The Office of the National Coordinator for Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) ANNUAL REPORT WORKGROUP MEETING

August 6, 2020, 9:00 a.m. – 10:30 a.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Co-Chair
Carolyn Petersen	Individual	Co-Chair
Christina Caraballo	Audacious Inquiry	Member
Michelle Murray	Office of the National Coordinator	Staff Lead
Cassandra Hadley	Office of the National Coordinator	HITAC Back Up/ Support

Call to Order/Roll Call (00:00:00)

Operator
Thank you. All lines are now bridged.

Cassandra Hadley
Thank you. Good morning everyone, and welcome to the Annual Report Workgroup call for our continued discussion on report topics. Today we have with us co-chairs Carolyn Petersen and Aaron Miri and Workgroup member Christina Caraballo. And I'll hand it over to Carolyn now to get us started.

Opening Remarks and Meeting Schedules (00:00:19)

Carolyn Petersen
Great. Thanks, Cassandra. Welcome, everyone. Good morning, I think we are meeting a little earlier than we usually do, but it is great to get a good start on the day. I hope everyone is having a good summer **[audio breaks up] [00:00:32]**, and I look forward to making more progress today. And I will pass the mic to Aaron.

Aaron Miri
Yes, good morning. Hello, everybody, and thank you for joining us this morning; it is bright and early, but it is a beautiful day. I hope everybody is being safe and that you and your families are staying safe. And let's get this thing started and get into these topics.

Carolyn Petersen
All right!

Aaron Miri
Carolyn, do you want to kick it off, and then I will pick it up halfway through?

Carolyn Petersen

Sure. So, as we have on our agenda, we will review the meeting schedules and topics, and then finish up our list of potential topics that we have been discussing the last couple of meetings, and then start into the crosswalk, which I think will be interesting and it tends for a lot of good discussion. Then we will wrap up with public comments and a quick review of what our next steps are. Next slide, please.
So, I think we are all pretty familiar with this slide at this point. We are on our fourth meeting, and we have got it looks like seven more to go. But we have a good six-week break there before our next gathering, which will be September 16, the week after the next full HITAC meeting. Next slide, please.

And then, here is kind of where we are at in terms of bringing forth our product to the full committee; we will have a brief update at the September meeting, we think some more substantial discussion with HITAC members in October and November. And then, we will look at the draft of the final document in January 2021, and look to get approval in February so that document can go to the National Coordinator and then on to Congress in March. Next slide, please.

So, let's get into that document, the topics that we have been talking about for the last few meetings. Next slide, please. And we are scaling down to Page 7; we have gotten quite a lot done so far. And I am going to put on my glasses and see if I can read this. I think, at this point, we have a number of things that have been carried over from previous years' discussions and previous reports. And we could spend a lot of time rehashing these, or we can just kind of go through the list one by one and say: yeah, we are keeping this again, or is this something we have covered so adequately elsewhere that we do not need to call it out separately, or is it something we can take off the list now because the world has moved on?

So, I see the first topic is health information exchange, and this looks like the new study on care coordination across specialties, New York cost savings from HIE use, there was an AHA survey and data briefs. This again gets into interoperability area, and it was something suggested by ONC and our partners on the report.

Discussion of List of Potential Topics for HITAC Annual Report for FY20 (00:03:39)

Aaron Miri
Yes, I mean, to me, Carolyn, it is a no-brainer, we keep it. But I do think we cover in it multiple areas, but this continues to get more and more critical. In fact, another – to this, another HITAC member, John Kansky, Indiana, they did some fantastic COVID-19 HIE work that was published recently that I read and resolved. So, there is some good work going on out there about HIEs and the power and value of HIEs.

Carolyn Petersen
Okay. Christina, your thoughts?

Christina Caraballo
It sounds like something we should keep. I like the approach of what you said, just let's go through this list, yes/no.

Carolyn Petersen
Okay. Then I will do the abbreviated version for all the rest. Unique device identifiers, how do we feel about that?

Aaron Miri
The world has definitely not moved on – they have not moved on from UBIs. But I mean, besides like the few charitable trusts and some other good work going on, I really have not seen too much recently about UBIs; Christina, what do you think?

Christina Caraballo
It came up a couple of times in our group meetings under USCDI, so I hesitate to take it off.

Aaron Miri
Yes, I think it is important, I just have not seen recent topics on it. But I mean, it is critical, right? I mean, we need to know, you need to have lineage of what happened when the patient got a medical device and where the medical device came from and if it needs a recall, so it makes sense to me.

Carolyn Petersen
We can keep it on the list and just bill it probably like others as an ongoing concern with no particular issues right now. I think it is fair to say we have an open list of things that we are always watching for new developments, even if we are not wrapping our arms around it at any given day.

Christina Caraballo
Yes, and one thing to note as we continue to kind of expand upon telehealth and remote monitoring, this might be something that just becomes like when we do our crosswalk, a topic that has a dotted line that is becoming increasingly important as those initiatives continue to expand.

Carolyn Petersen
Yes. Okay, sharing data with the research community?

Aaron Miri
It is huge.

Carolyn Petersen
Okay. Health IT support for opioid epidemic response. This feels like it has kind of fallen by the wayside in the whole COVID situation, but I have also seen stuff that talks about how the opioid epidemic is getting worse because of the way we have had to deal with the pandemic.

Christina Caraballo
Yes, I agree with that statement; it is a major issue.

Carolyn Petersen
HL7 FHIR Standard?

Christina Caraballo
I know it is part of the NPRM; I do not know how we can say that it is not on the list, but.

Aaron Miri
I mean the only thing I would add –

Christina Caraballo
[Inaudible] [00:06:51] – go ahead.

Aaron Miri
Yes, not just FHIR but also maybe APIs, right. I mean, which is a little different in general. But you are right, FHIR was covered in the NPRM.

Carolyn Petersen
Okay, next one is for data generated outside the HIPAA framework. It is on my radar, obviously, but I am one person, so.

Aaron Miri
Yes, I mean, just look, and you just saw 23andme just got acquired, what? A day ago, two days ago, or whatever they are doing. And I mean, by some European giant that is going to get all that data now. I mean, look, I have been saying this for years now, these companies that pull out of jurisdiction of HIPAA are a problem, right? In terms of consumer privacy and trust. So, I think it is a huge issue.

Christina Caraballo
I would agree with that.

Carolyn Petersen
And international data exchange and privacy considerations?

Christina Caraballo
Well, as much as I support this topic, I have not heard it much lately.

Aaron Miri
I have not either. And in fact, there was a recent thing I read that the European Union is considering either redoing this or pulling back portions of it. Apparently, there is a lot of legal action going on in Europe around it. I am not the expert on this; we would have to get the OCR and others to weigh in to tell us. But there has been some movement on this topic in general, so I am curious what will end up standing. But to Christina's point, I mean, besides having to comply from it with data sharing and companies that we do research studies with in Europe and others, I have not heard this really taking too much of an effect on US hospitals; maybe it is just not in the mainstream media.

Carolyn Petersen
Well, and I think a lot of hospitals do not really get into international patient care so much, I think it is more of the academics still, but.

Aaron Miri
Right, or like research, right? Yeah, exactly, exactly.

Carolyn Petersen

I mean, I am feeling okay about leaving it on the list just because we live in a global world now and I think that there will be some –

Aaron Miri
Agreed.

Christina Caraballo
I agree with that.

Carolyn Petersen
– some people that will find that to be a problem or a concern. Okay, state data exchange and privacy considerations, this is kind of like the other side of the national level.

Aaron Miri
Yes, absolutely. Yes.

Christina Caraballo
Yes, I think this is a big one.

Carolyn Petersen
And cybersecurity?

Aaron Miri
No, nobody cares about cyber – absolutely, absolutely.

Carolyn Petersen
So important when you're living in a pandemic.

Aaron Miri
I think even more important during a pandemic, believe me, jeepers.

Carolyn Petersen
And patient control data collection, access, and sharing?

Aaron Miri
Yes, especially –

Carolyn Petersen
Sounds like **[inaudible] [00:09:46]** you guys would care, but.

Aaron Miri
Yes, this is – yes, this is critical; this so critical and such an issue in terms of standardization and harmonization of what happens where and that whole health equity conversation we have been having, like just amazing how much work needs to be done here.

Carolyn Petersen
Christina, what do you think?

Christina Caraballo
Yes, I 100 percent agree, very important.

Carolyn Petersen
Machine learning and AI in healthcare?

Aaron Miri
Yes. You know, it is interesting, I do at some point, want to propose here to HITAC that we come up with a definition of what we believe artificial intelligence or augmented intelligence actually means. Again, I love our friends that are in the marketing world and non-healthcare-provider world, but this term is being really misused in the general space, and it is starting to creep into provider language because they are not understanding what artificial intelligence or augmented intelligence actually means. So, I think it is important because we need a clarity, and we need to start really defining: what does this mean?

Christina Caraballo
Yes, like looking at it through that lens, Aaron.

Aaron Miri
Yes.

Carolyn Petersen
Sounds good to me. Let's go on. And then finally, digiceuticals, our old friend. I have to confess, I have not seen a lot on this recently, but then, I have not seen a lot on anything recently except COVID, so I would not assume that –

Aaron Miri
Yes. So, having crawled this space for some time and looking at this, it was very, very much an issue that was burning at the beginning of the year; it tended to quiet down. And so, to refresh everybody's mind, digiceuticals is a software or some sort of technology mechanism that is meant to treat a comorbidity, or some sort of condition via electronic means; so sleep apnea, all those kinds of things. And if you recall, before COVID hit, the whole spectrum was open; now, everybody has seemed to focus, to pivot on COVID-related items, whether it is home temperature monitoring or something to that effect, or enabling telemedicine. So, this space got quiet, but I do not necessarily know if development stopped; I am sure development has gone on, we just have not heard about it.

So, to me, I think it is important to keep on the list to understand where is this market going. Because the worry, as we have all had, is a couple of components: One, there is a fiber component; two, there is a privacy and security, obviously, component where does HIPAA stop and start, what is FTC component; and then three, there is the patient side of things which is how do they know how to take charge of their own health information, and what kind of recommendations they can take and those sorts of things, and how is this whole thing regulated and controlled, right? So, that we do no harm. That whole dynamic still needs to be explored, in my opinion.

Carolyn Petersen
I agree. And then, we have this other list of other potential topics; it looks like they largely come from ONC and AI. OCR patient right to access, that kind of dog tails on what we just talked about in terms of the importance of patient right to access. Health IT certification violations and enforcement by the DOJ and HHS-OIG. There is the ONC research agenda, the burden reduction that has been a thrust of ONC activities over the last year and probably even further back. PrecisionMed, ONC and the PrecisionMed initiative. The A-activities seems like –

Aaron Miri
I would add with the VA – the only component I would add, I think this is great, the VA one, though, I also would say the Health Information Exchange, you can call it one of the HITACs – I think one of the COVID HITACs that we had in March or April, it was during that timeframe. We talked about the DOD, VA, data sharing that was going on, particularly as they migrated or migrating to the Cerner platform. And then, tying that back to Commonwealth that was an initiative that the DOD and the VA were going to start sharing data with Commonwealth to start getting data out there in the community and vice versa. Again, it was specific around COVID, but I think in general. So, I do think the Department of Veteran Affairs activity is important, but we should add health information exchange from the VA and the DOD to the general community and back and forth because so many of those service men and women are flowing into our hospitals and what-not, and we want to make sure that data that is following them is appropriate.

Carolyn Petersen
That is a good point. Yes, I would think, especially in COVID times, you would be seeing even more of that because people are not in a position to schedule visits and care.

Aaron Miri
That is right.

Carolyn Petersen
They have to do it now.

Aaron Miri
That is right.

Carolyn Petersen
The health IT response to the COVID-19 pandemic, I am assuming that we will have a section on that just because we had a couple of meetings that were pretty heavily focused on that. Are there are more topics on another page? Yes, I think there are a couple more. And of course, reimbursement is part of that. More issues related to the COVID pandemic. There are a number of different points there, but I am thinking that it is all probably in one section, even though we break it out by different topic areas. But I am thinking maybe it is one section where it talks about how it affects all these areas if we can see what Michelle thinks in terms of structuring it. But patient matching and verification, that continues to be a discussion consideration then, particularly with the HHS technical assistance and ONC's patient identifier report. I am not seeing anything in this group that strikes me as something that should not be included; I think there is some variation in how much coverage things merit. Is there anything here that either of you want to kick off the list?

Aaron Miri
I think this is great; I think this is all spot-on. On the patient-matching verification, I would also just put data standardization on there, as well. I think there is a big positive, a Senate bill proposed even this morning—I forget the two senators, but it was bipartisan legislation—to introduce United States Postal Service validation and verification of street address, right? So, that way, you can normalize and leave the street addresses in the EHR, something we have been talking since the days of the Policy and Standards Committee all the way to now, that this is an important component. So, even if we cannot get to a unique patient identifier, some strategy of validation so that when you are technically looking for data, you can query on a primary key because you trust that the data is normalized, it is critical, right? Especially, right now. So, I agree with this section; I am good with the whole thing.

Christina Caraballo
Yes, I agree as well.

Discussion of Draft Crosswalk of Topics for HITAC Annual Report for FY20 (00:17:17)

Carolyn Petersen
Okay, well, it seems like we have a pretty solid list of topics then and some feedback to help the team working on the draft of the report. It is so comprehensive; you could almost say nothing else will need to go there. But since we have another five months in the year, I will not say that; I will just say we have a really good start, and hopefully, we do not need to expand yet more. All right, should we move on to the crosswalk?

Aaron Miri
Yes, to the crosswalk, let's go through this thing.

Carolyn Petersen
Okay. Do you want to start walking, Aaron, or do you want me to walk some more?

Aaron Miri
If you want to walk a little bit, I will pick it up, whatever. Either way, whatever you want.

Carolyn Petersen
Okay. So, this crosswalk, we are hoping will help us kind of conceptualize where to put things, and how to help HITAC and other people that use the report understand where to find things, and show how it all fits together since we have some information that fits in many places and you could say the same thing five different times; we do not want to do that. So, I will just start by going down the list of landscape analysis topics, and then talk about the gaps and challenges and opportunities. I think the first few of these are fairly easy to identify, but as we work through this crosswalk, there will be places where there are just a lot of boxes that we need to fill in.

So, here, beginning with the technologies that support the public health, this is our new target area inspired by our experience with COVID. The first topic is the exchange of clinical data for public health purposes; the gap is that public health authorities have interoperability challenges in terms of collecting information from clinicians and organizations and labs to managed reporting. The challenge is thought to be needing

standardized codes, data, and terminology to document COVID-19 diagnosis, treatment, and reporting across clinical care settings. And the opportunities for health IT would be to improve interoperability between public health reporting systems and EHRs and to accelerate use of data standards to improve situational awareness for federal, state, and local government emergency response. I think that is a fancy way of saying being able to know when you are about to have a bigger outbreak or a spike in your area.

And then, the proposed recommendations, recommended activities for HITAC, would be to suggest HHS guidance on minimum necessary datasets for exchange with laboratories, especially for test order entry and case reporting; we have heard multiple times that is a problem. And to hold a hearing to understand stopgap solutions implemented to improve reporting capabilities, and assess whether additional long-term solutions are needed. So, do we have a workaround that can be expanded and implemented everywhere? So, how does this one sit? Do you think we have adequately captured the issue and the challenges and opportunities, or is there more to do here?

Aaron Miri
Some are talking generalities, and what is interesting, is the people that are in the provider direct-patient care, or serving the provider community, or have served in the provider community, there is a level of understanding and awareness on this topic when it comes to clinical data exchange. What is interesting, is you can see it play-out in mainstream media where people do not understand the complexities of healthcare data and the lack of standards development over many years, until recent times. And then, the archaic nature of some of the health IT systems that we still rely on, including our wonderful fax machines and pagers.

And so, I would just simply say here that beyond the technical standardized codes and data and terminology and yada, yada, yada, it is also general education on what is the problem? Because I think people have a general – I am generally speaking, folks have a misunderstanding of how difficult it is to exchange data. People think it is, “Well, you just –” like you are sending an e-mail, right? I mean, how hard can it be? No, it is not that easy, right?

And so, I think there has got to be awareness generally about not just the technical limitations but also what is breaking down, why isn't this working? Because when folks talk to our lawmakers, understandably, a lot of them do not understand, they do not come from this space like, “What is so difficult about this?” So, I do think there is an element of general education that we need to start considering as part of the high-tech of all these topics, which is how do we normalize conversation about the challenges, beyond technically describing them?

Carolyn Petersen
Yes, I think that is a very fair point, even among patient advocates who have looked at a lot of these issues related to clinical trials and sharing information, and getting trials completed more quickly, and information out to researchers, and just advancing research. There is still this notion that it is all a plug-and-play world, and you drop an EHR into a clinic and bingo, the data suddenly goes everywhere, and why is it still taking many years to get things done? So, if people who have actually spent time studying the systems do not get it, it is not realistic to expect lawmakers and policymakers and others to implicitly understand the problems. So, I totally agree with that, your assessment.

Aaron Miri
Christina, what do you think?

Christina Caraballo
Yes, I was just kind of reading over this again. One thing I want to just make sure that we put in throughout, and it will probably be captured as the draft comes in, but we have the challenge of COVID-19 patient diagnosis, and I think that COVID kind of was the catalyst that made us aware of these major gaps. But I think that we should talk about not just COVID throughout the report, but just any future pandemic. So, I think that is just an important point.

And then, when I look at the opportunities, I think these look great. But then, the proposed or recommended HITAC activities, I think kind of narrow it down a little bit. And I mean, when I think about the data and information we need from a standards based approach, of course my USCDI hat goes on, and I know we have got in the suggested HITAC activities it is limited to the labs, but the opportunity that was identified was just reporting in general to public health. So, I want to make sure that when we look at the HITAC activities, we are really looking broadly at what the most essential data in general is, and not just limited to the labs.

Aaron Miri
I agree, that is a great idea.

Carolyn Petersen
Should we propose just add a sentence or two that say "relevant use cases might be maternal health derailment or opioid use," something along those lines? Or do we just want to –

Christina Caraballo
No, I still want to **[inaudible]** prescriptive on this?

Carolyn Petersen
– to reinforce that notion that it is bigger than COVID?

Christina Caraballo
Yes, well, I mean, I am guessing that will kind of come up, but we have brought this up a couple of times as we – as the report itself is drafted. I mean, for the challenge, it is just like flash: future pandemics. But for the proposed recommended activities, I mean, do we already then more broader – like we have this very specific guidance on necessary datasets for exchange with labs, and I think that it is more like a charge of "looking at," and we could even start with something like COVID as an example. But the ISP task force, I forget exactly what their charges are, but they look at what is the most impactful data that is needed and where are the gaps? And so, I think it can be more broad; I do not think we need to get as specific. And I think the HITAC will be able to kind of hash it out on like what exactly is needed. Does that make sense?

Carolyn Petersen
Yes, I think so.

Aaron Miri

Mm-hmm.

Carolyn Petersen
Sounds good.

Aaron Miri
All right, the next one here is privacy and security for public health purposes, biosurveillance efforts and contact tracing and telehealth and location monitoring facing a slew of privacy and security issues, and then questions about what is classified as HIPAA minimum necessary in public health, especially when collected via mobile devices outside of criminal settings. And so, the opportunity there is the trade-offs of increasing interoperability, protecting the privacy and security, and ensuring public safety during a COVID-19 pandemic. From a proposed activity, what data can be collected, and how? Although, I give a lot of credit to OCR and the ONC for putting up a number of bulletins to help all of us—particularly on our frontlines—navigate some of this right now. So, I know that that is already being done, but we could further clarify that and codify that, and identify educational approaches that can be offered to improve privacy protections, I think it is a great suggestion. And then, encourage a clinical workforce in patient education, which is again huge; we have talked about this numerous times, people taking charge of their own information.

I would say that another activity, and it kind of ties back to general issues around the varying state laws, and we are starting to see this play-out with the return to schools, where some states have offered various identification strategies too so that people cannot – yes, there is not an ability to hold people liable for COVID-19 information one way or another. And so, certain school districts are now publicly announcing they are not going to share public health data generally with the public. If somebody presents a positive indicator or are suspected, they are not going to tell anybody because they do not have to, and they are not going to be worried about being in liability. So, I think that there is some element here of what is minimum necessary to do no harm, right? And just because it is – what is the ethical and what are the legal boundaries there, and then the varying state laws, which is what I was getting towards, which is beginning to start to creep into this whole public health component.

So, I would say we just add this as a bullet on this, which is the varying state laws and protection, and how that impacts, and how can we harmonize and get a standard guidance out there for what people should do?

Christina Caraballo
I think that is an excellent point.

Carolyn Petersen
I agree, and should that go a little further and suggest that we identify the technology that can help make that happen, so that you do not wind up with another kind of stalling argument about what needs to be done?

Aaron Miri
Yes, I agree, I agree. Again, it is all about normalizing the conversation in very plain English, so folks understand. And again, I am not saying this disparagingly; I do not expect people to understand if you have not lived in this world, right? It is like why is healthcare so broken? Well, where do you want me to start,

right? So, we have got to begin to normalize when it comes to a public health component why this is so important, why it is so difficult, and why there has to be some level of data exchange, publicizing, and codifying so that everybody can understand the risks and make informed decisions. That is my soapbox.

Carolyn Petersen
Yes, I am on board with that.

Christina Caraballo
I agree.

Aaron Miri
All right, the next one here. Vaccine tracking, which is going to become the next critical component. So, pre-COVID-19, questions arose about whether the CDC might be tracking unimmunized populations where patients are obtaining vaccines, and others can access the CDC data. And we have a blank section there, so we can begin to fill in these charts, and help AI – I want to see, will you go up again? I just want to make sure I understand the category; I forgot the category. Is this the gap or the opportunity? It is challenge. Yes, so the challenge is about vaccine tracking, and then, of course, the opportunity is there related to – health IT related to where predictive analytics could be used to aggregate, analyze the data, and then the patient needs, and then, of course, we have proposed activities.

So, I would say let's define the challenge, let's try to explain the challenge between the three of us about the vaccines. And so, No. 1: I will take a stab here, and I am going to point to the HITAC FACA Task Force, the pediatric standards, basically, the recommended pediatric standards for EHR, and I just butchered the name; the name just left my head. But that was FACA it would be in.

Carolyn Petersen
We know which one you mean.

Aaron Miri
Yes, about a year ago. I mean, there were some great recommendations in there, and to give a real-world story, in New York State, there is a law on the books that states that for all the immunizations that go into a child's record when they go and register for school, they have to be signed off literally in like a pen, like ink, right? So, it has to be all handwritten, ballpoint pen; I am paraphrasing here. But there is no way to digitally do that unless you scan those records in and digitally lift the signatures and the information, I mean, it is a mess. So, there is this issue of vaccine tracking because every state seems to be doing it differently. And again, that work, we did a great job of breaking that down and going through component-by-component, but the issue with vaccine tracking is standards, communication, and then transmission of that data, and that is what it boils down to, in my two cents.

Carolyn Petersen
Yes, I think that is a really good summary of that aspect of the problem. Is the opportunity to try to work with ONC or other regulatory bodies to get some movement on adopting those pediatric guidelines that are now voluntary? I mean, we certainly know that within the pediatric environment, that creates havoc whether you have a pandemic going or not, so maybe this is an opportunity to try to get some movement there?

Aaron Miri
I think it is a very fair point, and I have a question for Christina with that: is there a data classification or standard that vaccines could follow that is adopted under USCDI that we could simply propose, if it is not already there—I just don't recall off the top of my head—that vaccine data must be structured a certain way, so at least there is a standard data format for it, versus it being in ballpoint pen?

Christina Caraballo
I am going into ISA and seeing what data standards are, but my computer is acting up. Yes, I think that is an excellent point. Sorry, I just lost my train of thought.

Aaron Miri
Yes, well, we can come back to that. Yes, if it is not there, then we could propose that under the USCDI standards, right? And we can fast-track that criteria, or propose it for fast-tracking, if necessary.

Christina Caraballo
I mean, I know that like there are immunizations, but I think we can look at that. I like Carolyn's point of looking at the recommendations that were given under the pediatric section in our last round of things and pulling that forward, I think that is an excellent, excellent point.

Carolyn Petersen
It has the advantage of having been well-vetted by a group that involved not only HITAC members, but also some vendors and people who work in the field and experience that, like family physicians. So, we can avoid spending months evaluating the criteria because we know we have sign-off on them already.

Aaron Miri
That is right. The other thing I would love to hear is maybe we could petition the EHR community to let us know like what the vendors feel. Because I know that in talking to a number of them, you know they struggle as well because they want to do a good job here, and it is difficult for them to get the data, right? So, maybe there is dimensions there that could inform us on – beyond what we learned in that pediatric group that could help accelerate, we are just not thinking about it.

Carolyn Petersen
Yes, I mean, that may well be helpful and useful in getting us down the road.

Aaron Miri
Okay, I think we came up with a few propose**,** and we outlined the challenge, so do we want to move onto the next section?

Carolyn Petersen
Yes, let's do it.

Christina Caraballo
Yes, and just to answer your question, Aaron, I do not see anything in vaccines, a lot of immunizations, but no vaccine.

Aaron Miri
Vaccine, yes, I thought, I just did not want to say that. Okay, so that could be definitely something we propose at the next HITAC and see actually how we could fast-track it if folks feel the same way. And it would be a great way to showcase the power of USCDI, and go back to the value of why 21st-century theories proposed this to begin with years ago, right? So, the whole point of this construct is to identify these opportunities when they pop up and give help by being a mechanism to get this going.

Christina Caraballo
Yes, and I support any fast-tracking through USCDI that HITAC takes on.

Carolyn Petersen
Good, let's go!

Aaron Miri
All right. That is right. Patient matching for public health purposes, my goodness gracious. How much time do we have left? Okay, the challenge is to capture information, particularly demographics, to share with commercial labs and from contact tracing records and lack of a unique participate identifier. So, let me try to articulate in Aaron language here the challenge. We are doing contact tracing on behalf of the Austin Public Health in partnership with Austin Public Health at UT Austin, that is my institution. And I had the joy and challenge and opportunity to set this up for us at Dell Med and UT Health Austin, and we were recently recognized by the CDC as related to the Cabo cohort, which is the public cohort of students that thought it who would be a great idea to charter a plane to Mexico for spring break and they all came back COVID-positive or suspected.

And so, we were able to mitigate the risk of 60/70/80 kids and the people they could have gone into a community and infected because of a graphic contact tracing, we have just a dynamic epidemiologist team that jumped all over this using the technology. But it was a doozy not being able to assign a unique patient identifier or some mechanism to say this Aaron, and Aaron is represented by 1, 2, 3, 4, 5 of the character numbers—I am just making that up—and here are his labs that have come in and whatever else. Luckily, because it was such a contained ecosystem, we were able to do sort of like an EMPI kind of thing and associate labs with them.

But now, if you extrapolate this out, and now, as I am facing the return of UT Austin students coming here in a couple of weeks, and we are preparing for that, it is something because folks are coming in with labs from across the country, folks are coming into our hospitals that are from all over the place. You know, did you go a drive-through in a neighboring state and bring your labs with you? How do I track that down? It is a lot of phone-calling and manual efforts because we simply cannot correlate tests with Patient Aaron, with Aaron's family, with tests Patient Aaron's family could have had, I mean, it is interesting, and it is difficult. So, that is a real-world example of some of the bugaboos that are really inhibiting our ability to deliver right place, right time, right care appropriately when it comes to UPIs. That is Aaron's way of the challenge.

Carolyn Petersen
And I am just thinking about all the aspects of this because you will have some people being treated in places like county health departments where they may not even have an EHR to begin with. So, you not

only do not have that interoperability, you do not even have the framework of pieces to try to be interoperable, you know, people coming from different parts of the country where implementations of EHRs are significantly different, even when you are talking about the same product.

Aaron Miri
Bingo.

Carolyn Petersen
It just seems like there are so many permutations of this topic, we could spend the rest of the year and next year trying to deal with them.

Aaron Miri
It could, but I may be able to summarize it even easier, it will be a little more general, but at least it is a little more concise, which is: the definition of precision medicine stems from being accurate with right place, right time, right care, right? So that we are not doing duplicative work, I am enabling the best outcomes, and I am delivering you the highest quality possible for your comorbidity or condition, right? This is the beginnings of what precision medicine is about, to make sure that I am really treating Aaron for the comorbidities and the issues that he has, and that is where value-based care comes in. And the whole element data necessary, and the whole ACL model, all of that stuff starts from a point which is I have identified Aaron and what his conditions are and what he absolutely needs that he may not even recognize; he may have depression, no one knows, but we can pick that up.

So, this is so important, not just for public health but just in general, that to me, this is about enabling and unlocking precision medicine with accuracy of the patient; that is how I would equate this. And yet, of course, the public health domain to this, but it is everything. I mean, this affects the whole continuum of care.

Christina Caraballo
I just put a link in the chat that the House voted to overturn the '98 patient identifier ban, that was July 31st.

Aaron Miri
Yes, I saw that. I saw that, I think that is the second time they have done that in recent history, and I applaud the Congress for trying to move the ball forward, I hope that we can get the ball through.

Christina Caraballo
Yes, I agree, and I think that since it is getting more and more attention, it is an area that, I mean, HITAC should be I think a little bit more vocal on. We have been in our committee meetings, we have identified it as an extremely important issue, but it is an issue for all three of our target areas. So, I think it is a good time to just incorporate it into this report.

Aaron Miri
Yes, that is true, and I think there is also a fair counter-balance because I do believe in listening to all sides too, which I know there are some privacy concerns about this, and I do not think I have ever seen a well-documented: what are the specific privacy concerns, right? Maybe there is something there about the harmonization of state laws to make this an easier thing, so I think we should – I would love to hear somebody that is a staunch advocate of saying, "We do not want a UPR strategy," and why, and get those really listed

out. And I think the HITAC could really bring forward a concise, clean list of okay, these are the—I am making this up—three examples of why we need it, and three examples of why some feel we do not need it, and let the lawmakers and others have an educated perspective on this.

Carolyn Petersen
Well, yes, how do you – go ahead.

Christina Caraballo
What are – go ahead, Carolyn.

Carolyn Petersen
I mean, I was going to say one of the prime considerations that comes up is that with the expanded use of AI and the desire to make more care algorithmic, we understand that there is bias built into a great deal of AI that is in use, and that the way that we have built it and think about building it and using it, enhances and furthers that bias rather than taking it out. And so, the thinking is when you can uniquely identify patients and be sure that you are following the same person across, you facilitate discrimination because if those connections were not being made, individuals might be less likely to be subject to that bias.

And then, of course, there is the whole tracking of if police have access to this information—and it is hard for us to know exactly which databases police can see—but you know, on a fairly regular basis, there are articles in the news about all kinds of information the police can access through their agreements with companies like Palantir and ClearView and others, is this a tool that will help us better treat patients, or is it a tool that will build out the infrastructure for controlling and suppressing people? For example, people who engage in peaceful protests over things like discrimination and law enforcement violence and so forth. Because when you uniquely identify someone, you not only create an opportunity to identify them as someone who could benefit from an enhanced treatment or a diagnosis opportunity, or as a member of a group that has historically been overlooked or excluded, but as a subject against whom you can apply oppressive practices.

Aaron Miri
I totally agree with you. Okay, so I think we have identified them.

Carolyn Petersen
There are two.

Aaron Miri
Yes. Do we feel that we have – okay, so we have articulated the opportunity, and then we proposed some solutions here, or activities for HITAC, right? So, I think we have done this section. All right, okay, new topic idea: international exchange of clinical data for public health purposes. Currently, countries are imposing significant restrictions on the movement of people and goods to ensure public safety, in part, due to lack of information about the health status of travelers. Countries use a variety of information systems and languages to gather public health data, which can impede the flow of accurate, up-to-date health data. Interesting, okay. I mean, does this go back to standards again? I mean, isn't this – I mean, that is what it boils down to, right?

I cannot kick Aaron out to the sea of people; the data that is coming across from a public health perspective, there are no normalized set of standards. There is not like a SNOMED or a LOINC or some sort of like national codified standard – international standard of public health reporting, so vendors are not – in their defense, they do not have to be building systems that will exchange data internationally, right? I mean, the ICD-10 code from the World Health Organization on COVID just came out early this year, for goodness sake. So, I mean, to me, I think you can go into this, but does it fall back down to standards, what do you all think?

Carolyn Petersen
We know that there are some products that are deployed internationally. I think, for example, there has been discussions about Epic being in is it Denmark? Denmark or Sweden? Okay, it is too early, but in a Scandinavian country. I want to say it has been deployed in some places in the UK and probably other countries. So, we can start to see where there would be some shared infrastructural elements in the future going forward, although obviously, the implementation from one country to another will not be exactly the same. But I think you are probably right, in the sense of data standards standardization, would be a place to start. Because otherwise, you are left with regulations and laws, and that really is something that the health IT community probably cannot influence, at least not very much or very effectively.

Aaron Miri
Yes. You know, I think back to in terms of something – I am going to jump to proposing ideas, and I think it is an important topic, and I can see where ONC was hinting at this and why they have been hinting at it, it is smart. I recall a conversation; it might have been during our Policy Committee days where we had a phenomenal briefing from NIST, as well as from I want to say it was – not the Department of Defense, I think it was Homeland Security, about how they were looking at standards – oh! It was around biometric surveillance; I want to say this was the API FACA now it is coming back to me. And around how they had developed standards to make sure – for international travel to keep people safe, right? And make sure that people that should not be getting an airplanes, they should not be getting on airplanes. I mean, it was a phenomenal job of standards development.

This could be another opportunity where like, okay, let's partner with Homeland Security or NIST or somebody, and say if there are not proposed standards, maybe we could come up with international proposed standards because there are accreditation bodies that could do this, right? And HITAC could help partner and inform them and say this is what the important criteria would be to, say an epidemiology team or a clinician or whatever before you are able to step foot.

Carolyn Petersen
I did not see that presentation, but I wish I had just from the way you describe it.

Aaron Miri
Yes, I will go find it, I know it is in HITAC. I mean, it was really – it was a great discussion, right? And we had some great speakers, great speakers.

Carolyn Petersen
Well, this is certainly on the emerging end rather than on the fully cooked problem spectrum, so maybe we can be a little more vague on it, or maybe this is one where we ask the HITAC if they have any perspective

in particular about it; getting a broader range of wisdom, perhaps hearing from the perspective of other stakeholders, for example, insurance. What do you do when the treatment is theoretically covered, but the circumstances are perhaps not with your local provider, or it is – I can see complications there where they may have thought down the road a bit about this problem or situation. And certainly, we can hear more about what is a deal-breaker and what makes it unfeasible now. Researchers may have something to say about it, as well.

Aaron Miri
I agree, I would love to hear from some of the HITAC that are just brilliant on some of these topics, and really get the meat of it. I think this could be a really – this could be a really good one, and a really good collaborative effort across agencies just to talk about and work together to solve this problem.

Carolyn Petersen
Well, let's make a note to call this out in the discussion with HITAC about the draft of the report, at the first HITAC meeting where we get into more specifics and just say we are working on it and will let you know soon, maybe October. Because at that point, we would still have some runway to try to shape the problem or identify other activities, other influences that we are not thinking of right now. And certainly, there is a lot of interest in international research along genomic stuff, personalized medicine. You know, I think that even if we are not advancing some specific health IT items right now, we would be building an infrastructure down the road for that because of the research interest in this area and in working internationally.

Aaron Miri
I would agree.

Christina Caraballo
I think that is an excellent point, to include research.

Carolyn Petersen
Yes, because I mean, that is where you get your treatments and the rest of your stuff from, so. Cool, should we move on?

Aaron Miri
Yes, let's do it.

Christina Caraballo
Sounds good.

Carolyn Petersen
Okay. So now, we are into the interoperability priority target area, one of our favorites. The landscape analysis topic is exchange of health data more broadly across the care continuum; there is our care continuum workgroup, Aaron.

Aaron Miri
Yes.

Christina Caraballo
Yes.

Carolyn Petersen
Is the interoperability needs to be increased across the broader care continuum? Yes. Challenge: long-term post-acute care, behavioral health, home and community-based service settings are limited in their ability to exchange data with other clinical providers, including social determinants of health data in part due to EHR designs. And I would argue that that will just increase of we identify more access points for care like school nurses or senior centers where people are doing wellness activities and so forth. So, I think this one is just going to get bigger and bigger. What are the opportunities?

Aaron Miri
Well, the opportunities would be, again, it is a value equation of precision medicine, right? And making sure that if you are exchanging data across the continuum of care, I will have the complete picture of what is going on over there. And as well as, I am able then to get in front of developing conditions and comorbidities that, perhaps, I am becoming diabetic, or I am onset of depression, or other issues, dependencies that could be going on that we would be able to pick up on if you have a longitudinal view of what is going on with me. You know, how many times does Aaron go to the gym a week, right? How many times does he get on his treadmill? How many times has he gone for physical therapy because he blew out his knee? I mean, whatever, those things are important, right? Versus just showing up in the inpatient area. Particularly in the COVID situation, where we are doing preadmission testing before elective surgeries and things like that, it would be great to know this stuff because it kind of gives us a better picture of what your risk factors are going into a surgery of any sorts. So, I think the opportunities are huge here.

Christina Caraballo
Yes, I agree. I think we could come up with like a laundry list of things that is even like being able to – intervention, targeted care. I mean, just like I said, come up with a huge list of opportunities for this one.

Carolyn Petersen
So, what then, would be the suggested HITAC activities?

Aaron Miri
I have one. So, I saw that ARC released their PRISM tool, which is the patient-reported outcome tool, the source code to it, to be publicly available to try to encourage people to use at least commonly used PROs like the PROMIS and other patient-reported outcomes questionnaires. And to start unlocking the power of patient-reported outcomes, which has been shown that if you collect and really use and do well with, you can really improve the overall quality of care because again, it is all about getting data; right place, right time. So, maybe inviting ARC to come speak to us about what they are seeing on patient-reported out-comes, and some of the work that is going on there they have been doing would be a great one. I want to say that Gopaul posted something on LinkedIn about a week or two ago about that now being available via ARC.

Carolyn Petersen
One thought that occurs to me is also another potential recommended activity might be to identify new places where interoperability is becoming a challenge as a result of the way care is being shifted around

and given in different settings due to COVID. I mean, certainly, we hear about people not wanting to go to the clinic because they are afraid of becoming ill, but I think it also relates to funding sources. For example, if people lose their health insurance because they have lost their job, perhaps their child is now eligible for certain kinds of services at school, and instead of creating health information about the child at the pediatrician's office, they are doing it at the school. So, what does that mean in terms of information flow? What does that – what is the intersection point with things like temperature readings, chronic health problems, potential abuse that might normally be caught at the doctor's office, or where the doctor would see what would be considered unusual patterns of health issues in a child that would create a potential concern about abuse in the home or someplace else where the child is regularly engaged. I am just trying to think out loud here about all the ways that that shift for COVID, winds up shifting other things, too. And what is the broadest possible field we should be thinking about as we look at how to do interoperability better so we do not wind up excluding kinds of data we should be capturing, or data streams that we have not thought about before that could be relevant?

Christina Caraballo
So, Carolyn, I think you just kind of read my mind on that, like looking at the broadest lens. As I was looking at this when you were talking, you know there is some really great stuff being done around collecting social determinants of health data, and it is using some of the patient-reported outcomes, but also questionnaires and surveys to collect social determinants of health. And there has been a major focus on social determinants of health, which has been wonderful, especially within HL7's Gravity Project. And I am wondering for this, if we do not look at kind of what is being done and then start to identify like where – not to focus on Gravity, but there is great work being done in a lot of the things that – or just having these conversations starting with Gravity. And then, looking at how we are ensuring that as we build standards and approaches to collect data, we are putting on that broad lens, and we are including groups like the schools. And making sure that as we continue to expand, we are doing it in a smart way, and identifying what we are missing today so that this can be implemented more broadly.

Aaron Miri
Agree.

Carolyn Petersen
Yes.

Aaron Miri
Okay, go to the next section?

Carolyn Petersen
Sure. Association between EHRs and patient safety. Impact of health IT on patient safety; that is the gap. I think we all have periodically seen the studies that come out now and then, but they are often looking at a very specific metric or a particular aspect, and so we do not have a good look at the whole field. The challenge as we framed it here is in a well-designed, properly implemented, and responsibly used EHR can improve patient safety by better supporting clinical workflows and decision-making, but EHRs can also bring in and create new patient safety risks, including sharing incorrect data. So, the opportunity is define factors that increase and decrease the safety of health IT that affect patient outcomes. And a proposed activity would be to review changes that could be made to the health IT Cert Program to support improvements to

EHRs to support patient safety. I am thinking we probably have more to say about either the opportunities or the recommended activities here, although, this is a good start.

Aaron Miri
I am trying to think how I am going to phrase this. So, I think, first of all, I am a big person on definition, right? And so, when someone says "safety risk," I would love to actually come up with a standard definition that all of us can agree on of what does patient safety mean from a health IT perspective, right? Is it incorrect data being exchanged? Is it the worst-case scenario? Is it the outcome of a sentinel a near miss? Like, what is it when we say, "Let's reduce or mitigate safety risks," right? And I think the work that like MedStar did and others, is phenomenal at pointing out a lot of the discrepancies between systems or implementations or whatever else. But I think for us to be able to really recommend an activity to go start looking at this beyond general research and other stuff, would has been fantastic, it is going to be hard to qualify because "safety" could mean so many different things to so many people.

So, to me, it would be almost a – perhaps there is a workgroup specifically on this topic so that that definition could be defined. In my mind, again, I keep pointing at Christina's group with the USCDI because of how great of a job, they took such a complicated topic and broke it down into digestible chunks so that people – you could then have a qualified debate because you are all saying the same thing, right? And you could debate that. But you were not coming at it from what does USCDI – like what are the standards? Okay, they defined that. But to me, it almost seems like we have to do the same thing with safety; what does "health IT safety" mean? And we could have patient advocates speak to that; we could have the EHRs speak to that; we could have, of course, providers and physicians speak to that. It would be an interesting workgroup.

Carolyn Petersen
It would be. So, do we want to know propose that, say, for 2021, ONC sets up a task force on this, and we try to define what patient safety is, and identify all the areas where we currently fall short, where the technology does not support the definition? And from that basis, try to come up with, say, a roadmap for addressing these things, and looking to get us to a much more unified and better-performing health IT in terms of safety by, I don't know, some-day 2023, whatever?

Aaron Miri
I think that is a great idea, and you could even invite folks like the Joint Commission and other folks to come in and talk about – or the Malcolm Baldridge Group to say what would this mean in their eyes when you look at the overall certification and accreditation? And even CMS accreditation, what does health IT patient safety mean to them? And we could come up with some definition in that workgroup that really matches across all our accreditation bodies, which could really be a game-changer for health IT not just being tech, but really being about quality outcomes. So, I think it could be a brilliant way. And now, we have the tools in our toolbelt to do something, right? You have a certified health IT program which has been up and running now for some time; you have USCDI, you have all these tools now, once we identify gaps, to go address those holes, so I think there is a lot of value here.

Carolyn Petersen

Maybe then, what we want to recommend is that we make 2021 the year that ONC launches a comprehensive patient safety initiative starting with all the things we have just talked about, and identifying all the future work that needs to come out of all those efforts?

Aaron Miri
I believe so Christina, what do you think?

Christina Caraballo
I think it sounds great.

Carolyn Petersen
All right, did that get captured, Michelle?

Michelle Murray
Yes.

Carolyn Petersen
Cool. Good. Is there anything else we want to say about this one? Christina? Aaron?

Aaron Miri
No, I am good.

Carolyn Petersen
Okay. Exchange of social determinants of health data. I think that there will be some here who very much like this one, including me.

Aaron Miri
Yes. Although, didn't we just talk about this and the one before, like in the exchange of health data more broadly, or is this even more so about SDOH? I mean, we sort of talked about SDOH just a minute ago, I thought we did.

Christina Caraballo
It was more of an example in the last one.

Aaron Miri
Okay.

Carolyn Petersen
What we have here framed as a gap is business models across healthcare sectors do not yet support the capture and use of SDOH data due to the lack of standards and data availability, patient-matching challenges, and varying levels of technical maturity of community service providers' IT systems. If SDOH data are collected, they are usually documented as free text in the EHR, limiting the ability for data exchange across the providers. And I would add, limiting their actual usability in terms of making clinical decisions and shared decision-making with patients and whatnot.

So now, we get to define the challenge, the opportunity, and the recommended activities. Now, I would be really interested in hearing what you think, Christina, because I know you have worked quite a bit in this area and advocated for it.

Christina Caraballo
Yes, from the standards, it has been, honestly—and I know I talk about it a lot—but it has been really exciting to see the progress of Gravity. I have been starting to work in the Maryland-DC area on implementing some standards around social determinants of health, and we are looking at the Gravity implementation guides, and it has been really educational learning kind of like what exists and what does not, and what providers would like to do. I think we are getting more and more attention of people looking to the national standards around social determinants of health, and I am excited to see that acceleration happening in Gravity. I mean, we started with three domains that they are focusing on like really more details behind, but they just announced within the last week or so, within the HL7 workgroups that they are going to start to build a framework on all of the domains so that organizations can start to implement and build over time, and I am actually really excited about that approach.

So, from the standards, I think there is a lot of work being done that we can continue to point to Gravity Project, and as we build out recommendations around how the business models work and how groups can start to implement, I think pointing to Gravity is extremely important. But I do think that there is still like the whole once the standards exist, how do we build the infrastructure for sharing data? And that is where it comes up to the one – the topic on here that we have like two above where it is just the exchange more broadly across the care continuum. But the standards piece is accelerating really nicely, and I mean, I am personally excited about it. I guess, Aaron, to your point, this one and the one above do connect.

Aaron Miri
Right.

Christina Caraballo
So, I focused on the standards work just now, but there are still other gaps in how do you create the business models? How – like there are other things we have on here, patient matching challenges, varying levels of technical maturity. I mean, this is a major issue, especially if you look at like what the EHR systems have, compared to maybe different systems that are – that exist or do not exist within the community-based organizations, that also becomes a challenge.

Aaron Miri
That is really good.

Carolyn Petersen
And thinking about all of the building-on of standards, then I would argue also the implementation aspects of that, I think there should be a parallel – maybe technology is not the right word for this, but a parallel effort to identify the way that SDOH information can be used to further discrimination and bias for redlining, for withholding of treatment, or in some way provisioning treatment and care in ways that are not the same across all people. And specifically, being called upon to look at how these implementations occur and what can be done to mitigate them, and what are the best practices for ensuring that they are not implemented in the first place. Because SDOH can cut both ways, I mean, someone looking at an EHR before a patient

comes in for care, can say, “Okay, I see this person lives in a part of the town where there is greater air pollution, and so, I should be particularly thinking about asthma or other conditions, heart disease, you know, other things that we know are aggravated by that.”

Or they can make assumptions, “Well, this cannot be changed because of where they live, so I will focus on this other health problem instead because I only have ten minutes to see them, and their problem list has five things on it.” And in that way, well-intendedly, but nonetheless, removing the opportunity for care on a particular health condition where it is perhaps really needed on the basis that nothing can be done, so let's move on. And certainly, in that, there is some change of the way that society thinks about what you do and do not deal with, and about the way, the mindset of medicine in coming into the participate encounter, and some of those things will be harder to change, and they are not strictly in the health IT purview. But still, we can look at and think about and work to build systems and make it harder to do that and push people to do the right thing, which is to say what are all the problems? Let's talk about what we can and cannot change, and how to mitigate some things that are harder to change, not just to walk away.

Aaron Miri
Yes.

Christina Caraballo
Yes, I think those are excellent points; I’m silent because I was listening.

Carolyn Petersen
Oh, that is good. I wondered for a minute if I got cut off, if I was talking to dead air.

Christina Caraballo
No, you were good. You were making me think and reflect on some of the issues.

Carolyn Petersen
Okay, good.

Christina Caraballo
This does not make you happy, but you know, we have to push forward with the technology piece.

Carolyn Petersen
Yes, oh, well. Sometimes, the confronting of these things and thinking about them is the hardest part, but we cannot get beyond it if we do not.

Christina Caraballo
I 100 percent agree with you.

Carolyn Petersen
Okay.

Aaron Miri
So, are we at the health technology discussion?

Carolyn Petersen
Yes.

Aaron Miri
How many more – I'm just curious, how many pages is this crosswalk?

Carolyn Petersen
Could you scroll down and we will see? Folks, we are at the bottom of page – it is two, I guess? New topic area.

Christina Caraballo
I am on it; it is just five pages.

Aaron Miri
I mean, we are getting now close to 9:20, about three and a half more minutes, do you want to do a time-check and do a public comment real quick, or just an opportunity for public comments? Because we have talked about a heck of a lot this morning.

Carolyn Petersen
I am trying to pull up my window, what time did we say we were going to do public comment?

Aaron Miri
At 10:25. Okay, so we have actually got –

Carolyn Petersen
Let's do one more; we will finish Page 2.

Aaron Miri
One more. Yes, all right, let's do it. All right.

Christina Caraballo
One more comment on this that is going to be really quick. We have talked about like a patient engagement – or there is the patient engagement playbook, and we have talked about revamping that or taking another look. I know it is a living, breathing document that ONC uses a lot, but I was wondering on this, with social determinants of health, if we do not do something similar for groups that are starting to want to incorporate social determinants of health into their larger strategy, where we come up with a framework or a kind of quote-unquote "playbook" of what exists from a technical perspective, and where we have identified gaps, and make it a little bit more robust. Because I see this as – it just seems to be getting more and more attention, and more and more groups across the country are starting to focus on social determinants of health. So, it could just be something worth a discussion of if we provide more guidance to the industry on this topic, with a little bit more attention. And maybe that exists somewhere else, so just a note.

Aaron Miri
I think it is a great idea.

Carolyn Petersen
I do.

Christina Caraballo
Yay! Thanks. I will let us move on now.

Carolyn Petersen
No, I mean, it is a lot to think about, but it is all good.

Christina Caraballo
Yes, and especially some of the things that you just brought up, Carolyn, it has made me think like maybe there is a little more that we need to think through.

Carolyn Petersen
Well, and we can always think about making one of the activities a discussion with presentations at the fall HITAC from folks who can talk about the downsides of collecting and reporting SDOH, and all of the negative ways that those can be used to make care worse, or decrease access, or the other issues that are kind of the flip side of the benefits we can get from SDOH. It may be though, that we are not taking this nearly far enough, and we just did not realize that.

Okay, let's push through one more, and then we can say we finished Page 2. So, this is a new topic idea: Increased health equity across populations, locations, and situations. So, the gap would be non-traditional sources of health data exist that have not yet been mined or shared to support a more equitable distribution of health resources. I cannot see the top of the next column, but I will say lack of interoperability makes it difficult to exchange—that is a challenge—difficult to exchange data among some types of providers, for example, federally qualified health centers, public health agencies, social service organizations, school clinics, senior centers, and so on. The opportunity would be to identify non-traditional sources of health information that could be made interoperable, like primary care doctors get updates electronically from exercise classes for seniors, and from school clinics, for example. And so, we can identify some potential recommended HITAC activities, or we can add some more opportunities, or you know, what think you all?

Aaron Miri
To me, I mean, it is about education on both the developer side, as well as the patient side, right? And the whole Stephen Covey principle, which is “seek first to understand,” I think that is the beginnings of health equity. And to me, it is levelling the playingly field so that no nobody feels – no group is inadvertently or advertently disadvantaged in access to their data and access to care, right place, right time; it is part of the whole quadruple aim. So, to me, I think there are activities that we could do, which is bring in folks from a variety of organizations, to talk about what disparity of care or disparity of access to care, excuse me, looks like, and what some of those limiters are. Example: here in Austin, a big part of my community is the Latinx community, and making sure they have access to applications, data, information, their information, in multiple languages is very important to them. Otherwise, it puts them at a disadvantage, right?

And so, even in this COVID-19 pandemic, that was a critical component as we were doing home-monitoring and put out apps for the community and portals to do contact tracing, all this stuff, we had to make sure

that we were taking all situations into account, including ADA and all sorts of things. So, I think this could be a very important topic, particularly given circumstances that are going on culturally across this country right now. Did everyone understand?

Carolyn Petersen
I'm just absorbing.

Christina Caraballo
Same here. But Aaron, I think you made excellent points.

Carolyn Petersen
Yes, I agree.

Aaron Miri
I also think this may be an opportunity, Carolyn, to engage with the HITAC at the next HITAC just due to timeliness, and say this is an important topic that we want to highlight and ask for their feedback on topics here. And I think given the melting pot of a society that we are, I would love to hear from the HITAC, because the HITAC is such a great representation of people across the whole spectrum, across all of industry, and say, "Are there specific activities that we can begin that will help enable a level playing field with access to information or care or whatnot?" I think that this may be a great topic for five minutes.

Christina Caraballo
I really like that idea.

Carolyn Petersen
Yes, me, too. A lightning round of ideas.

Aaron Miri
Yes.

Carolyn Petersen
And that will make it more palatable too, than another discussion if we do a lightning round.

Christina Caraballo
I agree.

Carolyn Petersen
Okay, is there anything else on this idea we want to capture or bring forward?

Aaron Miri
No, I think it is a good start.

Carolyn Petersen
Okay. Well, then, it is 10:24 and we are doing public comment at 10:25, so we have beautifully landed that, Aaron and Christina. Can we have the public comment slide, please?

Public Comment (01:21:50)

Cassandra Hadley
Great. Thank you. Operator, please open the lines.

Operator
All lines are open.

Cassandra Hadley
Can you open the line for public comment, please?

Operator
If you would like to make a comment, please press "star-one" on your telephone keypad.

Cassandra Hadley
Are there any comments?

Operator
There are no comments.

Cassandra Hadley
Okay, thank you. Carolyn?

Next Steps and Adjourn (01:22:20)

Carolyn Petersen
Okay, if we could go back to that slide we had just a second ago. There we go. So, we have started down this road, we are well into interoperability, although, I think there are a few more because that is always the big area. And we will take up this discussion again at our next meeting, which is about six weeks from now, it is mid-September.

I think we got a lot of work done today and really thought through some issues that are important to us and started to formulate how to go forward with those, and recommendations we can make to HITAC, which is the first step in getting them on the agenda and getting some movement. I am really pleased that we were able to meet today and get started on this, and I am excited about finishing it up and going forward with the new report; it feels like it is really starting to take shape, and it is going to have a lot of meat around things that I think we all have thought are important and continue to advocate for at the HITAC and elsewhere. And I hope you all have a wonderful summer, now that we get a bit of a break.

Aaron Miri
All I am going to say is, "Ditto." Yes, ditto and be safe, please everybody be safe.

Carolyn Petersen
Have fun bringing those college students back to campus, Aaron.

Aaron Miri

Yes, “fun” is the right word.

Carolyn Petersen
We know you will do a great job.

Aaron Miri
Thank you, I appreciate it. Everybody, please be safe, take care of yourself and your loved ones and your friends and family. And I guess I just cannot overemphasize, just please be safe.

Christina Caraballo
Thanks, you, too.

Carolyn Petersen
All right.

Aaron Miri
All right, bye all.

Carolyn Petersen
Did you have anything, Cassandra?

Cassandra Hadley
No, we are good. Thanks, Carolyn. Thanks, Aaron. Thanks, Christina.

Aaron Miri
Okay, thank you.

Carolyn Petersen
All right, thank you.

Aaron Miri
Bye.

Christina Caraballo
Thanks, everyone. Bye.

Carolyn Petersen
Bye-bye.