Annual Report
Work Group

Transcript
January 24, 2019
Virtual Meeting

SPEAKERS

Name	Organization	
Kensaku Kawamoto (Co-Chair)	University of Utah	Co-Chair
Steven Lane (Co-Chair)	Sutter Health	Co-Chair
Andrew Truscott	Accenture	ISP Task Force Member
Anil Jain	IBM Watson Health	ISP Task Force Member
Arien Malec	Change Healthcare	ISP Task Force Member
Clement McDonald	National Library of Medicine	ISP Task Force Member
Cynthia Fisher	WaterRev, LLC	ISP Task Force Member
David McCallie	Cerner	ISP Task Force Member
Edward Juhn	Blue Shield of California	ISP Task Force Member
Leslie Lenert	Medical University of South Carolina	ISP Task Force Member
Ming Jack Po	Google	ISP Task Force Member
Raj Ratwani	MedStar Health	ISP Task Force Member
Ram Sriram	NIST	ISP Task Force Member
Ricky Bloomfield	Apple	ISP Task Force Member
Sasha TerMaat	EPIC	ISP Task Force Member
Scott Weingarten	Cedars-Sinai and Stanson Health	ISP Task Force Member
Tamer Fakhouri	One Medical	ISP Task Force Member
Terrence O'Malley	Massachusetts General Hospital	ISP Task Force Member
Tina Esposito	Advocate Health Care	ISP Task Force Member
Valerie Grey	New York eHealth Collaborative	ISP Task Force Member
Victor Lee	Clinical Architecture	ISP Task Force Member
Lauren Richie	Office of the National Coordinator	Designated Federal Officer

Operator
Thank you, all lines are now bridged.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Good afternoon everyone. Thank you for joining us. This is the first meeting, here, of the HITAC annual report workgroup. We will go ahead and officially call the meeting to order and get started with a brief roll call. Carolyn Peterson?

Carolyn Peterson – Individual – Co-Chair
I'm here. Thanks.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Aaron Miri?

Aaron Miri – Imprivata – Co-Chair
Good afternoon.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Christina Caraballo?

Christina Caraballo – Get Real Health – Annual Report WG Member
I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Brett Oliver?

Brett Oliver – Baptist Health – Annual Report WG Member
I'm here as well.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
And Chesley Richards? Has Chesley joined us yet? I don't think so. Okay. With that, I will turn it over to our co-chairs Carolyn and Aaron, for opening remarks.

Carolyn Peterson – Individual – Co-Chair
Okay. Thank you.

Aaron Miri – Imprivata – Co-Chair
Carolyn, do you want to lead?

Carolyn Peterson – Individual – Co-Chair
Sure. Thanks so much for bringing us together for this meeting of the annual report workgroup. I want to wish everyone a happy new year. I'm really excited to be diving back into this after several weeks off for the holidays.

Aaron Miri – Imprivata – Co-Chair
Hello?

Carolyn Peterson – Individual – Co-Chair
Yep. Go ahead Aaron.

Aaron Miri – Imprivata – Co-Chair
Oh, okay. Sorry, I was on the – okay. Hello to everybody as well and welcome back. I, as well as Carolyn, am very excited to have everybody back here to talk through this. There is a lot we have on our plate to do to get this wrapped up to the full committee. And we're are excited to hear from the committee and get some feedback. Do we want to go ahead and go to the next slide, or is there anything else you want to say?

Carolyn Peterson – Individual – Co-Chair
Oh, we should probably review the agenda.

Aaron Miri – Imprivata – Co-Chair
Yeah. **[Laughs]**

Carolyn Peterson – Individual – Co-Chair
I know, it is likely have been away for a few weeks. We need to…

Aaron Miri – Imprivata – Co-Chair
I know. I'm just getting up to speed. Okay. Let's go through the agenda, here. I'll start – I'll start this whole process off. All right. So, from a perspective of what we are going to do today, we want to talk about the proposed structure of our report. And of course, the draft report that has gone, now, to all of you guys. And then sort of, you know, what do we want to talk about the next HITAC, whenever that gets scheduled. And then, of course, further comments there. There are a number of items within the report itself that I'm – I'm really excited to talk through. I think there are also probably topics in there that we – we may want to discuss and think, you know, is this for a future report or something we want to, you know, solicit feedback on?

But I really – I also want to upfront applaud and commend the ONC team for a phenomenal job of fact gathering. They made this process – I – I can't even imagine how much more difficult it would have been without their assistance. So, major, major kudos to them and that entire team. Just really, really well done. And so, here we are. All right. Next slide.

Okay. So, we are now at the January 24, today's review. I know things are a little bit nebulous as we get through other things going on much bigger than just this committee. But, you know, we are at the point of having a very solid draft that does need our small blessing and of course, the HITAC feedback into it. So, that's where we are at. It's a tremendous amount of body of work that has been done over the past several months, and so excited to talk through it. Next step – or next slide.

All right. And then, again, some of this is a little bit nebulous right now but hopefully, it will be wrapped up in the very near future when we have the HITAC blessing. And then, of course, the, you know, any feedback from that take into consideration, and then a final report issued thereafter. The great news,

again, is that ONC has been really great partners of helping to keep us churning along and as we navigate any of the other hurdles that are going on right now, again, much larger than us. Next slide.

All right. Now we are going to kind of review the proposed structure for what we are thinking about for the report. Next slide. All right. So, again, this is sort of our structure overall, all the way from the executive summary back down to the conclusion and dependencies. Really the important stuff to think about and talk through in this report. I am going to kind of gloss at a little high-level some of the progress we made with HITAC and FY-18. Since we all know it, we will go through it quickly. But then we will really spend a lot of time talking about the landscape, any gaps.

And then some of our recommendations and then suggestions for additional HITAC activities. Really that, you know, section four through seven is really where some of that meat of the debate will be. And really, for us to think through topical things and other items and make sure that we are really hitting upon what the full HITAC was asking from us the last time we met. Next slide.

Okay. So there has – there was a suggestion around the structure here, to where we originally had it as an executive summary, and so forth and so on, all the way down. We really needed sort of an introduction, which we, you know, was the overview, and go forward, you know, and make sure that that – we need to decide what structure we want to go with. But to the degree of it, you know, from this. And Christina, you maybe want to speak to the recommendation. It was a way to clarify a little bit easier and for folks to follow along, is that correct?

Christina Caraballo – Get Real Health – Annual Report WG Member
Yes. When I went in I just – I don't – so, my purpose in putting – kind of restructuring it, was just trying to create a story. Because I had trouble when I first went in. We had a lot of the content, but I wasn't following it. So, it was just an attempt to kind of reorganize it a little bit in a way that read a little easier. But I don't think it matters, I mean, whether it is the executive summary or the intro first. I think it was more of the content under those areas and just kind of creating a flow.

Aaron Miri – Imprivata – Co-Chair
That makes sense. That makes sense. And when I saw your feedback, you know, it made a lot of sense to me. Caroline, I love your take on this as well. To just understand, you know, truly what we are trying to get across to folks and not lose them in the wash. What do you think?

Carolyn Peterson – Individual – Co-Chair
When I read the report, the structure didn't jump out at me as being concerning. But I am a veteran of reading GAO reports, and the initial structure follows that format very much. It made just be that I have become used to it. And, you know, I don't think that either of them is a bad approach. I think it just comes down to what we find most useful.

Aaron Miri – Imprivata – Co-Chair
Good point. And Brett, I'm curious, your take on this as well. If you are reading this kind of with a fresh pair of eyes, does it matter to you?

Brett Oliver – Baptist Health – Annual Report WG Member
Yeah, I would probably lean a little towards more like Christina. Because I am – I'm not a veteran. So, I suppose it's who the target audience is for it. I think, when I was reviewing it, I would take it pieces at a time, and so I appreciate Christina giving a larger overview of how it reads like a report. And if we want

to – you know, if the point is to get the information to Congress, that's fine. If it's to educate and bring out, you know, others that you kind of see into looking at these things, it may make sense. And I'm not sure, the structure piece of things, but I hear what you're saying, Christina, as far as how it reads and the data underneath. Because I think, you know, it is a lot to kind of swallow at one time. If we can make it more readable, that's probably a better deal.

Aaron Miri – Imprivata – Co-Chair
I totally agree. Okay. All right. So, then we're – I think we're all in agreement, at least on the majority side to maybe fair this out a little bit more as like a story, and really this sort of this breakdown of the new structure so it's is easier to follow along. I'm good with that. I think that Brett, your point, I don't want to lose sight of that. It's a very good point. That this is not just for Congress, it really is to educate folks. Again, the HITAC was put there to drive key objectives on 21st-century cures and to also bring to light any other topical things that the industry needs to consider and work through. They need to be a liaison back and forth to assist, you know, HHS and others. So, to a degree of it, this is a great point you make that this is not just for one audience, it is for the world to see. And it has to read that way for the average person can think through it. So good point on that. Next slide.

Okay. And so, the workgroup also, you know, scheduled this. Christina this is really you. Further prioritization of recommendation, again, you know, to really look at, you know, streamlining this down to a recommendation in irrepability. Obviously, our privacy security section and patient access. And this is, you know, how many recommendations we had on those various sections. And the questions here are really, you know, should we rank these? And, you know, as we go through the meat of this, these questions will make more sense.

Number two, should any of them these be prioritized? And then, you know, how the workgroup should go about, if we are, the task of ranking and prioritizing. And then, would that affect the report structure in any way? And again, for the folks listening in on this that are not part of the work group, as we get into the meat of the report, this will make a lot of sense. But there are recommendations in there as you go through and look at, you know, and you start thinking it ahead, does this have more meat on the bone for the industry than something else? So how do we want to tackle that? Let's talk about this philosophically as a team. We know that there is a lot of question and scrutiny around – I made this up – the Internet of things, which is a topic we talk about in the report. Is that more or less important than something else? That can be arbitrary. What do you guys think?

Brett Oliver – Baptist Health – Annual Report WG Member
This is Brett.

Christina Caraballo – Get Real Health – Annual Report WG Member
In writing – go ahead, Brett.

Brett Oliver – Baptist Health – Annual Report WG Member
No, that's fine, go ahead.

Christina Caraballo – Get Real Health – Annual Report WG Member
So, I think I had originally made this comment. And I just wanted to say that it was brought to my attention, which I agree with, that it shouldn't be this work group's decision on the actual ranking. But it could be something that we pose to the larger group. And just see if anything stands out as something that we should kind of say these are the top three recommendations to Congress that the

HITAC should work at – should look at. And I do not know if we should or not, but it's just something to consider. When I think of that, I think of things, things like, while we have identified a couple of things as a high priority and may be ONC to is doing work on them. So, what are the gaps where we can be most impactful? Can we paint that picture very clear on things that we think we can achieve in the next year? And again, I don't think that necessarily needs to happen in this draft. But it could be a question that we pose to the larger group.

Aaron Miri – Imprivata – Co-Chair
That's a fair point. Brett?

Brett Oliver – Baptist Health – Annual Report WG Member
Yeah, I was going to say something similar. I do not know that it's our responsibility, in fact, I think it's not our responsibility to rank order things. However, it may make the discussion at the full HITAC a little easier or grease the skids abet to go ahead and do some prioritization, just not necessarily that goes in the report, but that we might suggest it with the caveat that you guys mention at the beginning that we come – we are four perspectives. There are 25 or whatever the actual HITAC number is, for a reason. We want to set the framework up so that maybe the discussion will go a little bit better or get involved a little more quickly when we get back together again.

Aaron Miri – Imprivata – Co-Chair
Okay. Good points. Caroline?

Carolyn Peterson – Individual – Co-Chair
Yeah. Thinking in my capacity as co-chair of the HITAC, I know that this discussion of what the committee as a whole undertakes in 2019 and potentially in the future beyond that is something that is high on the radar for ONC and for my co-chair, Robert Hua and I. We had planned some time for that in meeting, at the next meeting we will be having. And I think we expected to be in quite a robust discussion. And we will be looking to dig into people's perspectives about it, very much in the same way that we had a discussion about interoperability in September. Because it really is a critical situation for HITAC in terms of determining if the future and where ONC goes to some degree. Now that we have addressed a lot of the Congressional mandates that were in the Cures act. So, I do not see it as being a 10- or 20-minute drive by discussion when it comes to the full committee. I think it will be quite robust. So, I am comfortable, actually, I prefer, not prioritizing things but letting the committee make those decisions about where it wants to go.

Aaron Miri – Imprivata – Co-Chair
That's a fair point, Carolyn, and I would echo with you. Although, I do think there is some – there may be a way for us to – maybe we can tie it to what you said at the onset. Maybe we do not rank them in terms of priority, what we think of priority, but rank them in terms of things that could have a direct patient impact, or things that would be more behind-the-scenes, you know, industry impact. There may be a way to categorize and rank, not based on our viewpoint and preference but rather on, I don't know, patient affecting, direct patient care affecting, I don't know. Something to that effect. You know, and let's just keep that – I'm just brainstorming here but, I think we keep the ranking idea in the back of our mind as we go through the recommendations later on this call. And just think about, is there a way to propose the HITAC anything in some sort of methodology, do you know what I mean? Is that fair?

Carolyn Peterson – Individual – Co-Chair

I think so.

Aaron Miri – Imprivata – Co-Chair
 All right. Okay. Let's go to the next slide. All right. So, we are going to review the draft annual report by section. Next slide. Again, this is the sort of summary. I will go a little bit through this faster, this is the progress for FY 18. It deals with landscapes, gaps, and opportunities. There were changes we suggested to make sure that we have patience and the cybersecurity framework. We are combining two activities into one. It deals with patient access to information, this is making sure that we are trying to capture the full breadth of data usage. This deals with patient understanding. This goes back to something that Carolyn said a little bit earlier. We are touching upon the patient realm a lot more. This is a good thing. We want to make sure folks are clear on that. Next slide.

We are going to talk about legislative requirements and asked why 18 objectives. Next slide. All right, progress-wise, HITAC has been meeting this past year. The policy framework, there has been a trust and exchange framework task force. It deals with capability standards, priorities, and the annual report workgroup. So, is lots of being done in the past 12 months. Next slide. With the priority target areas and the landscape analysis in interoperability, we suggest a change to add information on the current state of patient experience. Again, going back to focusing on the patient and understanding that at the end of the day, all of the stuff we are doing is about patient care. On the priority target area, of privacy and security, there were a couple of things that we really had a good discussion on. One was focusing on remote monitoring of data. Or, you know, understanding and talking about patient-generated help data collected during remote monitoring telehealth activities.

There is a number of things here and Caroline if you want to jump in on this one, we talked excessively about this. We did not want to leave out all of this discussion that is going on right now in the community about how we deal with PG HD and where that lies. Right now, I started an article this morning considering estate bands on the sale of data. How do we start addressing this, and looking at this in aggregate and saying is there a role for the HITAC community? And under the research purposes deal with the state's regulation of collection of genetic information by genetic companies like 23 and me and others and what's the federal role. Any questions or comments about this? Is this appropriate? Are these appropriate changes? Are we pushing the envelope? What do you think?

Caroline!
This is Caroline. I think with regard to the second one, information sharing for research purposes, this is an up and coming topic. Yesterday the genetic alliance announced a partnership with a firm that will get them into the area of genetic data management and sharing. Being that it is a more patient-driven thing a lot of other operations out there, that will add further shading to the questions. Just thinking about the Oregon proposed law in terms of the sale of the identified data, thinning in formats perspective, which is a cannot identify the data, it adds additional layers to an already complicated topic. Perhaps ONC and HITAC should be taking a look at it going forward.

Aaron Miri – Imprivata – Co-Chair
 Good point. Good point. Brad, anybody else, Christina, what do you guys think?

Brett Oliver – Baptist Health – Annual Report WG Member
I agree with the change in adding the remote vision data. This might include the phrase medical devices when we are talking about security particularly. That is an area, and Aaron they're probably not telling you anything or the whole group, but whether it be IV pumps, if there is a lack of knowledge

even among the healthcare field and they replace equipment and security elements with the data, I know we are talking about patient care data, it is also the security of the device. We are at a gap there in the report.

Aaron Miri – Imprivata – Co-Chair
Good point. Great point. Christina?

Christina Caraballo – Get Real Health – Annual Report WG Member
Yes, looking at the first line on the patient-generated health data, I think the question in here was do we add the remote line data to that title? I think it can stand alone. I know Michelle had come in here, that we had only mentioned the remote monitoring telehealth data in passing. I am wondering if what needs to be discussed is that is a separated section. For the patient-generated health data, I think that some of the remote monitoring in telehealth can be gathered or, there is an element of patient-generated health data under remote monitoring. Maybe those are separate from patient-generated health data under the remote monitoring and telehealth. So maybe those are separate from patient-generated health data. I am not sure but just thinking this through, there is a larger question than just adding the title or putting it within the section.

Brett Oliver – Baptist Health – Annual Report WG Member
Are you talking about maybe a subsection? Because I'm assuming you are thinking with patient-generated health data, that is something they are bringing forward. Whereas REND and other telehealth, that's patient data that is generated but it is coming with engagement from a healthcare provider.

Christina Caraballo – Get Real Health – Annual Report WG Member
Right. Like remote monitoring data in health, you can use patient-generated health data, but I think it is larger than that.

Brett Oliver – Baptist Health – Annual Report WG Member
When I think of remote monitoring that is patient-generated data. But I guess I'm could be ordering that perhaps or home health nurses are doing that versus an apple watch.

Aaron Miri – Imprivata – Co-Chair
Yes, but I think you are hitting the nail on the head. So, when we were thinking about it, it's this is a gray space between something that is you know, I am going to use this very loosely FDA approved advice that generated data versus, hey, a consumer grade device that is not approved, but yet has my vitals on it. At what point is that distinction that something is clinically viable? And you as a provider knows best. As a physician, what would you look at and make a determination upon? So, to the degree of it, I can appreciate Christina's distinction there. But that's what we were trying to hit on. You have this confluence of multiple domains intersecting all for the purpose of taking care of a patient outside of the four walls. How do we begin to deconstruct this in a way that we can absorb and understand it?

Brett Oliver – Baptist Health – Annual Report WG Member
Does it even need to be something, can it be an independent assessment from a patient perspective on their care? We are always kind of, or I am at least, thinking about I get patient data back or a nurse does or somebody in the healthcare industry versus just the privacy and security of a patient's data that's maybe going to a cloud for their own personal use and health advantages.

Aaron Miri – Imprivata – Co-Chair
Great point. That is a great point. I literally had this debate about an hour ago with our compliance team here about, on the research side, where does patient-generated health data live? What it falls under the allspice from an IRB study versus a non-IRB study. So, this really has so many domains. So, Christina, I guess if this gives any more credit to what you just said, it may be worth having this as a separate little subsection underneath this. Carolyn, what do you think?

Christina Caraballo – Get Real Health – Annual Report WG Member
I am looking at…

Aaron Miri – Imprivata – Co-Chair
Go ahead.

Christina Caraballo – Get Real Health – Annual Report WG Member
I think looking at the draft and based on what Brett just said, keeping this as one is fine, but we need to write a little bit more under there to the comment that Michelle had put in our kind of draft. The question was do we need to aggregate on data in telehealth in general? We have not put it in this, and I think that answers yes based on this conversation.

Aaron Miri – Imprivata – Co-Chair
All right.

Carolyn Peterson – Individual – Co-Chair
I agree.

Aaron Miri – Imprivata – Co-Chair
All night. All right, let's move forward then. Next slide. All right. So again, private security is continuing, here. We really want to reference the recent GAO study on patient matching and really make sure that the lease is timely and inclusive on some of those findings there. And of course, we had the target area of patient access information. Any questions on the GAO edition or why we are doing that and why we want to add that in there? Or do you agree with that?

Carolyn Peterson – Individual – Co-Chair
I think it is valuable.

Aaron Miri – Imprivata – Co-Chair
Christina and Brett?

Brett Oliver – Baptist Health – Annual Report WG Member
I am fine with it.

Christina Caraballo – Get Real Health – Annual Report WG Member
Yes.

Aaron Miri – Imprivata – Co-Chair
All right good. Next slide. All right let's talk about gap analysis. We have the operability again with private security and patient access to information. Next slide. For around interoperability, there is a

suggested change to recommend a HITAC act cavity. Again, more about the patient surrounding interoperability. From privacy and security, the suggestive change was to recommend the HITAC for frameworks, combine two of the HITAC activities into one. And for patient access to information, we really recommend getting back to measurement and patients are sending in use of data. Again, this all goes back to the patient, patient, patient and make sure that HITAC understands and Congress understands that we know the endgame here which that is wanting to make sure that patients are taking care of in a timely way with the best outcome. A lot of those are really cleaning this up and focusing on that.

Let's go to the next slide. We will go back one. I didn't know this was on that. So, so, back one text slide. Any questions about this? This goes back to Carolyn. Maybe you want to add a little bit more about this. Let's talk about the patient dimension in a lot of this.

Carolyn Peterson – Individual – Co-Chair
Well, ONC has been promoting the patient access issue and certainly the way that that intersects with providers and other stakeholders. For example, this is true information blocking issues. We are trying to resolve it. It has also been an area of interest for the HITAC as a whole, across stakeholders. Privacy and security are certainly a significant part of what drives patients willing to access data. You know, it is not just having the pipes in place. It is also an ecosystem in which individuals have a desire to access their information and use that in their healthcare. And that wouldn't occur to the desired degree when people are concerned about information going places it shouldn't or being hacked. You know, having unforeseeable and but undesirable consequences. We do call out cybersecurity frameworks and we talk more about cybersecurity in the report. I think this is quite appropriate. And of course, interoperability is kind of a foundational principle for a lot of what consumers need to do.

Aaron Miri – Imprivata – Co-Chair
Yes, good point. Christina and Brett.

Brett Oliver – Baptist Health – Annual Report WG Member
 Sorry Erin, I just kind of lost your structure of the question.

Aaron Miri – Imprivata – Co-Chair
Yeah, so what I was looking for was do folks understand why we keep pushing on patients, that's why?

 Brett Oliver – Baptist Health – Annual Report WG Member
Oh, yeah. Absolutely. But again, I think we started off the conversation with we may be a little bit skewed from our full perspectives of the overall HITAC, but absolutely. Been underrepresented before.

Aaron Miri – Imprivata – Co-Chair
Christina, you were saying something.

Christina Caraballo – Get Real Health – Annual Report WG Member
No, these look good. I was just looking at the areas where they were mentioned, and I think it looks good.

Aaron Miri – Imprivata – Co-Chair
 Okay. All right we can move forward. Next slide. All right, then there are remaining sections on the draft report were the additional HITAC initiatives conclusion of course and tendencies. Next slide. All

right so, the next section here is planning for an update on the upcoming HITAC meeting. Carolyn do you want to lead this part forward?

Carolyn Peterson – Individual – Co-Chair
Short. It feels like it is a little bit amorphous at this point since don't know when the HITAC meeting will be and we do not have a sense of what our timeframe within that meeting will be to discuss the report. I mean I am sure it is more than 10 or 15 minutes. But because we missed the January meeting and there are quite a number of things that needed to happen then, you know it is hard to say if we are looking at 45 minutes or 90 minutes or what we will have. I think what is valuable for us to do today is to go through the report and kind of highlight among ourselves any changes or additions that we think need to be made and to try to get that in really good shape. So that Aaron and I can have a very succinct clear presentation that allows plenty of time for questions and comments by the HITAC members. Whatever the overall time commitment is at the meeting.

I know that sounds vague. Even how much has to happen, how much HITAC have to look at and review and comment on losing that January meeting, that eight-hour block and it really hurt us. So, it's kind of hard to visualize how this work fits in with everything else that has to happen. I think clearly, we need to be sustained and to know what we want to emphasize when we are ready to answer questions. Does that sync with what you are thinking Aaron?

Aaron Miri – Imprivata – Co-Chair
It does. You know, I am not an eternal optimist. Sometimes that does not play well at being a technologist as well. But my hope is that we can have this discussion with HITAC sooner rather than later. Of course, thee worry always is what happens if things draw out and delay, delay, delay. But my hope is we can get in front of them sooner rather than later. I do wonder at what point do we need to start thinking about the next report and eventually have to say okay, this is what it is and planning for the next one. Because we are already almost to February and we do not want to wait. So, to the degree of it, in the next couple of weeks, hopefully, it all shakes out and we are good to go. But the conversation with HITAC maybe bless this report and we're moving on to the next one with all your okays, right. So, we need to start that process sooner.

Carolyn Peterson – Individual – Co-Chair
That gets us back to what are we prioritizing for 2019 and who is on the workgroup? What is the structure of the work? What type of deadlines do we want to set for ourselves? It is all tied together, but it's all tied together in a way that makes it hard to predict.

Aaron Miri – Imprivata – Co-Chair
That is exactly right. That is exactly right. Christina and Brett, what do you think? What are your concerns?

Brett Oliver – Baptist Health – Annual Report WG Member
The concerns are last time we presented it was like crickets, we were trying to get a discussion going. So, I was just in my head trying to think through how we can prevent this. Do we just walk through the executive summary and have some literal action points right there from a prioritization standpoint for the group? What are your thoughts in terms of how we can engage the conversation? I know it is difficult when you have got a large group of people. How can either we prep them beforehand to review the executive summary at least and then comes with prioritization? Can we feed that before the next meeting?

Carolyn
My hope is that we can get a draft out at least a week before the actual meeting, that they really have time to read it. I think we also you need to walk through in a, I do not want to say an abbreviated format, we need to keep it moving so that we are touching upon what is in the report without going into great depth about anything. And to bring forward some very specific questions about the content and focus will be important. And I do not want to say push people exactly, but we need to really encourage a very robust discussion and sharing of thoughts about that. Certainly when that report goes out Robert and I can put a memo on it asking people to make a point of taking a look at it before the meeting and really think through questions, suggestions, concerns, conditions, you know, anything else that they feel can make it better so that we are really ready to have that discussion to the greatest degree possible in the meeting itself.

Aaron Miri – Imprivata – Co-Chair
>Yes, I am just thinking Carolyn, in my mind, you know, it would help, you know, I always find it interesting and helpful as a you know, as HITAC member and previous policy committee member, and standards committee member, that whenever I got nudges from the chairs and also from ONC as well, they continued, hey, make sure you look at this, make sure you look at this. This is important. It can easily get lost in the wash of the things we do in our day jobs. Getting it out there sooner or later, I agree with you, at least a week, and then constant reminders like please read this are important. We need their engagement. We need to make sure folks are focused on this. There is so much going on right now, but we want to make sure we are speaking with, everybody feeling like they have been heard.

Carolyn Peterson – Individual – Co-Chair
 We will have a lot of other stuff at this meeting going on. Only two am really hoping that we can push this and get it out a week in advance. I hope people have had the time to do that.

Brett Oliver – Baptist Health – Annual Report WG Member
And Christina, I appreciate your logical approach to all of this, what do you think? Is there anything we are missing to help people absorb it especially from a story perspective and get it? Do you think there anything unique we can do to really hit home with these points and get folks to think through this?

Christina Caraballo – Get Real Health – Annual Report WG Member
I think what everybody is saying sounds great. I like the idea of getting it out one week early and maybe having specific things to look at or direct people towards. Like, we know what we did for example, as HITAC, but we probably want people to look at the gaps and recommendations where it's, like, a little bit more of a microscope.

Brett Oliver – Baptist Health – Annual Report WG Member
That is fair.

Christina Caraballo – Get Real Health – Annual Report WG Member
Maybe say what we plan to discuss, these are the things we want to make sure, and to this is kind of like our, is this our final draft? We are going to go to the… not this one right now but we are going to take it to HITAC and hopefully vote on it to send off after that meeting. This is no longer what is going through draft and draft and draft. This is kind of a final one. I think I would reiterate that.

Aaron Miri – Imprivata – Co-Chair
Yes.

Christina Caraballo – Get Real Health – Annual Report WG Member
I think you will get people's attention if you say this will be what we are working on next year because that will get people's interest. So just reminders of why they should read the report. Yes. I would like to point out that I think we had planned for a month between HITAC looking at it and having a month to further think about it then come back and approve it at their final meeting. That is what we have done in the past.

Carolyn Peterson – Individual – Co-Chair
If we are able to do that with the meeting schedule, this winds up being what is happening, I think that is fine. Lauren perhaps can comment better on how much time there might be between the next two meetings. We are going to wind up cutting the schedule because of the shutdown or how that will work.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Yes, this is Lauren. This is a little hard to say. In addition to the report, there will be other matters before the full committee to take into consideration. But I think, you know, this is actually working to our advantage a little bit. For us to kind of continue to push the report through to give ourselves and the rest of the community as much time as possible before we have to shift our attention elsewhere.

Carolyn Peterson – Individual – Co-Chair
I think we also benefit from focusing and perhaps if we need to again have a short meeting on what the discussion questions should be at that meeting with HITAC when we present the draft. So that people come in knowing what the discussion will be and being able to read the report draft with some thoughts, particularly in that area.

Brett Oliver – Baptist Health – Annual Report WG Member
Yeah, maybe that is a good idea, Carolyn.

Aaron Miri – Imprivata – Co-Chair
That is a great idea. It is almost like a cheat sheet. Focus on these 10 things before you read everything else. That's a good point.

Carolyn Peterson – Individual – Co-Chair
This is what we definitely want to talk about in addition to everything else. Here is a place to start and you're thinking.

Aaron Miri – Imprivata – Co-Chair
Yes. I like that. Okay. We can definitely do that. And how long, I just don't know what the process is going to be. How long will our section beta present? How much time do we have to talk through this?

Carolyn Peterson – Individual – Co-Chair
What do you think Lauren?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
I think we are in a position to give ourselves as much time as possible now. I think probably a minimum, somewhere around 90 minutes.

Carolyn Peterson – Individual – Co-Chair
Okay.

Brett Oliver – Baptist Health – Annual Report WG Member
That is great. And are we thinking, I know it is way too soon to tell, will this also over the phone?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
For February timing? Yes, March, we are still not quite sure yet.

Aaron Miri – Imprivata – Co-Chair
Got it. So, it will be interesting to try to do this, to do this over the phone. Because it further adds weight to what Brett is saying which is how to keep people engaged. At least, when I am looking somebody in the eye, I can always hold a paper airplane and at them if they aren't looking at us. But to the degree, over the phone, how do we make sure folks are 100% all in? I think the cheat sheet will be even more important.

Carolyn Peterson – Individual – Co-Chair
Yes, definitely. The structure around the discussion, for sure.

Brett Oliver – Baptist Health – Annual Report WG Member
And Even if they had comments around whatever the top 10, top five, whatever we have, prior to that so it doesn't get lost. Because particularly when you are virtual and you are in line to ask a question or make a comment, and we are really good about making sure that by the time everything goes around, it has already been beaten to the ground and you are like whatever, you get out of line. If we saw that there were five comments with the same sort of sentiments on a particular topic, we could start the conversation that way.

Carolyn Peterson – Individual – Co-Chair
That feedback can help us with the slides if we get them before the meeting, in terms of refining our slides to they're clearer. Anything we can do in that direction I think will help us.

Christina Caraballo – Get Real Health – Annual Report WG Member
I have no doubt that Erin will specifically call on people and make them talk.

Aaron Miri – Imprivata – Co-Chair
I have learned over the many years, absolutely. It is fun. That is how we get engagement. This is a metaphorical paper airplane, always. Okay. All right. That is that one. Let's go to the next slide. So, we just talked about this. Is there anything else here? I think we just talked about this whole thing. Caroline?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

I have a question for the group. Do you have thoughts right now about what top of questions you want to pose since you have all read the draft and have been thinking about it?

Aaron Miri – Imprivata – Co-Chair
I will start. I think from my perspective, what I would love the HITAC to weigh in on is this, and I will focus, I will to privacy and security since that's is one of my secret loves. So, to the degree of it, I would love to know the Heat's opinion and feedback on the areas around de-identify data, genetic data and where the HITAC should help to inform as we talk about harmonization of state laws and federal law and all of those sorts of things. We touched upon some very relevant and very pressing items that are going on in the industry, but is that the role of HITAC? Our objective in pulling this report together, we are talking about privacy and security, was looking at everything in aggregate and going okay. what is happening in the industry that is very relevant and very hard pressing? But then there are certain topics and it is important for us to know it and educate but it is not something that the committee should go work on and form a task force around. From my perspective, I would love to know the take of HITAC on that. Where do we stand on that?

Carolyn Peterson – Individual – Co-Chair
I agree with that. I think that also when we deal with cybersecurity discussion in the sense of should we be trying to better delineate patient responsibility versus provider responsibility? In ensuring that the cybersecurity and the protection that people want to do healthcare, you know online and virtually, is there so that they can. And to some degree that ties back to the access question, we talked about earlier in terms of people not being willing to access data that they can access If they have concerns about the security of it and what will happen with the and intended consequences will be. I think you can make arguments either way about how much industry needs to be involved in cybersecurity and how much patients should be the and what role there is for ONC and help those things evolve.

Aaron Miri – Imprivata – Co-Chair
Right Caroline.

Brett Oliver – Baptist Health – Annual Report WG Member
One thing that I would like to… it's sort of an overriding concern. It is not a philosophical question. But in each of these areas, there are particular examples, would HITAC recommend there needs to be federal involvement because of desperate, whether it's state or vendors or what have you or areas that are not going to be the solution. I know part of that is difficult because we have information blocking rules, we've got the exchange framework, things like that that are hanging out there that we don't have final decisions and rules made on that. But there is the overriding prioritization, if we are delivering this to Congress, which is one of the objectives, where are the areas that HITAC would say we believe we recommend some kind of federal oversight? Or at least understanding of a direction. Does that make sense?

Aaron Miri – Imprivata – Co-Chair
It does to me. There is going to be a lot at one time. There is an avalanche of things for us to work through.

Brett Oliver – Baptist Health – Annual Report WG Member
Right. And if there are five things we determine as a committee that need federal oversight and need to be looked at, I want to call those out. I know that's a little bit out of the structure that we have interoperability, and etc. etc., But I think there are pieces that… For instance, why are substance abuse

and behavioral health notes different than any other medical information? Why is that called out to be private? Because quite frankly as a provider, I need to understand that. Why is that different? I mean understand the philosophical argument but why not my genetic results, why not my lab results, why not an x-ray? That is a rabbit hole that you can go down and does that require federal oversight? Because I know each state has got different laws and rules on that. That's just a hypothetical example. As you go through each of the executive summary elements, there are areas where some federal oversight may be needed or at least be looked at. That could be a recommendation that HITAC brings forward as part of the focus areas.

Brett Oliver – Baptist Health – Annual Report WG Member
Good points, great points. Christina.

Christina Caraballo – Get Real Health – Annual Report WG Member
I think this list sounds great. I wonder if we should pull out recommendations and put them on kind of like a one-page flash drive for people to have to discuss so they're easily accessible.

Carolyn Peterson – Individual – Co-Chair
That is a great idea.

Aaron Miri – Imprivata – Co-Chair
I like that.

Carolyn Peterson – Individual – Co-Chair
 It would also make it a lot easier for the public listening on the call to try to understand what we are talking about. I think this is also important.

Aaron Miri – Imprivata – Co-Chair
Yes, because the report itself is quite lengthy. This is great because it has fantastic material especially when you look at all of the sources cited. But you're are exactly right, you can get lost quickly.

Michelle
This is Michelle. I remember that we have that table in the executive summary that does some of that. Does that work for this purpose? Or do you need something different?

Carolyn Peterson – Individual – Co-Chair
If I was planning it for a meeting, I have a separate sheet or something, some very quick overview of all of the questions in one place with a discussion. These would be points that we would be covering.

Christina Caraballo – Get Real Health – Annual Report WG Member
 If we look at the recommendations, it is really two pages, maybe be three. I am sorry Aaron.

Aaron Miri – Imprivata – Co-Chair
 No, go ahead. So, do we want to use what we currently have, or do we want to add that to it? Because we could pull that out and just keep it very simple, right?

Christina Caraballo – Get Real Health – Annual Report WG Member
I agree with what Carolyn just said. Pulling out the recommendations separately is probably a good idea for context. It is not a lot. It would be just a good reference point and hopefully engage

conversation. Even if someone does not read ahead, they could come to look at what we have at least for that section. This is just to kind of get people talking about the recommendations themselves. I do not think it works this well for the other area that we want people to talk about which is the gap. This is a lot more content.

Carolyn Peterson – Individual – Co-Chair
We could certainly have that cheat sheet, and on that cheat- sheet note the paid or the related text in the report. That might be very helpful for people during the conversation. You know they can literally look down at whatever recommendation we are on and immediately go to the page of the text or whatever bit of review they want to. They make their comments in the discussion progresses.

Christina Caraballo – Get Real Health – Annual Report WG Member
That is a good idea. Maybe we should think about it a little bit. Then I think I you said we are going to have one more call prior to the committee meeting to discuss engagement strategy.

Carolyn Peterson – Individual – Co-Chair
I think we can do that. If you think it would be valuable for us, absolutely. How would we approach dates and timing of that, Lauren, or Michelle?

Michelle
This is Michelle. I think we discussed briefly the first week of February is best, because next week is HAMS. And you want to get the report out ahead of a potential late February meeting, if that does happen, that would be the earliest the report would go to the members. Setting that in the first week of February might be best.

Carolyn Peterson – Individual – Co-Chair
How does that sound to everyone else?

Brett Oliver – Baptist Health – Annual Report WG Member
That should work.

Aaron Miri – Imprivata – Co-Chair
I think that is a great idea. To be clear, we are talking about sending the report out the first week of February before HIMS.

Carolyn Peterson – Individual – Co-Chair
No, it would be after that, or during HIMS.

Aaron Miri – Imprivata – Co-Chair
If you send it out during HIMS, folks will be very confused.

Carolyn Peterson – Individual – Co-Chair
Until we have authority to set up a HITAC meeting, we do not have a date. The earliest it could happen would be February. I am working back from that right now. I need to wait a little while. I am just trying to prep us for that possibility.

Aaron Miri – Imprivata – Co-Chair
Okay.

Brett Oliver – Baptist Health – Annual Report WG Member
We can certainly meet in a couple of weeks and be prepared for whenever.

Aaron Miri – Imprivata – Co-Chair
Again, the eternal optimist in me says everything will be resolved by today or tomorrow, right? So, we are back to normal after that. Back to our regularly scheduled program. I really hope for that. I really do, so we can get back on the ball. Okay. Any other, I do not know what is the next slide here?

Carolyn Peterson – Individual – Co-Chair
Aaron, I noted a couple of things on our chat screen that we might want to circle back to, while we still have half an hour left.

Aaron Miri – Imprivata – Co-Chair
Go ahead.

Carolyn Peterson – Individual – Co-Chair
One was going back to the executive summary versus instruction and telling a story, just so I have more ideas where our team can get to work. What is it the story we want to tell? Maybe we will revisit the outline and get more specific. The other topic was if you want to talk about how you might rank the impact of those recommendations. The second topic which is something we can talk about at the next meeting. The first one, I need more information soon. This is so the team can work on this for you.

Aaron Miri – Imprivata – Co-Chair
Oh, how to tell the story, Christina's comment?

Carolyn Peterson – Individual – Co-Chair
Yes. How are we going to tell the story? We are leading the data in the report drive the outline in the executive summary, if that is not working, we can shift directions. We can figure out an outline from the story.

Christina Caraballo – Get Real Health – Annual Report WG Member
I took a stab at it and I spent some time restructuring it. I moved it already. Maybe looking at that, I wrote more for people to be able to react to. Maybe we can start there and see what you like and do not like. What was that?

Michelle
I am sorry. I did not mean to talk over you. Could you add more information than what was in what you organized? Can you deal with a generalization?

Christina Caraballo – Get Real Health – Annual Report WG Member
I am trying to think of how to answer that question. I am just looking. I am not sure. I think the order of things, I mean it is important. If you want to start with the executive summary or the everything you, I do not think that is as important. It was just the flow. I wrote comments in the section and actually reorganized a lot dealing with contract changes. I mean, I could go in again and look and pull out a list. I would like feedback regarding what you guys like and did not like. Maybe you could take the first stab at accepting or rejecting some of this stuff. Then you could send it out to ALMS. What would be the best to help you?

Michelle
I think you should address the readers and the next couple of things that are important. What do you want to emphasize?

Carolyn Peterson – Individual – Co-Chair
Would it be helpful if I went through and did what Christina suggested in terms of suggesting any track changes? I could send out two of the views that inform the agency that what was accepted and what was not accepted.

Michelle
Maybe that could get closer to what Christina is envisioning. Sometimes you have a picture in your head of where you think you want to land but it is hired hard to describe it in words. I think that would be helpful. What is the picture? I was not quite it quite getting that. I am not seeing what you want to do differently. I think it needs more iterations to get to that point.

Christina Caraballo – Get Real Health – Annual Report WG Member
Yes, I am happy to help with that. Caroline if you want to take the first pass and I can write you more on what I am thinking. I did not want to go too far if nobody else agrees where I was headed.

Carolyn Peterson – Individual – Co-Chair
I will take a stab at it and shoot it over to you Christina. You can look at what I did and elaborate. You can look at what I did that was not right. Hopefully, we can get down the road and get more help over to Michelle.

Michelle
That sounds good.

Christina Caraballo – Get Real Health – Annual Report WG Member
That is good, I can work with that.

Aaron Miri – Imprivata – Co-Chair
Okay, we have that answered, do you want to do the next question, Michelle? That was how was your rank.

Michelle
It deals with direct impact. This is the idea that you brought up earlier.

Aaron Miri – Imprivata – Co-Chair
Is the patient affected or not? That was the debate he had about should we go to the HITAC with our thoughts and priority.

Michelle
Yes.

Christina Caraballo – Get Real Health – Annual Report WG Member
I think we were unanimous against that. We thought it would be something good to discuss, right?

Aaron Miri – Imprivata – Co-Chair
That is right.

Michelle
Ranking the recommendations but you had just mentioned they have an impact on stakeholders. You want to be able to talk about that in your presentation. It is less about what would go with the report that you want to have a discussion about how you might prevent emphasizing certain recommendations over others.

Aaron Miri – Imprivata – Co-Chair
Should be, should we, as we talk through it, should we look at something? I used patients as an example. If it is directly affecting patient care are not, it does not have to be that but that is an example. I do think we have got to be careful about how biases are influencing us. We do not want somebody in HITAC feeling like they do not want to speak up on a comment. Do you know what I mean? I do not know. I am not sold one way or the other. I do not want to wrongly influence people if they feel differently than I do. Carolyn, what do you think?

Carolyn Peterson – Individual – Co-Chair
I think it has been helpful for all of us to talk through the recommendations and had a sense of all of the issues that are related to these things. I am not convinced it is helpful to HITAC or if it would be well received if we tried to get into ranking things. This is in terms of what the priorities are to be. The structure of the discussion about the future activities of HITAC will be such that we are all in a position to advocate for our own opinions. It is not like we do this process and then we sit back and did not get to say another word for the rest of it. I think anything that anyone, any particular personal concerns that anyone has, there is a way to bring that forward the same as any other HITAC member. I guess I was really not very comfortable with the prioritization. That is not part of the task that we were asked to do as a group, to get an annual report. I think it is something that had to come from the whole committee.

Aaron Miri – Imprivata – Co-Chair
 Okay. I think I am good with that. All of us agree with that. Brad are you good.

Brad!
Yes, absolutely. My only thought was it was going to start the conversation. I understand what Carolyn is saying.

Aaron Miri – Imprivata – Co-Chair
 Yes, good idea Carolyn. I can see Carolyn's point as well. That answers that question, Michelle.

Michelle
Yes, thank you.

Aaron Miri – Imprivata – Co-Chair
If that all of the questions… go ahead.

Carolyn Peterson – Individual – Co-Chair
Just to be sure we are all on the same page, I will take the marked-up draft and Christina, will go around, and go through any direct changes. We will make changes of note and I will send that to her.

This will be for review and further consideration. She will see if I have got it to the place where she wanted it. Then we can pass on that work to Michelle whose team will do some more. Is that what we are all thinking?

Christina Caraballo – Get Real Health – Annual Report WG Member
Yes.

Brett Oliver – Baptist Health – Annual Report WG Member
Yes.

Carolyn Peterson – Individual – Co-Chair
Also, I am checking a draft of some of these other changes that were discussed and making sure this is all integrated into one. You two can focus on the front and I will integrate that in the master and send it out. You can copy the whole group if you want to during the process. It is up to you if you want to keep it between you two or if you want to share everything with everybody.

Michelle
Just one last question that I thought of when you are talking about how to present to HITAC. How do you want to handle it if they have new suggestions for topic areas within the three priority target areas that are not discussed in the report? That is why we were leaving one month between the two discussions because if there was something, we needed to go further with at the workgroup level we had a chance to come back to them. I am wondering what the response would be in the meeting and the procedures.

Carolyn Peterson – Individual – Co-Chair
If we can have the discussion about the annual report before lunch, then during the lunch break, this group could huddle and talk about the division of labor for taking a look at those things and getting the feedback back to your group quickly Michelle. Also, we could discuss is there is any actual work that we want to take on versus passing it on to the contractors depending on the time frame. It deals with what time is available.

I think if we get a laundry list of to do areas, I think it is within our purview to say to HITAC, okay, we get it. I had this physical time situation, what are your priorities, can you tell us what you think are the three or four most important new topic areas to focus on? That way, you could perhaps get them to table something but also give us something to work on. I mean, if I know where you are going and what your concern is. It is really hard to visualize how this will shake out. We do not know what the timeframe is.

Late. If we knew we had a month, I would be fine, write it on down. I will support your crazy efforts in that month between meeting in the final approval. Is it being my like two weeks, there is a limit there? I am certainly willing to put in whatever time is needed to pull things together and help to get the report forward, where HITAC wants it.

Aaron Miri – Imprivata – Co-Chair
Agreed.

Michelle

Another response could be as an insect earlier in the meeting, maybe that is a topic for the next report since we are already into the FY 19 year.

Carolyn Peterson – Individual – Co-Chair
Yes, and we may have to do that. They may just be separate. I think if we can be a bit responsive, that would be helpful.

Michelle
Good, thank you.

Aaron Miri – Imprivata – Co-Chair
Okay. Any other questions for the team?

Christina Caraballo – Get Real Health – Annual Report WG Member
No.

Aaron Miri – Imprivata – Co-Chair
Okay.

Carolyn Peterson – Individual – Co-Chair
 Let me see, what is the time?

Aaron Miri – Imprivata – Co-Chair
2:40 p.m.

Carolyn Peterson – Individual – Co-Chair
Where are we at in terms of public comment, Lauren?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
We are scheduled for about eight minutes from now. We can go ahead and proceed to the public, if there is nothing else at this time.

Aaron Miri – Imprivata – Co-Chair
 I am good with that.

Carolyn Peterson – Individual – Co-Chair
I am too.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Awesome. Operator, can you please open the line for public comment.

Operator
If you would like to make a public comment, please press star one on the telephone keypad. The confirmation will indicate your line is in the queue. Press start two if you would like to remove your comment from the queue. If you are using speaker equipment, you may need to pick up your handset before pressing the star keys.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Okay so while we are giving folks a couple of minutes to dial in, this is going to circle back. Okay. I just want to make sure. Okay, operator, any comments in the queue at this time?

Operator
There are no comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Okay. Then I will be handed back to the co-chairs for any final comments before we adjourn.

Aaron Miri – Imprivata – Co-Chair
Okay. I will start and turn it over to Carolyn. I really appreciate you guys. I want to echo this at the very beginning. We have to talk about ONC and the efforts, you have been outstanding, and I appreciate you guys. It has made our jobs a whole lot easier because of your efforts. I want that to be highlighted how much work has been going on behind the scenes especially by the ONC team. It has been amazing. Hopefully, we can meet soon with the HITAC and get this to go. We want to go forward. The other good thing about this report, I had hoped we would have had these discussions at the original timing. We could have some fun discussions. It is what it is. We will make the best of it. If we end up going to HIMS without the HITAC prior to that, take the time to talk to folks and solicit feedback. See if there is anything we might have missed. The last thing we want is for somebody to go out in the industry when they missed everybody. Use that opportunity wisely. Carolyn

Carolyn Peterson – Individual – Co-Chair
Those are great points. I want to reiterate the great work that ONC has done in bringing the draft this far alone. It has really helped us cover a lot more ground. I will follow up with you Christina and Michelle in terms of the editing, review of the comments that were made previously. We will get something in the works for the fall for the group to review. I hope this is possible. I also will continue to work with Michelle on the timing of any kinds of changes that might be necessary when we do take this to the full committee. However, that works out, we will make sure that we fulfill our missions and the responses to HITAC and ONC. With that, I will hand over to Lauren.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Thank you so much, Carolyn. Please be sure to check healthit.gov for the next scheduled annual report workgroup meeting. Once we decide when that will be scheduled, we will let you know. Thank you for joining. We are looking forward to the next time.

Aaron Miri – Imprivata – Co-Chair
Goodbye, everybody.

Brett Oliver – Baptist Health – Annual Report WG Member
Thank you, everyone.