  - Variability in EMR vendor capabilities and costs
  - Lack of clarity around policies for security/ privacy/information sharing
  - Training and work flow issues
  - Strategy and scope of efforts – focusing use cases
  - Interoperability, data and technical IT challenges

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Conclusion

- Next HITOC Meeting will be on December 14, 2015, from 1:00pm – 4:30pm in Salem, Oregon
  - Reporting Framework to the Health Policy Board
  - Straw model for HITOC workplan/timeline for discussion
  - Chartering focused work (e.g., interoperability)

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Public Comment