2021-04-15 Consistent User Experience Drafting Group Meeting Notes

Attendees

- Stacey-Ann
- Rebecca Distler
- Dan Bachenheimer
- Chester Drum
- Xiang Wang
- Chris Buchanan
- Kien Lam
- Lucy Yang
- Kaliya Young
- Trev Harmon
- Jo Cooper
- Jim StClair
- Drummond Reed

Agenda Items

Time	Item	Who
2 min	Welcome & Antitrust Policy Notice	Rebecca
60 min	Discussion on Draft (Questions & Outstanding Items)	Stacey-Ann

Presentations

Recording

Topic: Good Health Pass - Consistent User Experience

Start Time : Apr 15, 2021 04:55 PM

Meeting Recording:

https://zoom.us/rec/share/heBExSGHdDze8RyumblfPFWkoq4rRGhoQR8SKOu11tn-mEJt5B_t3TdT7btKcbo.R2wF1DxRHml1uP21

Notes

- 1. Welcome and Linux Foundation antitrust policy
- 2. Discussion on Draft (Questions & Outstanding Items)
 - · Differences in vaccine vs. testing
 - Questions on groundtruth will airlines accept liability for being the source of truth on requirements for border entry? (e.g., already check passports for pages / 6 months before expiration)
 - o If something goes wrong with passenger, airline gets asked to send passenger back at airlines' cost; really want to avoid this
 - o for international travel the liability is squarely on the shoulders of the airline the more we can HELP them with guidance and technology (either free or commercial), the sooner things will restart
 - Because there is different pathways to how the information is used, could use an extra "travel opt-in" supplementary passageway (opt in to use
 data from liability compliance perspective); pathway into programs and user journeys
 - Datasets for tests / vaccinations
 - Make rules available in consumable format (180 days)
 - Separate constraints = country requirements
 - Rules engine group updates
 - Somewhere between the department of homeland security and CDC; not even talking to each other even though we're trying to put them
 into the same room
 - o US President won't have government led health pass
 - o Tues/Thurs clinical decision support rule offering engine (MITRE) open source and royalty free (funded by HHS)
 - · Language for clinical decision support underlie rules engine; paper based boarding pass got these visa stamps etc.
 - From user experience; a person comes to the table with what they have (VC, paper, etc.) what they come with may not satisfy all the
 rules no matter the format
 - When we talk about "rules" having a format would be nice, because what you end up doing is being able to convert a rule into a verifiable
 presentation request in order to get to the point where you have a privacy preserving pass
 - Rules engine have to adopt it, demonstrate efficiency and speed, will take time
 - Next week will be talking about language around clinical decision support; coalesce around describing that so we have a way to convert
 that to deconflict this (one rule at federal level that conflicts with state that conflicts with foreign country verifier has to sort that out)
 - o These are typically deeply embedded in EMR, but needs to be standalone system
 - Me2B models can directly injest the data to then onshare and "if" API connented (verified) into EPIC, Cerner and FHIR systems for the individual to GET their Health/Test/Vac data - we are done.
 - $^{\circ}\;$ We need API connections and interoperability

Action Items

- Need to acknowledge UX elements already presented in the EU Green Pass (vaccine, testing, and recovered-from-Covid groups of people)

 Chester to look at EU requirements around UX (table to compare?)

 Chester / Chris to connect on rules engine (clinical perspective)
 Stacey-Ann & Rebecca to connect on new template