



## Meeting Notes

### Health Information Technology Advisory Committee

#### Health IT for the Care Continuum Task Force

April 26, 2019, 09:00 a.m. – 10:30 a.m. ET

Virtual

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The April 26, 2019, meeting of the Health IT for the Care Continuum Task Force (HITCCTF) of the Health IT Advisory Committee (HITAC) was called to order at 9:00 a.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

**Carolyn Petersen**, Co-chair, Individual

**Christoph Lehmann**, Co-Chair, Vanderbilt University Medical Center

Susan Kressly, Member, Kressly Pediatrics

#### MEMBERS NOT IN ATTENDANCE

Chip Hart, Member, PCC

Aaron Miri, Member, The University of Texas at Austin, Dell Medical School, and UT Health Austin

Steve Waldren, Member, American Academy of Family Physicians

#### ONC STAFF

Alex Kontur, ONC

Stephanie Lee, Health IT for the Care Continuum Task Force Staff Lead

Samantha Meklir, Health IT for the Care Continuum Task Force SME

Elizabeth Myers, ONC

Albert Taylor, Health IT for the Care Continuum Task Force SME

#### GUEST SPEAKERS

Rebecca Coyle, CDC

James Daniel, HHS/ CTO

Stuart Myerburg, JD, Acting Team Lead Informatics, National Center for Immunization and Respiratory Disease, CDC

**Lauren Richie** turned the meeting over to Carolyn Petersen, co-chair.

### Welcome Remarks



**Carolyn Petersen** thanked the members for attending and shared a brief outline of the agenda items that were covered.

**Chris Lehmann** thanked the members for their feedback and input and reminded the task force members of the importance of the work that's been done as it relates to the impact electronic health records (EHR) have on pediatric medical error events. He then turned the meeting over to Samantha Meklir, ONC.

**Samantha Meklir** thanked the task force chairs for their dedication and leadership and thanked the members as well. She went on to highlight how glad she was to have colleagues from the Centers for Disease Control and Prevention (CDC) in attendance and noted the usefulness in learning how the CDC work aligns with the ONC pediatric health IT recommendations focused on immunizations. She then turned the meeting over to Stuart Myerburg and thanked him for his collaboration and support.

## Centers for Disease Control and Prevention (CDC) Immunizations Presentation

**Stuart Myerburg** led the presentation detailing how the CDC and the immunization community are addressing the points raised by the task force.

### Discussion

- **Susan Kressly** thanked Stuart for his presentation and asked how Stuart envisioned operationalizing the Immunization Information System (IIS) in producing the state-specific form.
  - **Stuart Myerburg** answered that the IIS being in the state would enable it to have better insight into the various state-specific requirements. He went on to specify that the IIS would do the certificate generation but allow the EHR's to request the state-specific form through the IIS through an application programming interface (API) (for example a fast healthcare interoperability resources (FHIR) request).
  - **Rebecca Coyle** followed up on Stuart's comments by clarifying that for the states that require a state-specific certificate, their system today generates that state-specific report from the registry. She went on to note that the entities that need the certificate have access to the registry to retrieve those reports.
  - **Susan Kressly** followed up by suggesting connecting schools with the registers so that the clinicians could be removed from the process as it can be quite burdensome.
- **Susan Kressly** asked if the task force had considered creating an area for providers to report barriers to IIS integration to empower them to be able to track their complaints?
  - **Stuart Myerburg** answered Susan Kressly's question by suggesting the consortium is a logical place to air grievances as its intended use is to bring the EHR and IIS community together.
  - **Chris Lehmann** followed-up to Susan's comment by noting his understanding that this varies significantly from state to state and asked what the current timeline for onboarding is?
  - **Stuart Myerburg** answered Chris Lehmann's question by noting that he wasn't aware of any average onboarding durations.
  - **James Daniel** suggested that pediatric providers are prioritized over adults and agreed to look into it more so he can provide a better answer. He followed up with a note



regarding immunization certificates, noting that CDC has a pilot project allowing patients to access their data, including immunization certificates. He noted that this has been very successful in Washington and Louisiana and was valuable during the recent, and ongoing, measles outbreak.

- **Rebecca Coyle** noted that when the standards exist on the EHR side and the IIS side, then onboarding can be fast. She commented that the challenge arises when the systems are off-standard. She noted that the resources to get folks through the onboarding process have not met demand and continued to clarify that although progress has been made, there remain some places where the queue is too long. She concluded noting that she and her team would welcome feedback.
- **Susan Kressly** followed up noting that whenever changes to specifications are made, it becomes logistically challenging on both the IIS and the vendor side to manage connection preservation as well as the integration of new elements. She went on to note that prioritization of larger over smaller practices leaves smaller practices without a voice and suggested the task force should be cognizant of that.

## Data Segmentation for Privacy (DS4P) and Consent Management for APIs Discussion Wrap-Up

### Discussion

- **Samantha Meklir** led the task force to discuss the Data Segmentation for Privacy (DS4P) proposal and sought feedback from the task force on the specific recommendations. Prior to inviting comment from the task force at large, Samantha invited Alex Kontur to verbally summarize the proposal for the task force as the proposal slides weren't available at the time of the meeting.
  - **Alex Kontur** reviewed the proposal and noted the two proposed DS4P related criteria include 1. Capability to enable a user to create a summary record tagged as restricted at the document section and entry level. 2. For the capability for certified EHR technology to receive a tagged summary record and preserve privacy markings to ensure fidelity to the tags. He went on to detail the certification criteria, defined as related to API's is the capability to respond to data requests using the FHIR standards in accordance with a consent-to-share profile (or consent implementation guide).
  - **Samantha Meklir** noted that she felt there was general support on the proposal but invited the task force to share their thoughts on the level of support and to discuss any barriers to acceptance they felt existed.
  - **Carolyn Petersen** suggested that she felt there was a general agreement of the proposal within the HITCCTF but within the HITAC significant resistance remained.
  - **Chris Lehmann** noted that he believed the main reason for the resistance was caused by a lack of willingness to tradeoff the benefits the proposal may bring for the lack of data.
  - **Carolyn Petersen** also noted that one of the concerns might be the wide distribution of health data which may threaten a patient's sense of privacy and may result in the reluctance of patients to share important medical information.
  - **Samantha Meklir** summarized that ONC will include the additional implementation consideration and retain the recommendation in the draft transmittal for the proposal as



included in the rule. She received agreement from both task force chairs to proceed with this plan. She then transitioned to the next item on the agenda and handed off this discussion to Carolyn Petersen.

## Recap Discussion – HITAC Feedback and Draft Recommendations

- **Carolyn Petersen** reviewed the feedback received from the HITAC Meeting on April 10
  - *Logistical Comments and Questions*: Carolyn provided a recap based on the discussion at the HITAC where there were concerns from members who were not clear what they were voting on and how everything fit together. To mitigate confusion, Carolyn explained that she worked with ONC to create a new presentation meant to clarify and connect the dots for the members and delivered it to the HITAC on April 25. As a result of the updated presentation and the follow-on discussion, the members better understood the structure and what needs to go into the transmittal letter.
  - *Recommendation 8 (Associate maternal healthier information and demographics with newborn)*: Carolyn noted that the concerns outlined on this slide did not re-arise during her discussion with the HITAC on April 25.
  - *Recommendation 4 Supplemental*: Carolyn noted that this recommendation didn't produce concern, except for a minor request for clarification. She also mentioned that no feedback was received regarding how the work being done by HITCCTF fits with US Core Data for Interoperability (USCDI).
  - *General Comments*: Carolyn mentioned that FHIR was not a topic that resulted in any cause for concern.
  - *Draft Summary Presented to HITAC on 4/25*: Carolyn reviewed the findings listed and encouraged the task force to offer their questions and comments. She went on to note that she believed there is broad alignment with HITAC in all areas except data segmentation.
  - **Susan Kressly** referred to the third bullet on the final slide and noted gaps that arise when interpreting standards differently across states and asked if the task force should attempt to avoid the same problems that occur with prescription drug monitoring programs (PDMPs) and look holistically across states?
  - **Samantha Meklir** agreed that it made sense to look holistically across states and suggested including additional implementation considerations with references and lessons learned from PDMP and share with the task force in a future call.
- **Carolyn Petersen** moved the discussion to the goal of scheduling upcoming meetings and finalizing the transmittal letter.
- **Susan Kressly**, in preparation for subsequent meetings, suggested compiling academic papers that discuss the frequency patients are not honest, forthright or withhold information that they feel will be shared. These documents could support the task force's position on DS4P segmentation.
  - **Carolyn Petersen** agreed to conduct a literary search for such documents and share the documents with ONC so they can be distributed.

**Lauren Richie** opened the line for public comment.



## Public Comment

There was no public comment.

## Comment in the Public Chat

**Mike Boucher:** Is there a link to the HITAC meeting that occurred yesterday with slides from the meeting?

**Katherine Campanale:** All materials for the 4/25 HITAC meeting can be found here:  
<https://www.healthit.gov/hitac/events/health-it-advisory-committee-18>

## Next Steps and Adjourn

**Lauren Richie** adjourned the meeting at 10:30 a.m. ET.