



Meeting Notes

Health Information Technology Advisory Committee (HITAC)

September 17, 2019, 9:30 a.m. – 2:15 p.m. ET

IN PERSON

Executive Summary

The HITAC reviewed the meeting agenda and approved the meeting minutes from the July 11, 2019 meeting. An update was given on the 2019 HITAC Annual Report and suggestions for topics to include were offered by members. The Interoperability Standards Priorities Task Force (ISP TF) recommendation topics and format of final report were reviewed and discussed, with suggestions being offered for the task force to consider. The U.S. Core Data Interoperability (USDCI) Promotion Model was reviewed and discussed, with suggestions being offered for the task force to consider. There were several public comments.

Agenda

9:30 a.m.	Call to Order/Roll Call
9:35 a.m.	Welcome Remarks
9:40 a.m.	Review of Agenda and Approval of July 11, 2019 Meeting Minutes
9:45 a.m.	HITAC Annual Report Update
10:15 a.m.	Break
10:30 a.m.	Interoperability Standards Priorities Task Force Update
11:45 a.m.	Public Comment
12:00 p.m.	Lunch
1:00 p.m.	U.S. Core Data for Interoperability Task Force Update
2:00 p.m.	Public Comment
2:15 p.m.	Closing Remarks and Adjourn

Roll Call

Carolyn Petersen, Individual, Co-Chair
Robert Wah, Individual, Co-Chair
Michael Adcock, Adcock Advisory Group
Christina Caraballo, Audacious Inquiry
Tina Esposito, Advocate Aurora Health
Cynthia A. Fisher, WaterRev, LLC
Valerie Grey, New York eHealth Collaborative
Anil Jain, IBM Watson Health
John Kansky, Indiana Health Information Exchange
Kensaku Kawamoto, University of Utah Health
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Health care
Denni McColm, Citizens Memorial Health care
Clement McDonald, National Library of Medicine
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 Health care
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Sheryl Turney, Anthem Blue Cross Blue Shield
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Terry Adirim, Federal Representative, Department of Defense

FEDERAL REPRESENTATIVES

Kate Goodrich, Centers for Medicare and Medicaid Services (CMS)
Adi V. Gundlapalli, Centers for Disease Control and Prevention
Jonathan Nebeker, Department of Veterans Health Affairs
Ram Sriram, National Institute of Standards and Technology

ONC STAFF

Elise Sweeney Anthony, Executive Director, Office of Policy (by phone)
Andrew Gettinger, Chief Clinical Officer, ONC
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Rob Anthony, Senior Advisor, Office of Technology
Seth Pazinski, Division Director, Strategic Planning and Coordination

Welcome Remarks

The co-chairs welcomed members to Washington, D.C. and congratulated them on their hard work throughout the year. The task force co-chairs and members were also thanked for their contributions. **Adi Gundlapalli** was welcomed to the committee as the permanent Federal Representative for the Centers for Disease Control and Prevention (CDC). **Laura Conn** was thanked for her contribution as the interim federal representative for the CDC. Committee members were asked to encourage qualified individuals to apply for the vacant seats on the committee. Committee members were informed that the Interoperability Standards Advisory (ISA) Annual Review and Comment Period has begun and members were invited to share comments.

Review of Agenda and Approval of July 11, 2019 Meeting Minutes

The HITAC approved the July 11, 2019 meeting minutes by voice vote. No members opposed. No members abstained.

HITAC Annual Report Update

The Annual Report Workgroup membership, overarching scope, and detailed scope were reviewed. The meeting schedule and timeline for the creation of the annual report was also presented. The draft landscape analysis outline was reviewed and discussed.

DRAFT LANDSCAPE ANALYSIS OUTLINE

Discussion:



It was suggested that the following topics be added for consideration:

- Addressing semantic interoperability was suggested by multiple committee members.
- Members noted the importance of considering the data users and stakeholders of data when discussing data complexity.
- Discuss how the breadth of interoperability can be extended to providers who currently have minimal access.
 - It was suggested that specific use cases be looked at throughout the continuum of care to determine the current level of interoperability and see where improvements could be made.
 - The Centers for Medicare and Medicaid Services (CMS) welcomed discussion of broadening interoperability to include all aspects of patient care.
- Using data from research was suggested as a point of discussion as it could be a valuable tool in reducing health care costs.
- The need for cost transparency and education for health partners, including application(app)-developers, as well as consumers, was explained.
- The possibility of administrative simplification was noted for its ability to decrease health care costs.
- Increased data capability regarding patient safety was suggested.
- It was suggested that the level of progress and clinician burden for each topic within the landscape analysis be included in the draft report.
- A need for a discussion about the process for data prioritization was emphasized.
- It was noted that the quality of care, including patient dignity, comfort, and experience, is not reflected in patient data.

Committee members were thanked for their engagement and input. Members were encouraged to ponder their vision for the HITAC moving forward and submit any topics for future consideration.

Interoperability Standards Priorities Task Force Update

The overarching and specific charge of the task force, as well as the membership list, were reviewed. The format for the final draft report was also reviewed. Recommendation topics within the draft report were reviewed and discussed.

DOMAIN #1 ORDERS & RESULTS

Tier 1

No comments were made on the tier 1 topics.

Tier 2

The following suggestions were made:

- It was suggested that the topic of prior authorization should be categorized as a tier 1 topic due to its increasing burden on clinicians.
- It was noted that there is a need to update data throughout the patient care process, as test results return, for effective exchange between health information technology (IT) systems.

DOMAIN #2 CLOSED-LOOP REFERRALS & CARE COORDINATION

Tier 1

No comments were made on the tier 1 topics.



Tier 2

The following suggestions were made:

- It was requested that care coordination be expanded to discuss cooperation-based coordination, including expectations as to how data will be used and returned. It was emphasized that having commonly understood business rules for data use would be beneficial. It was suggested that “choreography” principles be created to detail expectations in regard to data coordination.
- It was suggested that the topic of Patient-Clinician Messaging be moved to tier 1, to reflect the desire of patients to be involved in their own medical care. It was noted that although there currently are options for patient-clinician messaging, there are other factors, such as social or cultural factors, that currently restrict patients.

DOMAIN #3 MEDICATION & PHARMACY DATA

Tier 1

No comments were made on the tier 1 topics.

Tier 2

No comments were made on the tier 2 topics.

DISCUSSION TOPICS

In addition to the recommendation topics in the three domains, additional topics slated for additional task force discussion were presented. The task force welcomed a discussion of suggestions on these topics from HITAC members.

Approach to HITAC Review

The following suggestions were made:

- The need to appoint a group to recognize and address issues within the broad health care system, continuing the work of the ISP TF. It was suggested that this occur within the HITAC, either as an individual task force as it is currently, or by dividing the work among other applicable task forces.
- Coordination between the task forces was suggested as an area of improvement and a topic/activity for HITAC to consider.
- It was noted that the HITAC annual report is an effective way to communicate important topics for the HITAC to address and members were encouraged to submit suggestions.

Free Standards Availability

The following suggestions were made:

- It was suggested that a policy be created to ensure that standards and code sets required for interoperability are freely available to the public.
 - Access to standards and code sets are a source of revenue for organizations and should be considered prior to requiring unpaid access to both standards and code sets.
 - The cost of creating new code sets, for example, the current procedural technology (CPT) codes developed by the American Medical Association (AMA) was discussed to remind members that there is a substantial cost associated with the development and is reflected in the protection of intellectual property and may restrict no cost consumer access to CPT codes.
- It was suggested that mechanisms be created to enable patient accessible pricing that is not cost-prohibitive for participation.



- The importance of CMS in the adoption of interoperable language and conditions of participation (COP) was emphasized, and it was confirmed that CMS would be willing to consider the adoption of COPs.
- It was suggested that foundational policies be discussed that would stimulate interest in businesses implementing advances brought forth by the ISP TF.
- The need for a balance between the role of government and the role of the private sector/marketplace in the creation and maintenance of standards was emphasized.

Real-time Results Release

The following suggestions were made:

- The importance of involving patients in their own medical care was emphasized. It was suggested that there is a need for consideration of cultural factors in the creation of related policy.
 - It was noted that future generations of patients will expect real-time access to data, which is crucial for patient safety.
- The importance of giving patients access to their own medical notes was emphasized. The transparency gained in the sharing of notes improves the coordination of care between providers and empowers the patient.

Prioritization

No comments were made on this topic.

Remaining Priorities

The following suggestions were made:

- It was noted that because there is not an organization creating standards for cost transparency, the work of the task force on this topic is extremely important and necessary.
 - It was suggested that the National Committee on Vital and Health Statistics (NCVHS) be considered as an organization to offer input on the implementation of standards related to cost transparency and social determinants of health.

It was suggested that the “cost transparency” be titled “price transparency” instead, in order to be consistent with terminology used by the U.S. Department of Health and Human Services (HHS).

Public Comment

Mari Savickis, College of Health care Information Management Executives (CHIME): She thanked the HITAC and ONC for their work and recognized the need for continued improvement in some areas including interoperability, information blocking, and the ONC Health Information Technology program proposed rule. She offered recommendations to ONC on behalf of seven organizations: American Health Information Management Association (AHIMA), American Medical Association (AMA), American Medical Informatics Association (AMIA), CHIME, Federation of American Hospitals (FAH), Medical Group Management Association (MGMA), and Premier Health Care Alliance. It was suggested that ONC publish a supplemental notice of proposed rulemaking to allow for adequate time for questions from stakeholders to be addressed. It was also recommended that deadlines be staggered as current deadlines overlap and result in complex requirements for both providers and vendors. The creation of a new version of certification was suggested to reduce confusion among users and also increase implementation. It was recommended that further education and enforcement flexibility is needed due to the confusion regarding definitions in the proposed rule. To fulfill this, it was suggested a period of enforcement flexibility be included with the final rule to allow for time to address issues and offer an opportunity for corrective action. Lastly, it was noted that the



proposed rule lacks a focus on patient privacy and HIT security and it was recommended that these topics be added.

Marni Jameson Carey, Executive Director, Association of Independent Doctors: She explained the importance of physicians that practice independently as they provide affordable care and are at the least risk of burnout. She proposed that true price transparency would allow patients to “shop” for their health care, which could steer the market to improve the situation for independent physicians. She stated that she believes that a change in IT could be beneficial, but expressed some concerns. It was stated that additional data entry requirements will be an additional burden on providers who already spend a majority of their workday entering data. She also suggested that electronic health record (EHR) requirements are forcing doctors to work for health care systems, rather than independently, as autonomously navigating EHR requirements is often too difficult and too risky of an investment. She said that this combination of additional data entry requirements and strict EHR requirements will likely consolidate health care further, resulting in increased cost and decreased time for interaction between the provider and patient. She expressed a concern that less time is being spent with patients due to data entry, which is negatively impacting patients and providers. The importance of the patient-provider interaction was emphasized, and she expressed concern that a high-technology patient care environment could negatively impact the patient-provider relationship. She suggested that using technology, especially a phone app, to give patients information about access, availability, and outcome would benefit both patients and providers.

Seth Denson, GDP Advisors: He began by discussing the need to drive down the cost of health care for patients. He cautioned that with regard to price transparency, it is important to understand that many American consumers solely consider co-pays and deductibles in the discussion of health care expenses, rather than the actual cost of the care. He emphasized the importance of ensuring that pricing information is not only accessible to patients but that it is presented in a way that patients can understand.

Tom Delbanco, Harvard Medical School: He discussed the program he co-founded, OpenNotes, a system that encourages discussion between patients and providers by giving patients access to their medical notes. He noted that patients have responded positively to the increased transparency and providers have become advocates for the transparency as well. He suggested that the committee consider the role of a patient in the efforts they are pursuing more often, as the patient is the individual most interested and invested in the situation. He recommended that the role of patients be considered specifically in topics including coordination of care and care plan documentation as he believes they can contribute positively. Dr. Delbanco discussed data that shows that patients who read the notes of their provider are much more likely to adhere to medical regimens because they better understand the treatment plan. He stated that patients can be a valuable member of the team in solving issues related to patient care and urged the committee to consider their role.

Jeffrey Gold, Gold Direct Care: Dr. Gold discussed his practice where he has eliminated all third-party participation. He stated that his goal is to have a positive patient-provider relationship, which he believes has become devalued and lost in current health care practices. He suggested that the foundation of health care is being lost and, instead of finding ways to replace the basic practices in medicine, technology should enhance care and blend seamlessly with the foundational focuses of good patient care. He stated that patients need to have cost and price transparency prior to making any health care decision. He emphasized the importance of focusing on the core of the system, patients and providers, rather than others involved, including health systems and insurance agencies.

U.S. Core Data for Interoperability Task Force Update



The task force membership, charge, and goals were reviewed. The data element promotion timeline and advancement process for the U.S. Core Data for Interoperability (USCDI) Promotion Model were presented. The USCDI Promotion Model was discussed in detail.

USCDI PROMOTION MODEL

The USCDI Promotion Model entails four levels: Comments, Level 1, Level 2, and USCDI. It is possible for data elements to advance from the comment level to Level 2, skipping Level 1, but no data element can go directly from the comment level to USCDI. The model runs based on 1 year cycles, meaning that an element must remain in a level for at least one year before progressing to the next level; therefore, the shortest route for a data element to reach USCDI would take 3 cycles.

Level Advancement

The following suggestions were made:

- It was suggested that the timeline for a data element to reach the USCDI is too long, especially with the continuous changes in Health IT.
 - It was stated that the task force was trying to balance the need for a new data element and for it to actually be usable, which resulted in a long process.
 - It was suggested that, in an effort to expedite the process, a partnership with academic medical centers (AMC) be established to test standards and data elements in a pilot program.
 - It was noted that a model must be discussed to coordinate the role of government in incentivizing participation in pilot projects.
 - It was suggested that various points of entry in the data element advancement process be created to accelerate the progression.
- It was suggested that instead of working through a structured process, the requirements for each data class should be decided and presented and then the burden is on the submitter to ensure that the data element satisfies all of the requirements. It was noted that it would hasten the process to eliminate the cycle times associated with the process and focus on requirements being fulfilled by the data element.
- It was suggested that USDCI and certification be decoupled, if possible, to create a usable data set and then require certification.

Criteria to Advance to USCDI

No suggestions were made on this topic.

Submission Process/Submission Form

It was noted that it was unclear as to how the public would offer input on data element submissions and was suggested that this be clarified.

User's Guide

No suggestions were made on this topic.

Issues for Further Consideration

It was noted to consider how images, including pictures and video, can be captured and what kind of standards will be required to address this topic. This is especially relevant for younger generations.



Public Comment

Paul Epner, Society to Improve Diagnosis in Medicine (SIDM): Mr. Epner is the CEO and co-founder of the SIDM. He discussed diagnostic error and shared that it is the most detrimental of all medical errors. He suggested the need for mechanisms for patients to provide feedback to providers, as well as inviting patients to have a larger role on the health care team. He stated that including patients in health care decision making could help to reduce diagnostic errors as patients have critical data to aid in the diagnostic process.

Closing Remarks and Adjourn

HITAC members were invited to submit comments and suggestions on the USCDI Promotion Model by Thursday, September 26, 2019 at 2:00 p.m. ET. They were also invited to submit topics for future consideration to be included in the HITAC annual report. Members were thanked for their thoughtful participation and feedback. The next HITAC meeting is scheduled for October 16, 2019. The meeting was adjourned at 3:00 p.m. ET.