Health Information Technology Advisory Committee
December 13, 2018, 9:30 a.m. – 12:00 p.m.
VIRTUAL

The December 13, 2018 meeting of the Health IT Advisory Committee (HITAC) was called to order at 9:32 a.m. ET by Lauren Richie, Designated Federal Officer (DFO), Office of the National Coordinator for Health IT (ONC).

Roll Call

Members in attendance

Carolyn Petersen, Individual, HITAC Co-chair
Robert Wah, DXC Technology, HITAC Co-chair
Michael Adcock, University of Mississippi Medical Center
Christina Caraballo, Audacious Inquiry
Cynthia A. Fisher, WaterRev, LLC
Valerie Grey, New York eHealth Collaborative
Anil Jain, IBM Watson Health Kensaku Kawamoto, University of Utah Health
John Kansky, Indiana Health Information Exchange
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina Clem McDonald, National Library of Medicine
Denni McColm, Citizens Memorial Healthcare
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Brett Oliver, Baptist Health
Terrence O'Malley, Massachusetts General Hospital
Raj Ratwani, MedStar Health
Steve L. Ready, Norton Healthcare
Patrick Soon-Shiong, NantHealth
Sasha TerMaat, Epic
Andrew Truscott, Accenture LLP
Sheryl Turney, Anthem BCBS
Denise Webb, Marshfield Clinic Health System
Tina Esposito, Advocate Health Care

Members not in attendance

Brad Gescheider, PatientsLikeMe
Kate Goodrich, Centers for Medicare & Medicaid Services (CMS)
Chesley Richards (CDC)
Arien Malec, Change Healthcare
Lauren Thompson, Department of Defense/Department of Veterans Affairs (DoD/VA)

ONC Senior Staff

Donald Rucker, National Coordinator

Jon White, Deputy National Coordinator
Steve Posnack, Executive Director, Office of Technology
Elise Sweeney Anthony, Executive Director, Office of Policy
John Fleming, Deputy Assistant Secretary for Health Technology Reform
Seth Pazinski, Director, Office of Planning, Evaluation and Analysis
Lauren Richie, Designated Federal Officer

Lauren Richie called the meeting to order and conducted roll call.

Welcome Remarks
Donald Rucker, National Coordinator

Donald Rucker mentioned that the 21st Century Cures Act (Cures) rule is in the Office of Management and Budget (OMB) clearance process. He noted that the Trusted Exchange Framework and Common Agreement (TEFCA) is being put out for another round of comment, but he reminded everyone that it is a framework not a rule, as ONC wants there to be an opportunity for public comment as it includes changes for consumers and how care is provided.

He also shared that he recently attended an interoperability meeting at the White House, highlighting that interoperability is an area of national focus. There also was an oversight hearing related to ONC's work on Cures held on December 11, 2018 with the U.S. House Energy Subcommittee on Health which is a subcommittee within the Committee on Energy and Commerce. The hearing is available on the Energy and Commerce site. He highlighted that members of Congress had several questions and were very interested in HITAC, interoperability, privacy and security, and access.

Under Cures, ONC is required to put out a report on provider burden related to electronic health records (EHRs). The report, *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs* (burden reduction report), is now out for public comment until January 28, 2019. He encouraged HITAC members to make comments, especially related to prior authorization.

He also shared that there were 77 comments received related to the EHR reporting program request for information (RFI). He reminded HITAC members that the RFI was reviewed with them and more information will be shared with the HITAC.

In conclusion, he thanked everyone for their work and turned the meeting over to Jon White, Deputy National Coordinator for additional comments.

ONC Annual Meeting Highlights
Jon White, Deputy National Coordinator, ONC
Elise Sweeney Anthony, Executive Director, Office of Policy, ONC

Jon White provided a recap of ONC's Annual Meeting held on November 29-30, 2018. There were rich panel discussions on interoperability, health care standards, opioids, and many other topics. The meeting was well attended. The sessions from the meeting will be available online and feedback from those who attended is appreciated.

He emphasized the burden reduction report that Don mentioned previously. ONC and the Centers for Medicare and Medicaid Services (CMS) held town halls meetings, listening sessions, and webinars, to inform the burden reduction report. The report is broken into different burden topics (e.g., clinical documentation, quality reporting, public health reporting). He reminded members of the comment deadline, January 28, 2019. He asked HITAC members to comment or to share with those in their network to provide feedback. The final version of the burden reduction report will be released in the spring 2019.

Elise Sweeney Anthony thanked everyone for their participation and work pulling together the annual meeting.

She shared that several HITAC members have been reappointed by GAO to the HITAC and the reappointments were for three-year terms. Those reappointed included:

- Carolyn Petersen
- Robert Wah
- Michael Adcock
- Terry O'Malley
- Sasha TerMaat
- Andrew Truscott

Elise transitioned the meeting to the co-chairs.

Review of Agenda and Approval of Minutes

Carolyn Petersen reviewed the agenda.

Vote to Approve Minutes

Robert Wah called for a vote to approve the minutes from the October 17, 2018 meeting. No comments or amendments were offered; the minutes were approved.

Data Brief 42: Electronic Health Record Adoption and Interoperability among U.S. Skilled Nursing Facilities (SNF) and Home Health Agencies (HHA) in 2017
Talisha Searcy, Data Analysis Branch Chief

Talisha Searcy presented new data on the use of EHRs and interoperability at Skilled Nursing Facilities (SNF) and Home Health Agencies (HHA).

The Improving Medicare Post-Acute Care Transformation Act (IMPACT) calls for reporting on measures related to transferring health information for skilled nursing facilities, inpatient rehabilitation facilities, long-term care hospitals, and home health care agencies.

A ten-question telephone survey was conducted September through November 2017. The results concluded that:

- HHAs had a higher percentage of EHR adoption than SNFs.
    - HHAs: 78%
    - SNFs: 66%

- Among facilities with an EHR, a majority of HHAs and SNFs used their EHR for medication management purposes.
- HHAs are more likely than SNFs to engage in each domain of interoperability. Defined as:
    - Find information from an outside organization
    - Sending information outside of own organization
    - Query information outside of own organization
    - Integrate information from an outside organization
- About one-third of HHAs and SNFs relied on EHRs alone to electronically exchange patient health information.
- SNFs that used EHRs, HIOs, and read-only access were twice as likely to have clinical information from outside organizations electronically available than SNFs that only used an EHR.
- Almost three out of four HHAs used mobile technology during patient visits.
- About four out of 10 HHAs used telehealth technology to keep track of patients' health between in-person visits.

Discussion

Leslie Lenert questioned if the results were surprising and what the implications of the results were.

- **Talisha Searcy** shared that this was the first-time data was collected on HHAs. It was surprising how much more HHAs leverage health IT. One key takeaway was the importance of having a business case for the use of health IT and interoperability. Providers are on the move and going from patient to patient, having mobile technology to exchange information makes sense as there is a clear use for it. It would be helpful to do a deeper dive to understand how long-term post-acute providers (LTPAC) are leveraging technology and what are some of the barriers to exchange they are experiencing.

John Kansky commented that when an organization uses multiple ways to access data, they are ultimately more successful. He questioned whether this observation was correct.

- **Talisha Searcy** commented that her team is seeing something similar which will be included in an upcoming data brief.

Denise Webb questioned whether there was an idea of how well represented all HHAs and SNFs are represented by the survey.

- **Talisha Searcy** noted that a small percentage (1%) is represented by the survey, while the results are small, they are generalizable to the population.

Christina Caraballo noted there is a significantly higher interoperability percentage for those that are using HIOs. Is there understanding of why HIOs are not being used in HHAs and SNFs.

- **Talisha Searcy** shared that the survey was limited to ten questions. Unfortunately, these additional questions were not included. ONC is working in partnership with Julia Adler-Milstein to develop a survey of health information exchange organizations. She noted there is also interest in building on these surveys to ask questions to understand aspects and limitations of use.

Steven Lane questioned if there are plans to help close the gap for SNFs.

- **Talisha Searcy** commented that the IMPACT Act might help close the gap.

Annual Report Workgroup (ARWG) Update
Carolyn Petersen, Workgroup Co chair
Aaron Miri, Workgroup Co chair

Aaron Miri reviewed the ARWG's progress.

HITAC Progress in FY18: Trusted Exchange Framework

Trusted Exchange Framework Task Force

- Overarching charge: The Trusted Exchange Framework Task Force will develop and advance recommendations on Parts A and B of the Draft Trusted Exchange Framework to inform development of the final TEFCA.
- Specific charge: Make specific recommendations on the language included in the Minimum Required Terms and Conditions in Part B, including:
    - Recognized coordinating entity
    - Definition and requirements of qualified health information networks (QHIN)
    - Permitted uses and disclosures
    - Privacy and Security
- Accomplishments in FY18
    - Held nine public meetings of task force
    - Transmitted 26 recommendations to National Coordinator for Health IT

HITAC Progress in FY18: U.S. Core Data for Interoperability (USCDI)

- Overarching charge: Review and provide feedback on the USCDI structure and process.
- Specific charge: Provide recommendations on the following:
    - Mechanisms/approaches to receive stakeholder feedback regarding data class priorities;
    - The proposed categories to which data classes would be promoted and objective characteristics for promotion;
    - How the USCDI would be expanded and by how much; and
    - Any factors associated with the frequency with which it would be published.
- Accomplishments in FY18
    - Held nine public meetings of the task force
    - Transmitted nine recommendations to National Coordinator for Health IT

HITAC Progress in FY18: Interoperability Standards Priorities

- Overarching charge: To make recommendations on priority uses of health information technology and the associated standards and implementation specifications that support such uses.
- Specific charge: The ISP Task Force will:
- Make recommendations on the following:
    - Priority uses of health IT (consistent with the Cures Act's identified priorities);
    - The standards and implementation specifications that best support or may need to be developed for each identified priority; and
    - Subsequent steps for industry and government action.

        - Publish a report summarizing its findings.
- Accomplishments in FY18
    - Held six public meetings of the task force
    - Produced initial list of priority uses for further discussion

HITAC Progress in FY18: Administrative Requirements

- Policy Framework
    - The 21st Century Cures act states:
        - "In General, the Health IT Advisory Committee shall recommend to the National Coordinator a policy framework for adoption by the Secretary consistent with the strategic plan under section 3001(c)(3) for advancing the target areas described in this subsection. Such policy framework shall seek to prioritize achieving advancements in the target areas specified in subparagraph (B) of paragraph (2) and may, to the extent consistent with this section, incorporate policy recommendations made by the HIT Policy Committee, as in existence before the date of the enactment of the 21st Century Cures Act."
- Accomplishments in FY18
    - HITAC transmitted a recommended policy framework for ONC activities to the National Coordinator for Health IT
- HITAC Annual Report Workgroup
    - HITAC formed a workgroup to inform, contribute to, and review draft and final versions of the HITAC Annual Report to be submitted to the HHS Secretary and Congress each fiscal year. As part of that report, the workgroup will help track ongoing HITAC progress.
    - The workgroup consists of five HITAC members, two of whom serve as workgroup co-chairs
    - Accomplishments in FY18
        - Established scope of workgroup's activities in support of development of FY18 Annual Report
        - Held three public meetings of workgroup
        - Updated HITAC full committee on progress on 9/5/18

Insights from Deeper Dive in Privacy and Security Priority Target Area

- The Annual Report Workgroup heard from privacy and security experts at 11/9/18 meeting
- Topics and presenting organizations included:
    - Health Information Privacy Beyond HIPAA
        - National Committee on Vital and Health Statistics (NCVHS)
    - Cybersecurity Framework
        - National Institute of Standards and Technology (NIST)
    - Cybersecurity Tools
        - HHS Office for Civil Rights (OCR)
- The members discussed and modified relevant opportunity ideas at 12/4/18 meeting
- Important Opportunities Identified by Workgroup
    - Consider what to regulate about the Internet of Things (IoT)
        - Problem to Solve: "IoT turns data that previously was mostly static into data that is in motion most of the time….There are no governance structures or policies or

frameworks or agreements or legal boundaries or anything around data in motion." (from NCVHS report, p. 53)
        - Suggested HITAC Activity: Identify areas of IoT use that would benefit from guidance and examples of success in the health care industry
    - Support for and education of technology users regarding privacy and security protections, including for health and other information shared on social media
        - Problem to Solve: While social media platforms can enable collaboration, users are also vulnerable to privacy breaches and misuse of their health information
        - Suggested HITAC Activity: Identify educational approaches, technological mitigators, and potential regulatory solutions that offer improved privacy and security protections
    - Increased uniformity of information sharing policies across states
        - For example, address implications of the California Consumer Privacy Act of 2018.
        - Suggested HITAC Activity: Consider federal role in setting guidelines for exchange of data across states
    - Support for widespread adoption of cybersecurity framework(s)
        - Suggested HITAC Activity: Consider impact of nationwide adoption of cybersecurity framework(s)
        - Suggested HITAC Activity: Delineate cybersecurity accountability for data by role
    - Granular levels of consent to share and disclose information
        - Problems to Solve: Current consent form collection and storage practices are static and not aligned with data in motion, i.e., consent should flow with the data; the design and use of consent forms need to become more user-centered
        - Suggested HITAC Activity: Undertake a review of emerging consent approaches and the technologies that underpin them and make recommendations for improvement of current consent approaches
    - Address implications of European Union's General Data Protection Regulation (GDPR) and Privacy Shield
    - Education about HIPAA and Confidentiality of Substance Use Disorder Patient Records (a.k.a. 42 CFR Part 2) regulation implications
    - Continue to improve patient matching when sharing data

Discussion

Sasha TerMaat commented that there is a request for information (RFI) out about potential revisions to the Health Information and Portability and Accountability Act (HIPAA) which aligns well with the privacy areas mentioned. She questions if there is an opportunity for the HITAC to review and/or offer recommendations.

- **Carolyn Petersen** shared that it is something that the workgroup could undertake, but it would have to happen in the January timeline as comments are due February 11, 2019. If that is something HITAC is interested in, the co-chairs can work to make sure it is on the January HITAC agenda.
- **Valerie Grey** commended the ARWG for identifying privacy and security as a target area. She noted her support for increasing sharing across states and would like to see more done to promote cross-state exchange. It would also be helpful to do more on 42 CFR Part 2. She also noted that Sasha's idea to provide comment on the RFI would be helpful.

Denise Webb suggested speaking with the CARIN alliance which has involvement with many influential stakeholders. A lot has been done on a trust framework for apps for consumers and consumer-directed exchange.

Terry O'Malley asked if there was focus on unique patient identification, as it is the keystone to several activities. He emphasized the importance of a national registry of patient information, the need to get to some type of unique patient identifier that is available across all settings.

- **Carolyn Petersen** noted that it will be added to topics to explore.

Ken Kawamoto suggested additional work on SMART FHIR clinical decision support (CDS) hooks. Access is currently broad-based (i.e., if we want any information about patient demographics all information available about the patient will be shared). There is a need for more granular consent to get to a point where only sharing what is reasonable to share in each context. There are ways to resolve this and the recommendations would be to add something to educate consumers, especially with applications for patients. He noted specific items 1) Need to look at the education patients receive, making sure consumers understand all information known about the patient will be shared; 2) identifying a way to tighten what is shared with technology; 3) communicate with NCVHS to gather guidance to make sure compliant with HIPAA. He finished noting it is a solvable problem that won't happen on its own.

Carolyn Petersen transitioned to review next steps for ARWG.

- Next steps for FY18 report development:
  - Workgroup develops draft report
  - Draft report shared with HITAC full committee
  - HITAC full committee reviews report and suggests edits
  - HITAC full committee approves revised report
  - HITAC forwards the final report to the National Coordinator for Health IT
  - The National Coordinator forwards final report to HHS Secretary and Congress

Clem McDonald commented that there wasn't an opportunity to identify what areas should be encouraged which is part of what is required in the deliverable.

- **Carolyn Petersen** noted that there will be an opportunity to review the full report and provide feedback.

Lauren Richie concluded the ARWG discussion and transitioned to the Interoperability Standards Priorities Task Force co-chairs.

Interoperability Standards Priorities Task Force (ISP TF): Referrals & Care Coordination Draft Recommendations

Kensaku Kawamoto, Task Force Co chair
Steven Lane, Task Force Co chair

Ken Kawamoto shared that the task force has been working on closed-loop referrals and care coordination and are working on draft recommendations. During today's discussion, the draft

recommendations will be shared, as well as a few additional recommendations related to orders and results.

There have been five meetings on this topic with several subject matter experts who provided presentations to add additional insights.

The recommendations were tiered by priority. Steven Lane will provide a detailed discussion on each recommendation. There also are cross-cutting recommendations that will be reviewed.

General Observations

- Similarity of technological and procedural requirements between referrals and care coordination and Orders and Results
- Consideration should be given to many examples of Transitions of Care, such as outpatient testing, ED, and LTPAC facility transfers
- Added cost and complexity associated with custom interoperability solutions
- Some components of health information interoperability have no clear single best approach, requiring harmonization and support for multiple approaches

Ken Kawamoto turned the meeting over to Steven Lane to review the draft recommendations.

Steven Lane started his presentation by thanking the contributions of all the task force members with a diverse mix of expertise. There has been great engagement that has contributed to the recommendations.

Observations and Recommendations for Closed-Loop Referrals and Care Coordination

Priority 1A: Lack of Closed-Loop Communications

- Establish minimum baseline requirements for health IT solutions supporting closed-loop referral management
    - Encourage/support pilots of the 360X project with a variety of EHR systems and healthcare organizations
    - Iteratively enhance 360X approach based on real-world feedback – Encourage expansion of use cases for 360X beyond ambulatory referral management to include other referrals and transitions of care (e.g., Acute care to and from LTPAC)
        - Encourage exploration of the use of 360X for order and referral prior authorization use cases
        - Encourage expansion of 360X protocol to include insurance and prior authorization information to determine acceptability of referral and support real-time scheduling
- Support the 360X standards for Patient Identity Management and the further development and expansion of these capabilities to allow all referral orders to be tracked to completion.
- Encourage/support efforts to harmonize existing approaches to representing Message Context
- Investigate how FHIR-based approaches can best be leveraged to support closed-loop referral and care coordination messaging workflows.
    - Encourage pilots

Potential Policy Actions Addressing Priority 1A

- ONC
  - Support 360X piloting via grants, contracts, certification requirement and/or facilitation and coordination
  - Support FHIR-based efforts to address closed-loop referral and care coordination messaging needs
  - Include defined baseline closed-loop referral capabilities as a requirement for certification
- CMS
  - Align relevant programs, including MIPS, MSSP, medical home, etc., to reward activity that improves care through electronic closed-loop referral

Priority 1B: Standard clinical data should be collected prior to referring a patient

- Support a collaboration to develop recommendations for providers to optimize referrals/consultations for all parties
  - Clinical specialty and diagnosis/problem specific recommendations
  - Identify and evolve best practice standard data elements necessary for collection and transmission to support efficient, patient-centric referral workflows and processes including associated prior authorization requirements

Potential Policy Actions Addressing Priority 1B

ONC

- Convene and/or support stakeholders to profile minimal standards of clinical and administrative data required and desirable for clinical referrals
  - Provide exemplars in C-CDA and FHIR
  - Include best practice guidance for display of those standards
    - Align the clinical referral profiles with the USCDI; specifically, allow for clinically relevant profiles of USCDI to be sent in clinical referral workflows

Priority 1C: Clinician-to-Clinician Patient-Specific Messaging

- Support and incentivize EHR and clinician user adoption of functionality needed to fully utilize compatible transport mechanisms (e.g., Direct)
  - Investigate how FHIR-based approaches can be leveraged to support clinical messaging for referrals and care coordination

Priority 1D: Provider Directories

- Support the development and advancement of a nationwide standard for provider directories and their management to support referrals and care coordination, including cross-organizational clinical messaging

Priority 1E: Governance

- Include access to and governance of push messaging, and the associated technical and workflow requirements necessary to support referrals and care coordination, in the scope of the final TEFCA

Priority 2A: Automatically incorporate relevant patient information into EHR

Support transition to and eventually require secure, cross-organizational, cross-vendor, EHR-integrated electronic messaging between providers, payers, and all care team members

Priority 2B: Patient-Clinician Messaging

- Support pilots of patient to provider messaging using multiple available technology solutions, e.g., Direct, FHIR
- Provide flexibility to individuals/patients to select the messaging tools of their choice and to manage messaging with care team members utilizing disparate health IT solutions
- Viable messaging solutions will integrate with established clinician workflows for portal-based messaging

Priority 2C: Patient-centric, Multi-Stakeholder, Multi-institutional Care Plan

- Investigate various approaches, such as those based on the FHIR and C-CDA Care Plan
- Ensure that patient, caregiver and family goals and wishes are incorporated into the care plan

Priority 2D: Real-time text messaging

- Explore the usage of and development of standards for the use of secure real-time text messaging that supports appropriate integration with EHR documentation and workflows

Potential Policy Actions Addressing Priority 2D

- ONC, CMS, AHRQ, NIH
    - Sponsor research and development in the area of multi-institutional care plans, with a focus on the use of standards-based approaches to enable scaling

Steven Lane turned the presentation over to **Ken Kawamoto** to share the cross-cutting items.

Additional Closed-Loop Referral Draft Recommendations

- Technology needs to support care coordination and orders and results
    - Identify opportunities for harmonization of technology standards and governance support of various instances of closed-loop exchanges
- Transitions of Care
    - Identify opportunities for harmonization of technology standards and governance support of various instances of Transitions of Care
- Custom interoperability solutions add cost and complexity
    - Actively seek out and identify opportunities to consolidate, simplify and render cost-effective the health IT interoperability landscape
- Health data interoperability needs with no clear single best approach
    - Avoid ”picking winners” prematurely and remain open to potential alternative approaches which may ultimately be superior for a given problem or in a larger context that considers various use cases

Potential Policy Actions Addressing Additional Recommendations

ONC

- Commission effort(s) to identify functional overlap between standards and identify opportunities for consolidation and/or harmonization
- For individual ONC-funded projects, consider including required and/or optional tasks for exploring such cross-use-case harmonization and de-duplication in the project scope

- Convene HL7, DirectTrust, Argonaut Project, TEFCA participants, EHR vendors, and other relevant stakeholders to establish a standards evolution path to allow applicable functionalities currently available in Direct to also function in FHIR
- Develop certification criteria and associated CMS programmatic changes to allow a flexible transition to the appropriate use of the FHIR standard

Comments

Terry O'Malley referenced slide 50, related to Priority 1B: Standard clinical data should be collected prior to referring a patient. He suggested applying the same process to transitions of care, as it is important that the information between the sender and receiver gets standardized and complete. He suggested adding a line for high-value transitions of care as well.

- **Steven Lane** shared that it is important to keep in mind that the domains end up melding together. He also noted that the ISPTF made a formal submission to the American Medical Association's (AMA) Integrative Health Model Imitative (IHMI).

Clem McDonald cautioned using the word harmonization, as he felt it does not happen. He suggested using unification instead. He also commented on the issue Ken Kawamoto raised regarding being too fast. He noted, that being too fast has never been the problem, as standards evolve. It is important to emphasize health information exchanges as a way for receivers of patients to explore other issues not sent in the specified package.

- **Steven Lane** commented that the idea is to ensure that the necessary data has been collected.

Steven Lane reminded the group that the ISPTF is working their way through a prioritized set of uses of health information technology. The first area reviewed was orders and results presented to HITAC in October 2018. There has been additional input that the ISPTF would like to review with the HITAC today. There will be continued work to revise the referrals and care coordination recommendations. The ISPTF is scheduled to put together a formal report that will be brought to the HITAC in 2019. He turned it over to Ken Kawamoto to review the orders and results recommendations.

Ken Kawamoto briefly reviewed the previously presented orders and results recommendations. He then reviewed the additional recommendations.

Additional Draft Recommendations Considered for Orders and Results

Priority: Provenance Metadata

- Require interoperability of provenance and order/result internal identifier data
- If received data represents an update to a previously received item, the receiving system should be able to identify and addend the earlier version
- Provenance and internal identifier data inclusion should be independent of transport mechanism

Priority: Identifying and Preventing Tampering/Data Modification

- Explore the value of requiring digital signatures on appropriate order and result data
- A digital signature should allow the originating system to be confirmed, and the values to be verified, and reveal any tampering that may have occurred

Comments

Clem McDonald commented that units of measure and normal flags (which make it easier to filter) should be added to metadata. He also commented that it should be noted that LOINC is used as the test identifier and SNOMED should be used for the results or the values when they are numeric or text.

- **Ken Kawamoto** commented that he believed that the latter point was included in the recommendations.

Steven Lane shared the schedule for the ISPTF and noted his appreciation for the opportunity to review the recommendations with the HITAC.

Robert Wah turned the meeting over to Lauren Richie for public comment.

Public Comment

Laurie Grits, Duke University: By changing the name from physicians to providers, are you trying to finally acknowledge nurses? Nurses are as frustrated as physicians. She noticed that two nursing informaticists will be hired, is the goal to look deeper into this issue?

- **Lauren Richie** commented that ONC can follow-up with Laurie offline and can share open positions on USAjobs.gov.
- **Clem McDonald** commented that nurses have the same frustration and noted his appreciation for the caller's comment.
- **Aaron Miri** commented that he also hears from the nurses that he has worked with about the importance of the nursing community and stands with his partners.
- **Steven Lane** noted that the physician voices are loud, but there are nurses represented. An effort is made to identify clinicians, providers, and all members of the care team. He embraced her point and thanked her for the comment.

The following public comments were received in the chat feature of the webinar during the meeting:

John Kansky: The Regenstrief Institute has done some work in the past to identify and prioritize specific information sets physicians want/need exchanged in different settings including the ED.

Closing Remarks

Lauren Richie reminded everyone that the materials from the meeting can be found on HealthIT.gov. The next in-person meeting will be on January 23, 2019 at the Omni Shoreham Hotel. The members should have received the link to the strategies to reduce burden report and noted appreciation for any and all comments. She also directed members to the website if there is interest in participating in the new task forces that will be formed to respond to the upcoming proposed rules.

Carolyn Petersen reminded the HITAC members of upcoming meetings. The ISPTF meets on January 8, 2019 and ARWG meets on January 10, 2019. She also noted her appreciation for everyone's service and wished everyone a happy holiday.

Robert Wah noted that he and Carolyn are always seeking input on how to improve the process. He suggested sharing an email with feedback if members would like to share. He also expressed his appreciation for everyone's participation and wished everyone a wonderful holiday season.

Lauren Richie closed the meeting. The meeting was adjourned at 11:37 a.m. ET.