The Office of the National Coordinator for Health Information Technology

Meeting Notes

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC)

June 17, 2020, 9:30 a.m. – 12:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Donald Rucker welcomed members and gave an overview of some of ONC's COVID-19 response efforts. He provided an overview of the meeting agenda and congratulated **Steven Lane** and **Jim Jirjis** on their reappointments to the HITAC. **Carolyn Petersen** and **Robert Wah** reviewed the meeting agenda, and the minutes from the May 13, 2020 meeting of the HITAC were approved by voice vote. **Lauren Richie** presented the June through December portion of the HITAC's 2020 Work Plan. **Al Taylor** and **Brett Andriesen** presented, and HITAC members submitted comments and questions to the presenters. **Carolyn Petersen** and **Aaron Miri**, co-chairs of the Annual Report Workgroup (ARWG), presented an update on the ARWG's recent work. **Seth Pazinski** and **Christal Ramos,** presented the voluntary draft reporting criteria and questionnaire for the EHR Reporting Program. HITAC members submitted feedback, and a series of discussions were held. There was one public comment submitted by phone, and there was a robust discussion and comments in the public meeting chat via Adobe.

AGENDA

09:30 a.m.	Call to Order/Roll Call
09:35 a.m.	Welcome Remarks
09:40 a.m.	Review of Agenda and Approval of May 13, 2020 Meeting Minutes
09:45 a.m.	HITAC 2020 Work Plan
10:00 a.m.	HITAC Standards Recommendations Updates
10:15 a.m.	HITAC Annual Report Workgroup Update
10:45 a.m.	EHR Reporting Program Draft User Criteria
12:15 p.m.	Public Comment
12:25 p.m.	Wrap Up and Final Remarks
12:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the June 17, 2020, meeting to order at 9:30 a.m.

ROLL CALL

Carolyn Petersen, Individual, Co-Chair
Robert Wah, Individual, Co-Chair
Christina Caraballo, Audacious Inquiry
Tina Esposito, Advocate Aurora Health
Cynthia A. Fisher, PatientRightsAdvocate.org
Valerie Grey, New York eHealth Collaborative
Anil Jain, IBM Watson Health
Jim Jirjis**,** Clinical Services Group of Hospital Corporation of America (HCA)
John Kansky, Indiana Health Information Exchange
Ken Kawamoto, University of Utah Health
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Clem 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

James Pantelas, Individual
Raj Ratwani, MedStar Health
Steve Ready, Norton Healthcare
Alexis Snyder, Individual
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Sheryl Turney, Anthem, Inc.
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Amy Abernethy, Food and Drug Administration
Michael Adcock, Magnolia Health
Abby Sears, OCHIN

FEDERAL REPRESENTATIVES

James Ellzy, Defense Health Agency, Department of Defense
Adi V. Gundlapalli, Centers for Disease Control and Prevention
Jonathan Nebeker, Department of Veterans Health Affairs
Michelle Schreiber, Centers for Medicare and Medicaid Services
Ram Sriram, National Institute of Standards and Technology

ONC STAFF

Donald Rucker, National Coordinator for Health Information Technology
Brett Andriesen, Division of Standards, Office of Technology
Steve Posnack, Deputy National Coordinator for Health Information Technology
Seth Pazinski, Director, Division of Strategic Planning and Coordination
Avinash Shanbhag, Acting Executive Director, Office of Technology
Al Taylor, Division of Standards, Office of Technology
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

WELCOME REMARKS

Donald Rucker welcomed members to the virtual meeting of the HITAC. He acknowledged that COVID-19-related activities were still front and center in the U.S. Department of Health and Human Services' (HHS) and the Office of the National Coordinator for Health Information Technology's (ONC) work and gave an overview of some of these efforts, which included: collaborating on larger HHS COVID-19-relief efforts, including new lab reporting requirements; working with health information exchanges (HIEs) to provide and merge results from a variety of data sources; and the launch of a COVID-19 information website. He provided an overview of agenda items for the meeting and noted that the 2020 interoperability tech form registration is now live. He congratulated **Steven Lane** and **Jim Jirjis** on their recent reappointments to the HITAC. Finally, he thanked everybody for their hard and timely work on the health IT aspects of COVID-19 relief efforts.

REVIEW OF AGENDA AND APPROVAL OF MEETING MINUTES

Carolyn Petersen, HITAC co-chair, welcomed all the participants and thanked them for their flexibility in attending the virtual meeting, instead of the regularly scheduled in-person meeting. She reviewed the agenda and noted that there would be four presentations held at the meeting.

Carolyn invited members to examine the minutes from the May 13, 2020 meeting of the HITAC. There were no comments or corrections submitted, so she called for a vote. The HITAC approved the May 13, 2020, meeting minutes by voice vote. No members opposed, and no members abstained.

Robert Wah, HITAC co-chair, welcomed the members of the HITAC. He discussed HHS's new guidelines for lab reporting and noted the need for richer metadata in lab results, such as demographics about individuals, which were helpful to COVID-19 relief efforts. He emphasized the need for a better flow of lab information in the time of a pandemic. He described the recent work of *The Commons Project* and noted that they have collaborated with Microsoft and Google to standardize Fast Healthcare Interoperability Resources (FHIR) endpoint protocols with regard to distributing lab results and to integrating the results into electronic health record (EHR) systems. *The Commons Project* has been working on launching the Common Health app in Android, which allows patients to display their lab results and status. This work was a result of the COVID-19 relief discussions held by the HITAC.

HITAC 2020 WORK PLAN

Lauren Richie presented the June through December portion of the HITAC's 2020 Work Plan and noted that the first half of the Work Plan was presented at the January meeting of the HITAC. The topics considered for 2020 were based on HITAC input and other ONC priorities and addressed the 21st Century Cures Act priority target areas, which are:

- Interoperability
- Privacy and Security
- Patient Access to Health Information

The presentation slides included a list of some of the input received by the HITAC, contents from the FY19 annual report, and ONC priorities. **Lauren** presented a timeline representing June through December activities and noted that the confirmed and tentative activities the following:

- HITAC Annual Report
- EHR Reporting Program
- Intersection of Clinical and Administrative Data Task Force's (ICAD TF) activities
- Interoperability Standards Priorities Review
- ONC's EHR Contract Guide
- Potential COVID-19 response efforts
- Other administrative activities

Note: There are no meetings of the full HITAC scheduled for July or August 2020.

Carolyn Petersen thanked **Lauren Richie** for the information and introduced the presenters from ONC.

HITAC STANDARDS RECOMMENDATIONS UPDATES

Al Taylor, MD, Divisions of Standards, ONC Office of Technology, introduced himself and his colleague, **Brett Andriesen**, Standards Advisory Lead, Division of Standards, ONC Office of Technology, and presented an overview of updates to the United States Core Data for Interoperability (USCDI) Version 1, which was published in March 2020. He noted that ONC began working on Version 2 of the USCDI in the second half of 2019 by developing the criteria for evaluating new data elements proposed for future versions of the USCDI. These criteria, which were developed to determine the minimum entry requirements for the various levels of data elements, maturity, development, and use in interoperability, came from the HITAC's USCDI Task Force. The data elements will be designated as Level 1 or 2, with Level 2 elements considered for future versions of the USCDI.

Al explained that ONC has developed a tool called USCDI ONC New Data Element and Class (ONDEC) Submission System, which will be released on or around July 1, 2020. The following system will be used to evaluate information around use cases for new data elements:

- Levels of Maturity:
    - Standards/Implementation Guides
    - Extent of Use
    - Extent of Exchange
- Potential Challenges:
    - IP/Licensing/Cost
    - Development/Implementation Burden
    - Privacy/Security

Al provided an overview of a high-level timeline of different steps in the development of the USCDI and Standards Version Advancement Process (SVAP). The timeline covered the activities for 2020, 2021, and 2022, including the submission and review period for versions 2, 3, and 4 of the USCDI. **Al** asked his colleague, **Brett Andriesen,** to continue the presentation by providing an update on the SVAP. **Brett** began by presenting additional background information on the SVAP and explained that it allows health IT developers to incorporate newer versions of standards and implementation specifications into certified products following National Coordinator approval. Public comments will be solicited from health IT stakeholders to make a determination as to readiness for advancement. More information and a list of eligible standards/specifications are available at www.healthit.gov/SVAP. **Brett** referred to a table that listed the standards and implementation specifications/versions that will be considered for advancement via the SVAP and noted that a screenshot of the table was provided in the meeting materials

Brett described the SVAP operational details, which included the following steps:

- ONC considers and identifies standards/specifications that may be ready for advancement via SVAP.
- A regular, recurring (e.g., Summer, annually) comment period is held to solicit input from health IT stakeholders on all SVAP standards/specifications.
- ONC reviews public comments and makes recommendations for SVAP standards/specifications to the National Coordinator.
- The National Coordinator publishes list of newer versions of standards/specifications approved under SVAP authority.
- Updates to test tools may be made available by the Certification Program, as needed.

Discussion:

- **Jonathan Nebeker** submitted a comment and several questions:
    - According to the presentation, a main requirement of adoption to the USCDI is use, so there seems to be a Catch 22 situation with this requirement creating a dependency on vendors implementing the use.
    - Is this a concerning dependency, or is this not an issue?
    - Does ONC have mitigation strategies?
    - Will vendors have the ability to block data elements from going to the USCDI in the future?

- **Al Taylor** responded that he could not speak to the question about developers preventing use. He explained that ONC is looking to adopt data elements that have demonstrated the potential for implementation use and exchange. The ability for a system or systems, no matter the size or number of exchange settings, to exchange information on a widespread basis is an indication of its value to overall national interoperability. The value of the use case is also another important criterion.

- **Clem McDonald** inquired about the kind of details and specifics of the data and discussed some examples of which kinds of data systems are reporting. He suggested that classes of terms within a code system should be discussed, as a way of ensuring that the information is computable.
    - **Al Taylor** responded that there is a nearly universally accepted standard for collection, use, and exchange of the data. He has not heard about anyone requesting anything more specific or niche.
    - **Clem** responded that it might not be clear enough in the specifications that they need to be detailed enough on some levels to allow the information to be computed.
    - **Al** conceded that **Clem** made a fair point and noted that in Version 1 of the USCDI, some data elements have specific standards which are captured within LOINC or SNOMED, instead of by a particular code. The specificity of the standard of use depends on the particular application.
    - **Clem** agreed with **Al's** point but advocated for this issue to be elevated more in the future.
    - **Al** responded that submissions for recommendations for addition to the USCDI will come from people with a wide variety of levels of experience with data elements and standards. ONC will also provide further communication about what is needed and will assess submissions by levels of maturity.
    - **Clem** thanked **Al** for his responses.
- **Terrence O'Malley** congratulated ONC on the name for ONDEC and inquired about the roll-out plan for it.
    - **Al Taylor** noted that they will communicate it through several means, including their usual communication system, a listserv, through publications like a trade press and blog posts.
- **Ken Kawamoto** referred to **Jonathan Nebeker's** prior question that widespread adoption is required to certify that there should be widespread adoption and noted that the point was thoroughly discussed during the meetings of the USCDI Task Force. He discussed some key roles for ONC in the process but also questioned to what extent the USCDI is helpful.
    - **Al Taylor** thanked him for his input.
- **Arien Malec** discussed several points, including:
    - The history of work on this topic by past Federal Advisory Committee Act (FACA) committees, the eHealth Exchange, formerly known as the Nationwide Health Information Network (NwHIN) Power Team, and other groups, and noted that this work has morphed into the SVAP. The concern of how to establish a floor while preserving flexibility for developers has been evident through this work.

- The SVAP should be evaluated to ensure that it meets the needs for establishing flexibility in testing and using newer versions of standards or those standards that address additional requirements.
- He discussed issues surrounding different versions of FHIR that are under development, though most EHRs still use FHIR R2. It will be difficult to break the dependency on the R2 version and cautioned that there could be issues connected to rolling out upgrades and new versions of standards and maintaining certifications.
- He encouraged ONC to consider the best way to use the SVAP to ensure that it provides additional flexibility by considering the process, practices, incentives, and means to encourage health IT developers to develop new versions of standards.

Carolyn Petersen thanked the presenters for their time and HITAC members for their feedback.

HITAC ANNUAL REPORT WORKGROUP UPDATE

Carolyn Petersen and **Aaron Miri**, co-chairs of the Annual Report Workgroup (ARWG), presented an update on the group's recent work.

Carolyn Petersen noted that the ARWG took a hiatus after the HITAC approved the fiscal year 2019 (FY19) Annual Report at their February 2020 meeting. The ARWG has begun to meet again to prepare the FY20 Annual Report. **Carolyn** presented an overview of the ARWG membership and described the ARWG's meeting schedules and next steps. The presentation at the current meeting will focus on a list of potential topics for the FY20 HITAC Annual Report.

Aaron Miri thanked all of the meeting attendees for their time, especially in light of the many COVID-19 surges occurring around the country and wished everyone good health. Then, he thanked ONC staff for ensuring that the HITAC's comments on previous years' reports were captured and presented the following list of potential topics for the HITAC Annual Report for FY20:

- Topics to carry over from Annual Report for FY19:
  - ONC Cures Act final rule
  - TEFCA program updates
  - CMS Interoperability and Patient Access final rule
  - Exchange of social determinants of health (SDOH) data
  - Use and sharing of patient-generated health data (PGHD)
  - Internet of Things (IoT)
- From HITAC members' comments on Annual Report for FY19:
  - Interoperability:
    - EHR certification criteria to support patient safety
    - Establishment of common metadata nomenclature and use
    - Increasing interoperability across the care continuum, e.g., for long-term post-acute care (LTPAC), behavioral health, and home- and community-based services (HCBS)
    - Correction of incorrect data and the ramifications of exchange of incorrect data
  - Privacy and Security:
    - Improving patient and receiver consent process for research and data sharing
    - Privacy and security concerns about use of synthetic data
  - Patient Access to Information:
    - Increased price transparency for patients

- Additional Target Area: Public Health
    - The 21st Century Cures Act states that, in addition to the three priority target areas, the HITAC may make recommendations about the use of technologies that support public health and data for use in quality and public reporting programs.
- From HITAC members' additional comments in 2020:
    - Public Health:
        - Support for standardized codes, data, and terminology to document COVID-19 patient diagnosis, treatment, and case reporting in clinical care
    - Interoperability:
        - Improving information exchange for research
        - Information blocking:
            - Analysis of changing business practices and barriers to competition over time
            - Impact of proposed EHR Exception and Safe Harbor provisions and definition of "inducement"
    - Privacy and Security
        - Safety and effectiveness of mobile health applications
        - Organ transplant use case for health IT, e.g., for data exchange and outcome measures
        - Implications of large, private sector partnerships for third-party access to health data
    - Patient Access to Information
        - Ensuring patient access and engagement in data exchange, maybe using the Trusted Exchange Framework and Common Agreement (TEFCA)

Aaron noted that members will be encouraged to have a robust debate at the September meeting of the HITAC and encouraged everyone to send in any suggestions, comments, questions, and specific examples by email. He asked HITAC members to consider the following general questions and specific topics while discussing the list of potential topics for the FY20 Annual Report:

- General Questions:
    - Are there any questions or comments about the draft list?
    - What other topics should be added to the draft list?
    - Should any topics be removed from the draft list?
- Specific Topics:
    - Improving information exchange for research, e.g., consent process for patients and for received data
    - Organ transplants use case
    - Ensuring patient access and engagement in data exchange, maybe using TEFCA

Carolyn Petersen wished safety and good health to all attendees. She noted that the ARWG brought forward nine pages of comments and topic areas from the last year's work as a starting point for the FY20 HITAC Annual Report, and this document has been expanded in light of the COVID-19-related suggestions and other current public health topics. Carolyn explained that the ARWG would organize all of the topics and suggestions and encouraged members to email any feedback to her or **Aaron Miri**.

Robert Wah thanked **Carolyn Petersen** and **Aaron Miri** for their work as co-chairs of the ARWG. He encouraged HITAC members to share any feedback about the FY20 Annual Report through the Adobe chat feature, by voice, or by email. No comments were submitted verbally, but there were several suggestions and points of discussion submitted in the Adobe chat feature.

EHR REPORTING PROGRAM DRAFT USER CRITERIA

Introductions

Robert Wah introduced **Seth Pazinski,** Director of Strategic Planning & Coordination, ONC Office of Policy, and **Christal Ramos,** Senior Research Associate, Urban Institute, who presented on the voluntary draft user-reported criteria under the EHR Reporting Program.

Seth Pazinski introduced himself and provided an overview of the purpose of the presentation, which was to discuss progress to date on the 21st Century Cures Act EHR Reporting Program and to discuss draft EHR Reporting criteria to be voluntarily reported by users. **Seth** noted that he would provide an overview of the progress to date in the EHR Reporting Program implementation, highlight the current progress and describe next steps.

The project team was comprised of staff from ONC, the Urban Institute (ONC's contractor), and HealthTech Solutions (subcontractor to the Urban Institute), and they used insight from the HITAC and public feedback as the foundation for their work. The Urban Institute considered additional background research and conducted stakeholder engagement activities. The initial results of the project team's work were published in a stakeholder input summary. The first outcome of the stakeholder engagement was the draft voluntary user reported criteria, which were published and are now available for a 60-day public comment period ending on August 10, 2020. **Seth** noted that, unlike the federal rulemaking process, any feedback received during the current virtual meeting of the HITAC would serve as public feedback for a revised set of voluntary user-reported criteria for submission to ONC. **Seth** described the next steps in the process, which will culminate in a revised set of voluntary user-reported criteria being submitted. Then, the Urban Institute will finalize a draft of developer-reported criteria, which will also be presented to the HITAC and made available for public feedback.

Background

Christal Ramos introduced herself and provided an overview of her presentation, which will include descriptions of the Urban Institute's progress developing the EHR Reporting Program and the voluntary draft reporting criteria for end-users. She encouraged HITAC members to submit feedback. She was joined by other team members from the Urban Institute, including **Fred Blavin, Emily Johnston, Gary Ozanich,** and **Kathy Frye** and subcontractors from HealthTech Solutions. **Kathy** posted the link to the website where the user criteria were shared.

Christal described the EHR Reporting Program and noted that it was mandated by the 21st Century Cures Act (the Cures Act) to provide publicly available comparative information about certified health IT through mandatory developer reporting and voluntary user reporting. The Cures Act included five key domains that the criteria should cover, including:

- Interoperability
- Usability and user-centered design
- Security
- Conformance to certification testing
- Other categories as appropriate

Christal explained that the EHR Reporting Program was needed due to limitations with existing comparison tools. In 2016, ONC identified 18 health IT comparison tools but found many had major limitations such as:

- High user fees to access information
- Methodological problems

- Lack of specific information on cost, usability, ability to integrate with other health IT, and quality reporting capabilities

A 2018 review conducted as background research for stakeholder engagement revealed additional limitations:

- Four tools are no longer available.
- Four tools cater to narrow, specialized audiences.
- Three tools only include information on product functionalities.

Christal explained that some stakeholders worry current tools may not meet the needs of all providers, especially those in smaller or more rural practices; these providers might have adequate resources or an IT department to inform purchase decisions. She discussed an example of this situation shared by a nurse practitioner, who runs her own practice. Then, she briefly described the timeline for the development of the EHR Reporting Criteria, which was included in the presentation slides and spanned the time period of August 2018 through June 2020.

Stakeholder Input

Christal described the various ways in which stakeholder input was collected in 2018, including:

- ONC Request for Information (77 comments)
- Public forums and office hours (7 states)
- Professional association conferences (4)
- Topical, virtual group discussions (9)
- One-on-one discussions with experts (9)
- Market research calls on existing EHR compare tools (3)
- Dedicated email inbox for public feedback

Christal presented the framework that summarized responses and priorities that stakeholders shared throughout the engagement process. These were depicted on a chart in the presentation materials, cross-referenced against columns that are the domains from the Cures Act, and included:

- Provide comparative information
- Promote developer transparency and accountability
- Promote safety
- Drive market improvements
- Fill information gaps
- Minimize burden
- Can be frequently updated

Christal explained the draft criteria development process. Based on the stakeholder priorities, the Urban Institute developed draft criteria from existing data sources, to collect from EHR developers, and to collect voluntarily from certified health IT users. Then, they revised measures based on feedback from subject matter experts (SMEs) and conducted cognitive testing and feasibility of the criteria with developers and users. This work was followed by a revision of draft criteria based on testing. Draft user criteria were posted on June 9, 2020, and draft developer criteria development continues and will be posted at a later date. Findings from the development process included:

- Not all stakeholder priorities feasible to capture through draft criteria
    - Some priorities too burdensome to collect

- Best source for different types of stakeholder priorities varied:
    - Users: usability
    - Developers: interoperability, privacy and security
    - Other sources: conformance to certification
- End users of certified health IT products include:
    - Clinicians
    - Administrative staff
    - IT staff
    - EHR specialists
- Cognitive/feasibility testing revealed preference for general criteria from:
    - Clinicians based on personal experience, or
    - IT staff about aggregate experience in their practice.

Christal paused the presentation to allow members of the HITAC to submit questions and comments, and **Robert Wah** noted that there had been discussion in the Adobe chat feature.

Discussion:

- **Steven Lane** reminded the HITAC that he was engaged as an advisor to the project and worked closely with the teams from the Urban Institute and HealthTech. He thanked them for their efforts to gain input from a diverse cross-section of the user community.
- **Terrence O'Malley** inquired about the usability of the assessment across the spectrum of care systems and beyond hospitals and the ambulatory care setting.
    - **Christal Ramos** responded that the project team focused on this question. Therefore, they developed their criteria to include long-term post-acute care, behavioral health, and other types of providers that were left out of meaningful use incentives. Because a requirement for the EHR Reporting Program focuses on certified health IT products, the project team decided to treat their stakeholders who used non-certified products as trading partners. In this way, they were able to increase the incentives for them to contribute information on how their products trade information with other systems. The stakeholders using non-certified products have more limits than those using certified products.
    - **Gary Ozanich** explained that the project team solicited input from long-term post-acute care stakeholders, both in terms of organizations that represent those entities and also individual state governments and described how they engaged in listening sessions with these stakeholders. Also, he noted that the focus was on certified health IT and echoed **Christal's** explanation about viewing some stakeholders as trading partners when evaluating how well exchanges and other activities with those partners were supported.
    - **Terry** commented that the effectiveness of interoperability is assessed by the end-user and emphasized the importance of soliciting feedback from those who are not traditionally engaged in the purchase and extensive use of health IT, like post-acute behavioral health.
    - **Christal** noted his comment and explained that the project team would continue to work on it.

Draft User Criteria: Interoperability

Christal Ramos continued with the presentation by providing an overview of the draft user criteria and explained that she would walk through each domain, pausing for specific questions or comments from members of the HITAC.

Christal began by addressing Question #5 from the Draft User Criteria Questionnaire in the presentation materials and noted that it is a multi-part question that allows users to comment on the usability of various interoperability functions that emerged as priorities for a stakeholder's process. She directed HITAC members to the Interoperability Draft Criteria Topics chart in the presentation materials, where user criteria were detailed for a variety of priority topics including:

- health information exchanges (HIEs) and health information organizations (HIOs)
- prescription drug monitoring programs (PDMPs)
- other providers and payers
- registries and other public health reports and data
- incentive programs

She asked members of the HITAC to share feedback on Question #5.

Discussion:

- **Alexis Snyder** submitted three comments:
    - Prioritizing HIE is important, and it is good to see it at the top of the list.
    - Consider replacing the term "ease" with another term, because "ease" is subjective and does not fully encompass the full meaning the project is trying to convey.
    - Interoperability may bring forward issues with the privacy of patients due to the ease of exchange and volume of exchanges between systems.
    - **Christal Ramos** responded that the comment was helpful
- **John Kansky** followed up on **Alexis'** comments and discussed how mechanisms and policies in different states are uncontrollable. Behind-the-scenes dependencies affect the ease of connectivity to a PDMP for an EHR.
    - **Christal Ramos** noted that this is a good point and requested additional feedback on the topic. She stated that the project team tried to focus on what is most reflective of the product itself and the product's performance and functionalities, which might be affected by policies at the state level.
- **Carolyn Petersen** reinforced **Alexis'** concerns around the term "ease" and noted that, while she appreciates the value of working in a way that does not increase the clinical or administrative burden, an emphasis on expediency can cause issues. There should be a balance between what is reasonable for reporting and measurement while ensuring that they achieve the desired outcomes in the systems.
    - **Christal Ramos** inquired if Carolyn would be willing to request an alternative term. The project team worked with a survey methodologist to structure the survey, including the wording and terms used, but they are open to suggestions. Would efficiency or effectiveness work as alternative terms?
    - **Carolyn** explained that she had not examined the survey closely enough to make a suggestion now but noted that the topic merits a broader discussion.
    - **Christal** acknowledged **Carolyn's** point.

- **Clem McDonald** noted that he would also like the word "ease" to be replaced and discussed the complexities of the exchanges. He suggested that the ability to deliver with HIOs and HIEs might be the focus. He asked the project team to continue to analyze the focus of the question.
- **Alexis Snyder** suggested using the word "seamless" as a substitute for "ease."
    - **Christal Ramos** questioned this suggestion.
    - **Clem McDonald** suggested "ability" or "capability" as potential substitutes.
- **Jonathan Nebeker** explained that he used to do research in this area 15 years previously and noted that **Raj Ratwani** currently performs this research. He encouraged the project team to reference the standardized instruments that can provide guidance and related work in social psychology.
    - **Christal Ramos** noted that Raj and his team have shared their work, so the project team will continue referencing it.
- **Carolyn Petersen** highlighted clinical burden and described the downstream effect for patients caused when interoperability does not work, and information does not flow. She stated that they need to think in ways that keep the patient from being forced to do things that cause more problems for people who are unable to solve them.
    - **Christal Ramos** responded that the comment was interesting.
- **Raj Ratwani** submitted several comments:
    - Standardized measures exist that would help the terminology.
    - They need to recognize that state/institutional policies will vary and will impact user experience and usability around PDMP.
    - Everyone should accept that there will be tension around the variability of many factors surrounding the state of health IT, and they should focus on capturing the information from the user's perspective regardless of variations in policies, implementation variabilities, product issues, and other sources of tension.
    - The information should be captured through the EHR reporting program now, and then a way can be found to stratify the data by policies and other issues that impact it. It is better to capture the data now, even if there are issues, than not at all.
    - **Christal Ramos** thanked him for his helpful point.
    - **Clem McDonald** noted his agreement with **Raj's** comments. He suggested that they also ask about the amount of information being exchanged in order to capture the net availability to determine the root of any issues.
    - **Emily Johnston** explained that there is a slide in the presentation materials that highlights the importance of stratification, and the goal will be to collect user criteria feedback points and information about the user to allow for data stratification.

Draft User Criteria: Usability

Christal Ramos continued with the presentation by providing an overview of usability draft user criteria and directed HITAC members to the related chart in the presentation materials, where user criteria were detailed for a variety of priority topics, including provider burden, quality and safety, and features and functions to

enhance usability. She highlighted Questions #6, #7, and #8 from the Draft User Criteria Questionnaire in the presentation materials and discussed the background work the project team completed with stakeholders in order to draft the specific wording of the questions, including the list of features and functions. Again, **Christal** asked members of the HITAC to share feedback on the questions and which functions should be prioritized.

Discussion:

- **Denise Webb** suggested using a degree of agreement scale instead of a satisfaction scale for Question #7.
    - **Christal Ramos** thanked her for the suggestion.
- **Alexis Snyder** submitted several suggestions:
    - There was a piece of text that told survey takers that they would need ten to 15 minutes to take the survey. However, the complexity of some of the questions would likely cause survey-takers to need more time, possibly closer to half an hour, which would require greater incentives for completion.
    - There should be a way to ask providers about the feedback they have received from patients through either increased burden due to the system or increased disruption to their privacy, inappropriately shared information, issues sharing information when it should be, and more. Patient feedback could provide more insight into the problems that interoperability is causing.
    - **Christal Ramos** responded that the ten to 15-minute time range came from the project teams testing process but noted that if any information was required from other sources; it could take longer.
- **Fred Balvin** commented on the potential variation on who would fill out the survey (clinician, provider, administrative staff, or health IT specialist) depending on how the survey would be distributed. This variation is a challenge that the project team is looking to address.
- **Jonathan Nebeker** referenced his comments in the Adobe chat around demonstrated variability by change management strategy and the forthcoming standards from the American Association of Medical Instruments on usability, which should be referenced.
    - **Christal Ramos** thanked him for his comment.

Draft User Criteria: Security

Christal Ramos requested confirmation that the comments in Adobe would be saved, and **Robert Wah** assured her that all comments would be captured. Then, **Christal** continued the presentation by providing an overview of security draft user criteria and directed HITAC members to the related chart in the presentation materials, where user criteria were detailed for priority topic of overall privacy and security. She noted that the project team did not get much feedback on this topic, which is related to Question #13 on the questionnaire, which was an overall satisfaction rating plus an open-ended comment box.

There were no questions or comments submitted verbally from members of the HITAC regarding the security draft criteria.

Other Draft Criteria Topics

Christal Ramos continued with the presentation and noted that none of the slides reflects the conformance to certification in terms of a domain for the user criteria given from developers or other data collection sources from the certification process. The next slide in the presentation focused on a catch-all category

because the remaining priorities did not fit into the existing domains of the Cures Act but were highlighted by stakeholders in the extensive amounts of feedback given during the project team's process. User criteria were detailed for these priority topics, including satisfaction, pricing and cost, support for standard use, and contractual information. **Christal** asked members of the HITAC to share feedback on the related questions from the questionnaire.

Discussion:

- **Denise Webb** submitted several comments:
    - In her experience, when the State of Wisconsin administered a similar survey, consideration of ordering and disseminating the survey was a need because several questions could only be answered by a very small number of employees in the responding system.
    - The project team should consider how users in a large group practice will be able to answer the survey quickly and efficiently if they all need to consult one or two specialized people in their system for information needed for one or more questions.
    - **Christal Ramos** thanked her for the suggestions.
- **Clem McDonald** suggested that the project team create one or more questions to assess how long it takes for a provider to complete a single event, like entering an average order. Time lost has been a point of concern for providers, and it would be good to capture this information.
    - **Christal Ramos** thanked him for the suggestion.
- **Raj Ratwani** submitted a question and a comment:
    - Could Christal recap all of the patient safety elements that are sprinkled throughout, on the interoperability and usability sides, as a way to start a discussion around opportunities to introduce more patient safety-focused questions?
    - Add something around, allowing the vendor to respond to a reported safety issue or other high priority usability issue.
        - **Christal Ramos** thanked him for the question and suggestion. She noted that the project team received helpful input from experts, and the experts suggested baking safety in throughout the criteria instead of highlighting it in its own section. She provided context for the decision and asked the members of the project team to provide additional commentary.
    - **Gary Ozanich** explained that conceptualizing the issue of patient safety and capturing the knowledge of this issue was a challenge when the project team interacted with stakeholders. The feedback the team got from stakeholders showed that they are more concerned with issues of privacy than safety, and this feedback came in the context of workflows in the area of clinical decision support as opposed to certification criteria. Capturing this in the questionnaire was a complex issue.

- **Raj** agreed that this is a complex process that is difficult to capture in a structured format but highlighted the importance of capturing providers' concrete descriptions of interactions with the EHR that made them feel uncomfortable or that they had committed errors. There are few other ways to capture this information, so the group should meet offline to discuss other questions that could be introduced. This point is a critical concern that should be addressed, even as they work to keep the survey at a manageable length.
- **Christal** inquired if **Raj's** question regarding whether providers would be asked to recount a moment where there was a risk to safety or error should be open-ended or a yes/no question.
- **Raj** responded that it could be asked in several ways and suggested structuring it as an open-end question that asked, "How frequently do you interact with the EHR and see some of the associated patient safety risks? What are the risks?" He suggested that they should try to determine if the interactions are happening regularly or if they are an anomaly.
- **Gary** commented that developers shared feedback that the issues were related to the implementation and use of the product and not the product itself. The project team worked to develop their questions to distinguish between the workflow, the implementation, and the product. It is a complex issue.
- **Raj** agreed on the complexity of the issue but noted that the questionnaire should be used as a tool to identify areas that require further focus. Feedback on potential safety issues in a particular implementation would signal a need to analyze the implementation for ways to fix the safety issue(s) and not be used to punish the vendor.
- **Christal** noted that this was a helpful discussion and that there might be multiple purposes for information collected. She suggested returning to the bigger picture topics at the end of the presentation.

Product and User Characteristics

Christal Ramos provided an overview of product and user characteristics gathered from stakeholder feedback. She directed HITAC members to the related chart in the presentation materials, where user criteria were detailed for the priority topics of product characteristics and user characteristics. She noted these are related to Questions #1 and #2 and #18 through #24 on the questionnaire and asked members of the HITAC to share feedback on the related questions.

Discussion:

- **Alexis Snyder** submitted two suggestions:
  - Add another part to Question #23 to gather information about the percentage of patients that have more than one payer/insurance, including those with private insurance, Medicaid or Medicaid/Medicare, or tertiary care.
  - Change the wording in Question #24 to avoid the word "struggling."
  - **Christal Ramos** thanked her for the points.
- **Sasha TerMaat** confirmed that the product's characteristic is multi-select.

- **Sheryl Turney** thanked the presenters and inquired where a product like *Availity* would be captured, as the survey focused mainly on EHR systems. She explained that thousands of providers exchange data through Availity via a portal that has been put out by multiple payers, thus giving these payers a sort of a common interface that fulfills some of the capabilities of data sharing.
    - **Christal Ramos** explained that the project team struggled with this point, and she called on other team members for their input. The challenge is that the reporting program is for certification purposes, and, from a user's perspective, that would entail information on the EHR.
    - **Sheryl** inquired if an open-ended question could be added to capture information about other tools used for data interoperability. Physicians, who may be filling this questionnaire out, might not be as familiar as administrative staff are with which tools are used, so this would be an additional means of gathering information.
    - **Christal** noted the point and highlighted the need for customized questions for different types of users.
    - **Sheryl** discussed a scenario from her personal experiences and noted that implemented *Open Notes* in the patient portal of the EHR system allows the patient to see much more of their data.
    - **Christal** thanked her for the point.

Christal thanked everyone who submitted feedback and explained that the project team's initial goal was to include as many of the settings that touch all of the types of care and the different types of products as possible. Then, they narrowed their focus through the feedback and testing processes, but the team is thankful that the HITAC members highlighted several additional items through their helpful feedback. In conclusion, she highlighted several discussion questions and encouraged HITAC members to consider the following questions and to share responses:

- Which draft criteria would you prioritize for inclusion in the EHR Reporting Program, and why?
- Which draft criteria should be rephrased, reworded, or removed?
- Should voluntary user-reported criteria include only reporting on the most recent version of each certified health IT product? Or, should voluntary user-reported criteria include all versions of each product?
- What types of users of certified health IT are most likely able to report on the criteria (e.g., clinicians, administrators, IT specialists)?
- What can motivate voluntary reporting by certified health IT users?

Discussion:

- **Terrence O'Malley** highlighted the point that there are multiple questions in the questionnaire that would be best answered by specific users in different types of roles (clinicians, admins), so the project team should consider parsing the survey into several, similar surveys. These would contain specific questions directed at each role in the group that they can easily answer.
    - **Christal Ramos** suggested sending the survey to the practice level with instructions to help determine the best respondent, similar to the method they have used with Medicaid surveys. However, this could create an additional burden.
- **Alexis Snyder** submitted two suggestions:

  - They could use branching knowledge within the survey to cut down on time for the user; if they cannot answer the questions because of their area of expertise, the branching logic would either lead them to another area of the survey or open a new series of questions.
  - It is difficult to motivate people to report when their systems are already burdensome, so the survey could offer free training to the user from their system vendor in exchange for the user's voluntary participation.
  - **Christal Ramos** thanked her for the tangible suggestions.
- **Robert Wah** noted that the public comment period, scheduled for 12:15 p.m. ET, would be earlier than stated on the agenda. He asked those who were waiting to place a public comment to be prepared to submit their comments earlier.
- **Clem McDonald** noted the consensus around the fact that different parties would best answer different questions in the survey. However, due to the compressed amount of time for the survey to be completed, it might be best to pick the most useful questions, overall, and not try to tailor or direct the survey to specific users to complete.
  - **Christal Ramos** noted the comment.
- **Denise Webb** discussed the deployment of the survey and suggested that it should be very well orchestrated with a plan to recruit organizations to pledge to complete it. With a point of contact/liaison at each organization that launches the survey, there will be a greater endorsement by leadership; also, the liaison could be tasked with branching the survey through their organization to ensure that the right users contribute to each question.
  - **Christal Ramos** thanked her for the comment and stated that the upfront work to get the right people to participate from an organization would be helpful.
  - **Denise** noted that based on her experiences hearing about providers' concerns about their EHR systems, users will need time to share their responses, which will be used to be sure that they can make better decisions about health IT products.
  - **Christal** responded that presenting the survey as an opportunity for users to share information with each other is a good idea.
- **Clem McDonald** suggested that, instead of having every practitioner in a practice fill out the survey, primary care and other heavy users of the systems should be targeted over specialty.
  - **Christal Ramos** noted his point and stated that there would be an imbalance in the sampling process if one organization has one person fill out the survey while another has hundreds respond. They should be deliberate in targeting.
  - **Clem** suggested that the heaviest users of the system be targeted for their responses. These users could include primary care, pediatrics, etc.
  - **Jim Jirjis** noted his agreement with **Clem's** point that there are some specialty surgeons and other users who barely use the EHR system, so they would not give the most useful responses. The survey could target the top 50% of users to avoid sampling errors.
  - **Clem** and **Christal** commented that this was a good point.
- **Ken Kawamoto** suggested that the methodology should be standardized, and information should be shared about how the reporting user was recruited to fill out the survey. System champions will give different responses compared to users who barely use the EHR system.
  - **Clem McDonald** and **Christal** commented that this was a good point.
- **Jim Jirjis** explained his experiences surveying doctors and stated that, in his opinion, there are two kinds: some, who are invested in going to training and learning about new tools, will be able to highlight deficits in the system; others, who never bothered to learn about their EHR systems, will submit very different feedback. When assessing the EHR, a more sophisticated user will provide more useful information.

    - **Christal Ramos** affirmed this statement and noted that who fills out the survey is important for the results.
- **Clem McDonald** voiced his approval of **Ken's** comment and noted that getting the most frequent users to provide answers in a systematic way would be best.
    - Christal Ramos noted the comment.
- **Christal Ramos** explained that she is looking for more feedback on if the survey should focus on the most recent versions or not.
- **Jim Jirjis** highlighted the need to focus on the latest release to allow users to justify decisions and expenses related to feature purchasing. He discussed his experiences with *Meditech Magic*.
    - **Christal Ramos** noted that the feedback to the developer on other versions that they can still make modifications to is useful.
    - **Jim** noted that lots of modifications are being made.
    - **Christal** thanked him for his input.
- **John Kansky** directed his comment to ONC and noted that the law that gave this task to the federal government struck many as an odd request when it came out. He stated that it seemed like ONC was being asked to do consumer reports for EHRs, and he asked for opinions on the topic and if there was a precedence for it in other industries. Is there a vision for ONC for evaluating and publishing comparative information on products?
    - At **Christal Ramos'** request, **Seth Pazinski** responded that the law as specified was clear in that the work to establish the program was going to be done by ONC but through a procurement. Also, aspects of the program include the developer and user pieces, so there are two distinct aspects to the program. There are conditions of certification on the developer side.

In conclusion, **Christal Ramos** noted that the final presentation slide shows the email address HITAC members may use to submit additional feedback. She thanked everyone for their helpful comments and feedback. **Robert Wah** thanked **Christal** and her team members for the presentation. Then, he noted that the meeting was running ahead of schedule and asked to begin the public comment period.

PUBLIC COMMENT

Lauren Richie opened the meeting for public comment, and there was one public comment submitted by phone:

Shelly Spiro: Thank you. Good morning. My name is Shelly Spiro. I'm the Executive Director of the Pharmacy HIT Collaborative, representing over 250,000 members of the Majority National Pharmacy Associations, including pharmacy education and accreditation. Our members include key pharmacy organizations involved in health IT, including the National Council for Prescription Drug Programs (NCPDP), 13 associate members representing e-prescribing, health information networks, pharmacy companies, system vendors, and other organizations that support pharmacist services.

A major focus of the Pharmacy HIT Collaborative is to ensure pharmacists in all practice settings, community health system, hospital, managed care, behavioral health, long term, and post-acute care are integrated into the national health IT structure. With a wide adoption of the pharmacist e-care plan effort using CCDA and FHIR standards, we agree with Dr. O'Malley's comments to assure nontraditional EHR vendors are able to certify for interoperable exchange of clinical information. This includes pharmacy system vendors.

PHIT is the steward of over 650 SNOMED CT codes in over 100 value sets within the National Library of Medicine's value set authority center to standardize the collection of documentation and sharing of medication related pharmacist provided clinical services with standards, such as the pharmacist e-care

plans. The Pharmacy HIT Collaborative supports the efforts of USCDI. Thank you very much for allowing me to comment today.

Questions and Comments Received via Adobe Connect

clemmcdonald: I am here

Sanjeev Tandon: Sanjeev Tandon is here from CDC. Listenng *[sic]* in, on behalf of Adi.

James Ellzy: Dr. Ellzy from DoD is here.

Christina Caraballo: anyone else's phone drop? Trying to get back in

Christina Caraballo: I'm back :)

Lauren Richie: Hello Clem, Sanjeev and James

Jonathan Nebeker: Hello

Alexis Snyder: Hi Laurem. *[sic]* Not sure my phone was unmuting when I said good morning, I am here

Lauren Richie: hi Jonathan, and confirming Alexis

Andy Truscott: Morning - I'm here, languished in the Virtual Lobby for too long.

Lauren Richie: GM Andy

Leslie A Lenert: This is Les Lenert--I am on the call now

Lauren Richie: hello Les

Tina Esposito: Tina Esposito is on the call now

Lauren Richie: GM Tina

Elaine Hunolt - VA: I've been on, back up to Jonathan Nebeker for VA. He is also here. I heard my name called earlier. Thanks!

Lauren Richie: GM Elaine, thanks

clemmcdonald: I don't think I n *[sic]*

clemmcdonald: have talk permission

Lauren Richie: Clem - please call the phone number in your calendar meeting invitation

Jim Jirjis: Jim jirjis just joined

Lauren Richie: GM Jim

Jim Jirjis: sorry late

Arien Malec: ere's *[sic]* a reference to previously published recommendations that include IP & cost considerations as standard & interoperability criteria: https://www.healthit.gov/sites/default/files/pdf/2012Aug30_HITSC_NWHIN_Transmittal.pdfhttps://www.healthit.gov/sites/default/files/pdf/TransmittalMemo_HITSC_083012_NwHIN_FINAL.pdf & how the National Coordinator should support standards advancement. https://www.healthit.gov/sites/default/files/facas/SITF_Transmittal_Letter_2015-03-25_.pdf

Steven Lane: A data element that Public Health has identified as beneficial to their uses is Date of Diagnosis to support measurement of disease Incidence.

Steven Lane: The Organ Transplant community is VERY interested in contributing data classes/elements to the USCDI promotion process.

Alexis Snyder: Where do we forward comments?

Aaron Miri: Alexis - to any of us on the ARW please. Or send to me and carolyn and we are happy to compile.

Alexis Snyder: Great-will do!

clemmcdonald: seems ku *[sic]*

clemmcdonald: seems like the

Kathy Frye: Website for public feedback on draft user criteria: https://www.urban.org/policy-centers/health-policy-center/projects/electronic-health-record-reporting-program

Gary Dickinson: Link to HL7 Reducing Clinician Burden Project Website: https://wiki.hl7.org/Reducing_Clinician_Burden

clemmcdonald: sorry— seems like the list of topics should include use of technology to identify and contact trace as has been adopted successfully in some country. We seem to be paralyzed about any tminiscule *[sic]* risk to privacy when thousands of people and the economy is dying.. The deep challange *[sic]* is the safety of the person who is susceptible to COVID19 and privacy of the person who has it. touch to deal with all of the special issues, but should focus on the trade offs between the privacy of one agains *[sic]* the death of another

Sheryl Turney: CLem, *[sic]* CARIN recently heard an update from Apple *[sic]* and Google on an effort they are piloting on exposure notification that is similar to contact tracing but appears to address some of the privacy issues. I will send the link.

Sheryl Turney: https://blog.google/documents/73/Exposure_Notification_-_FAQ_v1.1.pdf'

Robert Wah: Thanks to those for feedback on activities on Covid19 and CommonsProject on the private chat. For the larger group:

Sheryl Turney: https://www.google.com/covid19/exposurenotifications/

clemmcdonald: Sheryl. thanks, i am know a bit about it. And it seems they have threaded the needle successfully. But there are hesitations and resistance and while we hesitate Rome burns. think we need a frank discussion about *[sic]* pushing this process. and ways to make it really work.

Robert Wah: CommonsProject has now released CovidCheck.org in 9 languages and have partnered with major university to use it for Back to School monitoring as well as a number of employers for Back to Work. It may also link with CommonHealth for clinical information neeeded. *[sic]* CommonHealth and Apple Health may also support work on CommonPass for intra country travel and air travel. IDEO is working on design on CommonPass and World Economic Forum is adding their work on border crossing app that they have been working on for past 18 months (pre Covid). Common Health is now in the Play store for download as well. There is also talk about using lab criteria to trigger contact monitoring like those worked on by Apple/Google.

Sasha TerMaat: Adding another example to John's point, the ease of the process of MIPS or PI attestation is heavily influenced by CMS's portals and systems, which is not related to the EHR product.

Vic Eilenfield 2: Ability to, Capable of (versus ease of)

Alexis Snyder: Seemless *[sic]* rather than ease?

Alexis Snyder: Coordinated? Lessen the burden...

John Travis: Ease is a vague concept - shouldn't part of the evaluation be the workflow by which exchange is enabled? End users do not particularly directly "engage" in interop - they engage in workflow that may trigger exchange to occur....is htat *[sic]* in scope?

Jonathan Nebeker: There are standardized adoption and use instruments for IT. Please reference those. There are several concepts here that need to be considered about self-eficacy, *[sic]* speed, etc.

Alexis Snyder: Ability to seemlessly *[sic]* deliver or coordinate

Denise Webb: Needs a degree of agreement scale to the ability to do each of these types of exchanges rather than an ease scale

Alexis Snyder: it also becomes a burden in the information *[sic]* goes somewhere when patient didn't want it to and should have been accessed

Alexis Snyder: *shouldn't

John Travis: Perhaps ease is better understood as exchanging what is usable to the recipient - is the informatoin *[sic]* codified in standards recognized by certification? Are other providers known as addressable recipients by virtue of how they are able to nbe *[sic]* identified to the patient such as may be done for supporting the CMS interoperability and patient access rule ATD notification requirements

Jonathan Nebeker: Yes @ Raj on implementation variablity. *[sic]* Please reference KLAS Arch collaborative that demonstrates HUGE variablity *[sic]* across institutions with the same EHR vendor.

Denise Webb: Great points Raj

Jonathan Nebeker: Please note that stratifiction *[sic]* on state or other factors will not adequately control for variation in user eperience *[sic]* driven my unmeasured confounding by change-management strategy.

Jonathan Nebeker: Additionally, American Association of Medical Instruments is promulgating national standards on EHR safety, which includes usability. Any Federal approach to usablty *[sic]* should impliciltly *[sic]* reference these emerging standards now and explicitly *[sic]* after those standards are released.

Brett Oliver: In my exeperince *[sic]* and for transparency, the chances of getting front line providers to complete a 15 minute survey is limiting

Terrence O'Malley 2: Another potential metric to seek from end users is the amount of time it takes to do a specific task. The advantage is that it is quantifiable and can be used to assign a "cost" of the completing the function.

Alexis Snyder: Again a place for feedback about how this may have effected *[sic]* the patients

Steven Lane: As our chair has utilized this forum to share successes of projects beyond HITAC, I will offer an update regarding Electronic Case Reporting (eCR) which we discussed previously: Carequality has now published its second ever Implementation Guide supporting eCR by clinicians to public health leveraging the Carequality Framework: https://carequality.org/wp-content/uploads/2020/06/Electronic-Case-Reporting-Implementation-Guide-v1.0-adopted-6-4-2020.pdf Carequality Implementers, e.g., EHR vendors, are now determining whether/how/when they can support this IG so as to make eCR available to providers who are Carequality Connections but have not connected to the eHealth Exchange.

Steven Lane: Recall that eCR utilizing Direct messaging is currently available to providers whose EHRs support this functionality and are connected to eHealth Exchange. In addition to the original four organizations live with full eCR under the auspices of the Digital Bridge project, there are now 15 organizations live with COVID eCR. 14 additional organizations are implementing COVID eCR and 4 are implementing Full eCR leveraging 3 different EHR vendors. Also, eCR via the eHEx Hub as an alternative to Direct transport is in final implementation. Finally, an eCR FHIR app has been published and is being implemented by a number of additional EHR vendors: https://ecr.aimsplatform.org/ecr-now-fhir-app

Steven Lane: • Carequality has also finalized an interim Public Health Query Policy that supports public health agencies in leveraging the national interoperability framework to query clinicians and other Carequality Connections for up to date clinical information regarding individuals with COVID-19. This provides a powerful new tool to support provider-public health interoperability which is now being actively implemented in multiple states. https://carequality.org/wp-content/uploads/2020/05/Carequality-Policy-on-Public-Health-Queries-During-COVID-19-Emergency-Adopted-5-7-2020.pdf In the absence of federal guidance in this area, this policy depends on the public health agency requesting data to assert that queries for C-CDA documents, as currently provided by EHRs, satisfies the HIPAA Minimum Necessary requirement for non-Treatment queries by public health.

Alexis Snyder: The survey asks who is completing it i.e. admin, support person etc where is more needed?

Tammy Banks 2: Is this survey designed for users of Health IT Certifified *[sic]* EMR vendors?

Lauren Richie: To members of the public, we are running ahead of schedule. If you would like to submit a public comment, please dial 1-877-407-7192 (once connected, press "*1" to speak)

Alexis Snyder: Complex care providers would be hevy *[sic]* users

Alexis Snyder: *heav

Denise Webb: You need a statistically significant sample for this survey to have any meaning

Alexis Snyder: amd *[sic]* complex specilaites *[sic]* such as rare disease

Brett Oliver: Please, as you are designing the feed back *[sic]* process / survey, do not forget the small independent practice. I hear a lot of discussion regarding "organizations" and "institutions" - the majority of small practices would have a very different view (no IT team or designated support team, etc.)

Alexis Snyder: although with less expereince *[sic]* comes user difficulty *[sic]* so better to take sample across many types of users to avoid bias

clemmcdonald: I have a meeting which I have to attend at noon. Apologize if I miss some. important discussions.

Jim Pantelas: Thanks eveyone. *[sic]* This was a good meeting.

Don Rucker: Thank you everyone! Enjoy your summers. Don Rucker

Don Rucker: Not on voice - no remarks.

Sheryl Turney: Reminder that the ICAD task force meets Tuesdays at 3pm through the summer

Sheryl Turney: ET

WRAP-UP AND FINAL REMARKS

Steven Lane asked to submit a final comment and thanked **Robert Wah** for sharing information on the work he is doing with CommonHealth. **Steven** noted that he had shared information in the Adobe chat feature, including web links, about the progress that is being made with electronic case reporting. He thanked Robert for opening up the opportunity to share this information. **Robert** noted that he was glad to share the information about CommonHealth's work to standardize the flows of lab information, and **Steven** thanked him again.

Lauren Richie reminded the HITAC that ONC will host the 2020 Tech Forum, convening industry experts and federal partners to continue the summertime tradition started with the "Interoperability Forum" in 2017. Technical innovations that are happening in health IT and have the potential to revolutionize the delivery of healthcare in support of improved health outcomes will be discussed at the conference, which will take place virtually on August 10th and 11th.

Carolyn Petersen thanked the HITAC members for attending and for contributing to the rich discussion around the EHR Reporting Program user criteria. She welcomed members to the July and August meetings of the ARWG.

Robert Wah thanked everyone for participating. He stressed the importance of the monthly HITAC meetings and recommended that members review the infographic of the HITAC's accomplishments, which, he noted, have been impressive. He requested that any additional comments, suggestions, or feedback be submitted to himself or **Carolyn Petersen.**

ADJOURN

Lauren Richie reminded members that the HITAC will be taking a summer break from their meetings and that the next meeting will take place on September 9, 2020.

Donald Rucker commented from the Adobe chat feature and thanked everyone for their comments and asked them to enjoy their summers.

Robert Wah thanked everyone, and the meeting was adjourned at 11:55 a.m. ET.