The Office of the National Coordinator for Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) MEETING

November 10, 2020, 9:30 a.m. – 12:30 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Carolyn Petersen	**Individual**	**Chair**
Robert Wah	**Individual**	**Chair**
Michael Adcock	Magnolia Health	Member
Christina Caraballo	Audacious Inquiry	Member
Tina Esposito	Advocate Aurora Health	Member
Cynthia Fisher	PatientRightsAdvocate.org	Member
Valerie Grey	New York eHealth Collaborative	Member
Anil Jain	IBM Watson Health	Member
Jim Jirjis	Clinical Services Group of Hospital Corporation of America (HCA)	Member
John Kansky	Indiana Health Information Exchange	Member
Ken Kawamoto	University of Utah Health	Member
Steven Lane	Sutter Health	Member
Leslie Lenert	Medical University of South Carolina	Member
Arien Malec	Change Healthcare	Member
Clem McDonald	National Library of Medicine	Member
Aaron Miri	The University of Texas at Austin Dell Medical School and UT Health Austin	Member
Brett Oliver	Baptist Health	Member
Terrence O'Malley	Massachusetts General Hospital	Member
James Pantelas	Individual	Member
Raj Ratwani	MedStar Health	Member
Steve Ready	Norton Healthcare	Member
Abby Sears	OCHIN	Member
Alexis Snyder	Individual	Member
Sasha TerMaat	Epic	Member
Andrew Truscott	Accenture	Member
Sheryl Turney	Anthem, Inc.	Member
Denise Webb	Individual	Member
Amy Abernethy	Food and Drug Administration	Federal Representative

James Ellzy	Defense Health Agency, Department of Defense	Federal Representative
Adi V. Gundlapalli	Centers for Disease Control and Prevention	Federal Representative
Jonathan Nebeker	Department of Veterans Health Affairs	Federal Representative
Michelle Schreiber	Centers for Medicare and Medicaid Services	Federal Representative
Ram Sriram	National Institute of Standards and Technology	Federal Representative
Donald Rucker	Office of the National Coordinator for Health Information Technology	National Coordinator
Steve Posnack	Office of the National Coordinator for Health Information Technology	Deputy National Coordinator
Elise Sweeney Anthony	Office of the National Coordinator for Health Information Technology	Executive Director, Office of Policy
Avinash Shanbhag	Office of the National Coordinator for Health Information Technology	Acting Executive Director, Office of Technology
Lauren Richie	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michelle Murray	Office of the National Coordinator for Health Information Technology	Staff Lead
Alix Goss	Imprado Consulting, a division of DynaVet Solutions	Presenter

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

Operator
All lines are now bridged.

Lauren Richie
Good morning, everyone. Thank you again for your time on this relatively short turn around with having yet another meeting. We have a few but very important agenda topics to cover today. As we close out this year with our final meeting. So, I would now call the meeting to order starting with roll call. Carolyn Petersen.

Carolyn Petersen
Good morning.

Lauren Richie
Robert Wah.

Robert Wah
Present.

Lauren Richie
Michael Adcock.

Michael Adcock
Present.

Lauren Richie
Christina Caraballo. Okay. Not yet. Tina Esposito.

Tina Esposito
Here.

Lauren Richie
Cynthia Fisher. Okay. Valerie Grey.

Valerie Grey
Good morning.

Lauren Richie
Good morning. Anil Jain.

Anil Jain
Good morning.

Lauren Richie
Good morning. Jim Jirjis. Not yet. Okay. John Kansky.

John Kansky
Yes. I'm here.

Lauren Richie
Ken Kawamoto.

Ken Kawamoto

Good morning.

Lauren Richie
Steven Lane.

Steven Lane
Good morning.

Lauren Richie
Les Lenert. Not yet. Arien Malec. Nope. Clem McDonald. Aaron Miri.

Aaron Miri
Good morning.

Lauren Richie
Brett Oliver.

Brett Oliver
Good morning.

Lauren Richie
Terry O'Malley.

Terrence O'Malley
Good morning.

Lauren Richie
James Pantelas.

James Pantelas
Good morning.

Lauren Richie
Raj Ratwani.

Raj Ratwani
Good morning.

Lauren Richie
Steve Ready. Not yet. Okay. Abby Sears. Alexis Snyder.

Alexis Snyder
Hello.

Lauren Richie
Sasha TerMaat.

Sasha TerMaat
Good morning.

Lauren Richie
Andy Truscott. Sheryl Turney.

Sheryl Turney

Good morning.

Lauren Richie
Denise Webb.

Denise Webb
Good morning.

Lauren Richie
Good morning. Michelle Schreiber.

Michelle Schreiber
Good morning.

Lauren Richie
James Ellzy. Ram Sriram.

Ram Sriram
Good morning.

Lauren Richie
Adi Gundlapalli. Jonathan Nebeker. Amy Abernethy. Okay we'll circle back. And hopefully, others are able to join us from the –

Jim Jirjis
Yeah. Hey. Jim Jirjis here.

Lauren Richie
A little bit of an echo from your name. You may want to mute your computer possibly. I believe that was Jim.

Jim Jirjis
Yeah. Jim Jirjis.

Lauren Richie
All right. Are there any others that have joined?

Robert Wah
Got a couple in the chatroom that joined as well.

Lauren Richie
Okay. I see Andy Truscott.

Christina Caraballo
Hey, Lauren. This is Christina Caraballo. I'm on as well.

Lauren Richie
Hi Christina. And I see we have Les on as well. Okay. Great. Joining us from ONC, we have Elise Sweeney Anthony, our Executive Director of Policy, Avinash Shanbhag, our Executive Director of Technology, Steven Posnack, our Deputy National Coordinator, and Dr. Donald Rucker, our national coordinator. And I will turn it over to them for opening remarks.

Welcome Remarks (00:03:16)

Dr. Donald Rucker

Yeah. Thanks, Lauren. Well, hello everybody. Another meeting in our time of COVID. So, hopefully as folks have seen, the work on a vaccine looks like it's making some extraordinary progress so hopefully these things will come to an end here in the not too distant future. We still have a number of resources on healthit.gov regarding COVID for folks, if you can benefit from those. We are going to be doing the final report of the ICAD, Intersection of Clinical Administrative Data task force and our draft work plan for the next year today. Couple of other things that you probably heard of, but in case not, on October 29th, we announced our – and I apologize, but it is the federal government, so long titles – our interim final role with comment, which for reasons that are inscrutable to me but Elise Anthony can note that, explain. We've abbreviated it as IFC.

And that's titled Information Blocking and the ONC Health IT Certification Program Extension of compliance dates and time frames in response to the COVID-19 public health emergency. Using the name to signal that fact. The rule hit the federal register on November 4th, and it extends the compliance dates and the time frames necessary to meet some of the requirements related to information blocking and conditions and maintenance certification. I want to be really clear. The point of this – we think the underlying role, the interoperability role is actually more important than ever. And if anything, our rapid transformation to virtual has pointed out the need, the importance of that and seamless connectivity with industry standard APIs. So, that we absolutely believe in, and I think has been shown.

The dates were extended just simply because we're aware that a lot of IT departments, a lot of folks who would be working on some of the resources here have been busy with some of their COVID configurations as I think people have adjusted to that. We've extended the dates by pretty much an exactly proportional amount. You can see on our website all the specifics of that. We also published on the 30th of October, our final 2025 Federal Health IT Strategic Plan. That's a requirement of the federal government. And it gives a flavor. It really faces federal agency but gives a flavor of what we believe the federal government can and should do to advance its very considerable portfolio, touching on healthcare and healthcare interoperability and computerization. A couple specific items on the HITAC. We should have our HITAC co-chairs by or before next meeting in January.

I want to thank everybody who expressed interest in that. I especially want to thank Carolyn and Robert. This will be their last meeting officiating as co-chairs. They will, of course, remain on the HITAC for – and we look forward to picking their brains there. They've done a great job. I think we would all agree. We are expecting some additional congressional appointment notices by end of the year. And with that, let me turn it over to Carolyn and Robert with thanks. Bye.

Review of Agenda and Approval of October 21, 2020 Meeting Minutes (00:07:40)

Carolyn Petersen

Thanks, Dr. Rucker. Good morning, everyone. It's great to see everyone back so quickly after our October meeting. I know it's been a pretty quick turnaround. And we're getting to that time of year when things outside of work get really busy. So, I very much appreciate everyone's coming today. I think we have some good presentations and an opportunity to wrap up some business with the ICAD report. And I'm looking forward to that.

Robert Wah

Well, thanks, Carolyn. And good morning to everyone as well. And thanks to ONC for ongoing support of this committee and all of you on the committee for your time and talent and for what we're doing here. Wanted to review, as we always do, the agenda for today. We've already heard from the national coordinator. We plan to hear from the Annual Report Workgroup. And we have scheduled more time this meeting than we have in the past. So, we hope to have a good discussion about the Annual Report

Workgroup's progress and feedback on where they go next with the report. We're going to review the final report from the Intersection of Clinical and Administrative Data task force and make a vote on that today if we can. And then we have time scheduled to review the 2021 draft work plan for the HITAC as well. And then we'll finish up our meeting with our scheduled public comment time at 12:15.

As been said, it's been relatively short amount of time since our last meeting. But as you saw from the large batch of documents, there's been a lot of work that's been done since then. And there's a number of things that we need to go ahead and take care of today, as this is our final meeting for the year. Next, I'd like to go ahead and approve the minutes of our October 21, 2020 meeting. They were sent out in advance. And first, are there any comments, corrections, or input on the October 21 meeting minutes? Hearing none, I'll have a vote. All those in favor of approval of the October 21, 2020 meeting minutes, please signify by saying aye.

Many speakers
Aye.

Robert Wah
All those opposed say no. And any extensions? All right. Hearing none, our meeting minutes are approved. And we'll proceed with the meeting. First on the agenda, as I said, is the HITAC Annual Report Workgroup update. And I'll turn it over to Carolyn and Aaron.

HITAC Annual Report Workgroup Update (00:10:29)

Carolyn Petersen
Thanks, Robert. So, as you'll recall from the October meeting, we had a rather abbreviated presentation and decided to push the discussion forward to this meeting so that we could be sure to do everything we needed to do around ICAD and the ONC objectives. We have an hour today. We plan to go through the presentation and then to take all the questions and have discussions at the end of that. And we should be able to fit in a good discussion today. So, if we could have the next slide, please. Once again, what we're doing is going through our membership and meeting schedules. And then we will get into a discussion about the draft crosswalk of topics for the annual report. Next slide, please. Go ahead. So, again, here's the workgroup schedule. We've had seven meetings so far. We'll have another two before the end of the year and then in January, present the draft report for the full HITAC's review and commentary.

Next slide, please. And again, here is another way of looking at our schedule, seeing you all next in January. Next slide, please. And then forward. So, now we'll take a look at the draft crosswalk of topics. We put this crosswalk together as a way of trying to synthesize and make it easier to wrap our arms around the gaps, challenges, opportunities, and some possible and recommended HITAC activities. As you all know, we have many, many more topics that come up in discussion and things that people on the HITAC consider to be important. And some of those thing are in the landscape analysis. In particular, we have some areas where we know something is important, but there isn't an obvious, immediate need for something. And so, we move that topic into the landscape, so it's on our radar but not in the way of work that we do want to accomplish.

So, with this crosswalk and in the report, we've organized the topics into our target areas that we've been working with in the Cures Act: interoperability, privacy and security, and patient access to information. And we've also added a fourth target area: use of technologies that support public health. This is something that arose out of the work we did earlier this year related to COVID and the important gaps and concerns that we identified for broader public health considerations as a result of that work. Next slide, please. So, what Aaron and I want to do today is to review some of these topics and potential HITAC activities that are in the crosswalk. Not everything but some of the things that we think are of greatest importance to the HITAC in the immediate future and to get your feedback and to answer any questions that you have about this.

One topic that is of importance with regard to technologies that support public health is the exchange of clinical data. We see the gap as a need to collect information from clinicians and laboratories for public health reporting. And we've identified four potential HITAC activities. We could suggest HHS guidance on minimum necessary datasets for exchange for public health. For example, with laboratories, especially with regard to test order entry and case reporting. Second, we could hold a hearing to understand stop gap solutions implemented to improve reporting capabilities and assess whether additional long-term solutions are needed. Third, we could facilitate acceleration of the practical use of data standards to improve situational awareness for local state and federal government emergency response.

And fourth, we could conduct a listening session to learn about the successes and the remaining barriers to exchange by HIEs to support public health including how to expand their role. I know that's a subject that we have talked about in other task forces. And we see an opportunity now to bring that forward in a more formal way. A second topic in this target area is privacy and security. Here, the gap is issues for bio-surveillance efforts, telehealth, and remote monitoring. And again, we've identified four proposed activities. First, to help clarify what data can be collected and how it can be used. Second, to identify educational approaches that offer improved transparency of privacy protections applicable to contact tracing applications and bio-surveillance technologies. Third, we could encourage clinical workforce and patient education, re-education on the use of technology for telehealth.

And we see that as including smartphones since we know the app ecosystem is growing and becoming a more prominent and critical part of the system. And finally, we could encourage guidance about privacy and security protections of public health information across varying state laws. Next slide, please. We have some additional topics in this area. Vaccine tracking. The gap here is a lack of access to data about unimmunized populations and where patients are obtaining vaccines so that at-risk groups can be targeted for interventions. And the proposed activity here is to hold a listening session to identify opportunities and barriers for healthcare and public health organizations and to highlight successful vaccine program interventions using predictive analytics. Another topic is patient matching. Here, the gap is key information is missing when shared from laboratories and contact tracing records.

And the recommended activity would be to develop tactical recommendations based on ONC's forthcoming patient matching report to congress including consideration of expanded use of AI and related privacy and security concerns and also increased alignment of government public health reporting requirements and guidance. Another topic in this area is international exchange of clinical data. Here we see the gap being that countries need more information about the health status of travelers. And the recommended HITAC activity here would be to hold a listening session to identify opportunities and barriers for the use of health IT in international exchange as well as some lessons learned that can be applied domestically.

We see that panelists might include the CDC, the World Health Organization, the Global Health Data Partnership, the Department of Commerce, perhaps clinician representatives and privacy and security experts. Next slide, please. Now I will pass the mic to Aaron to go through the remaining target areas.

Aaron Miri
Thank you, Carolyn. And good morning, HITAC team. First off, before I get started here, I want to say again thank you to HHS, to ONC, specifically. The ONC team that's been helping us has been phenomenal. And as you'll see as we go through the next target areas, you'll see a lot of thematic items that keep coming up and reoccurring in the various areas. So, I encourage you as a HITAC to look at that and really pay attention to some of those themes and also how they apply also in your local area. And lastly, I do want to say thank you to Dr. Rucker and to the leadership team there at ONC for a lot of the work they've been doing. It is translating, boots on the ground, especially here in Austin, Texas as we're fighting another wave of COVID. So, anyways, just want to give that real-time telemetry. All right. So, with interoperability, the topic is exchange of health data across the care continuum.

The gap is that we need, obviously, greater interoperability across the broader care continuum. Some of the activities proposed here. No. 1) learn more about recent developments and standards and exchange

of areas such as patient portal outcomes, PROs, look at things like the 2020 ARC Report, SDOH data, the HL-7 Gravity project, other great work that's going on there and see how we can incorporate that. Another activity proposed is to identify and help improve data streams where interoperability is a challenge to sharing broader datasets, especially when a pandemic affects healthcare settings like long-term, post-acute care and even transitions to and from those settings.

The next item here is association between EHRs and patients' safety. The gap is use of health IT can impact patient safety. Some recommended HITAC activities. No. 1) to review the changes that could be made to the health IT certification program to support improvements to EHRs to support patient safety. No. 2) suggest that ONC conduct an initiative to further define patient safety and any gaps where technology does not support that definition and a developer roadmap for better health IT support for patient safety by 2023. And No. 3) collaborate with the FDA to explore the use of health IT and automating collection and sharing of data about adverse events for drugs and devices. Next slide. Another item here. Exchange of social determinants of health data. SDOH. The gap: lack of standards in data availability. Patient matching challenges and variation among community service providers' IT systems.

So, recommended activity No. 1) suggest updates on SDOH data for the ONC patient engagement playbook. No. 2) convene a group of stakeholders from healthcare entities' payers, SDOH technology companies, community-based organizations, and standards development projects to understand the state of SDOH, data exchange in practice, and identify gaps and barriers. The next topic: increased health equity across populations, locations, and situations. To explain to all of you, health equity means basically leveling the playing field so that everybody has access to data at the right place, the right time, and meets the quadruple aim. The gap here: data is not systematically collected nor used to identify disparities in outcomes, healthcare, and risk.

Our recommended activity: convene stakeholders – basically, healthcare organizations – health IT developers, and patient advocacy groups to discuss A) how to improve collection and sharing of data that can support identifying and addressing disparities in healthcare. No. 2) the current state and potential improvements of the accessibility of consumer-facing health IT by diverse populations. And 3) non-traditional sources of health information that can be made interoperable to better serve at-risk populations. To give you a 10-second, real-world what this means, case in point, when we put out an app to the public here for home monitoring and contact tracing for COVID-19, we had to make sure it supported multilingual support because we have a large Latinx community here in Austin, Texas. So, having things available in Spanish helped make sure that there wasn't a barrier to entry in using those health systems. That's health equity. Next slide.

Next topic here is sharing data with the research community. The gap: concerns about data quality, governance, and access to data. Recommended activity No. 1) hold listening sessions to learn more about the gaps and standards needed by the research community which is accountable to institutional review boards. No. 2) identify educational approaches that increase awareness and promote an implementation of the national health IT priorities for research, a policy development agenda. The next topic here is use of metadata. I know we at HITAC have talked about this many, many times, particularly in our standards committees. The gap here. Many data management tasks are still manual that could be automated. We recommend charge a HITAC subcommittee to review and provide recommendations regarding metadata standards and potential additions to the USCDI.

Next slide. All right. Next topic area is one of my favorites. So, privacy and security. So, the topic is rules for sharing beyond HIPAA. The gap is clear rules are lacking for data not subject to HIPAA protections. Recommended activity 1) hold listening sessions to learn more about HHS and FTC activities as well as approaches of third-party app developers. No. 2) explore the patient and clinician experiences with the sharing of health data with third-party technology companies to continue to identify the best practices and gaps. No. 3) review government and industry activities already underway, protecting the privacy and security of health data shared with third-party technology companies. Another item here is around consent.

The gap: a lack of clarity exists about the parameters of data sharing and disclosure and their implications for consent.

So, 1) identify educational activities and potential regulatory solutions that offer improved transparency of privacy protections outside the purview of HIPAA. 2) Suggest steps towards a consistent technical and operational approach to capturing and managing consent. 3) Explore ways clinicians can educate patients about the benefits and potential risks of using third-party apps as contemplated by the ONC Cures Act final rule and about the need to review and comprehend the app's privacy policies. Next slide. All right. Also, beyond HIPAA, internet of things. The gap: I think we've all seen this in our day to day jobs. Security risks concern about informed consent increase as IOT objects become more integrated with health IT systems.

Recommended HITAC activity: No. 1) identify best practices for increasing the privacy and security of connected devices. 2) Identify educational approaches that increase awareness of privacy and security issues related to the IOT and ways to reduce them. The next topic here: privacy and security as synthetic data. The gap: HIPAA constrains limit the ability to conduct research and train machine learning models using large-scale datasets. The recommended activity here is hold listening sessions to determine whether the use of synthetic data raises any unintended privacy risks such as the ability to use AI to reidentify the actual patients on which synthetic health data are based. Next slide. All right. Patient access to information. The issue is safety and impact of mobile health apps. See a theme developing with the application ecosystem here?

The gap: there is increasing concern about clinical accuracy of consumer-facing mobile health apps and the potential for patient harm. Recommended activity No. 1) support the existing efforts of the consortia that are working to vet apps based on their safety and accessibility and educate patients about the findings of the consortia. In particular, investigative frameworks or scorecards for assessing apps exist or are being developed. If so, raise awareness on these efforts.

No. 2) explore ways the safety of mobile health applications could be enhanced. No. 3, hold a listening session on the impact of the use of apps as opposed to current portal systems on patient challenges in collecting, assessing, using, and sharing their health data. Areas to consider include the efficiency, the effectiveness of patient experience, and the remaining challenges of use of apps. Topic area here. Correction of incorrect clinical data and the ramifications and exchange of this data.

Female Speaker
Oh. Wow.

Aaron Miri
I think someone needs to be on mute, please. The gap is transparency about the accuracy of patient data and consent to share it are lacking for patients. The recommended activity No. 1) hold a listening session to identify approaches that clinicians and HIEs are taking to correct incorrect data including incentives for widespread correction. No. 2) Discuss the liability considerations related to exchanging and correcting incorrect data. And 3) Learn about organizational policies and mechanisms for patients to document change requests and about how data provenance of patient corrections is being tracked.

For a good, real-world example, I would direct you to the pediatric subgroup that we had last year that really dove into medication dosing for kids and how incorrect dosages being sent across the way to a pharmacy for dispensing could lead to adverse patient outcome errors. Next slide. All right. So, that's the end of that. We definitely want to go back into these because there's a whole lot of meat here and a whole lot of discussion I'm sure we want to have. But it's time to hear from you, HITAC. Obviously, we have a few more meetings to go and consider to work through these. But your feedback is critical. Again, the ONC team, Carolyn and I and the entire team here have tried to take all of the feedback culminated over the past several months to put it into this slide deck and of course, the corresponding crosswalk that you were all sent. We can definitely do more in-depth on the crosswalk later.

There's a lot of topics there. But I would like to go back to Carolyn's section here with public health. So, if Operator, you could go back a few slides, and let's start there and just go topic area by topic area and make sure we capture your thoughts. So, we could go back please a few slides.

Carolyn Petersen
And I want to second Aaron's comment about seeking feedback. We really do want to have a robust discussion today because we will have a good amount of time to address the feedback and adjust the report in November and December. But if this discussion doesn't come up until January, then it becomes more difficult to address that and deal with it and still get the report approved in a timely fashion. So, we do really, truly want your feedback and thoughts. So, here we are back at the beginning of our target areas. This is the area with regard to public health. And of course, we're all very much aware of some of these issues because of the work that we did on COVID earlier this year. So, what are we thinking about these topics and gaps and the proposed activities?

Robert Wah
Looks like we have Steven Lane's hand up first.

Steven Lane
Good morning. I just wanted to provide first an overarching observation which is that this is just a fabulous body of work and collection of issues that need to be identified and brought forward. And I think that one of our significant challenges will be prioritizing them. I know that in a number of our task forces in the past, we have attempted to provide high, medium, low, or some sort of a rank ordering of issues which I think is particularly important here because we're all aware that the HITAC and the ONC have only a certain bandwidth. And I'd say that every item that's been identified here is really important. But which ones are more important than others? Which ones have a greater immediate opportunity for engagement and making a difference? And where does HITAC or ONC sit in the unique position of being able to provide value where other things might be handled by other places in industry.

So, that's just an overarching observation. And then specifically in this, there's appropriate focus here on moving information from providers, be they clinicians and/or laboratories or others into public health. But one thing that is not included here is the idea of the bidirectional exchange, the closed loop, the ability for public health to inform providers of outpatients. When a patient is admitted to the hospital, getting all the data that public health has collected to the caregivers. When a patient is identified as being positive for COVID or some other recordable condition, there is often information that can be shared from public health back to the provider about isolation, about treatment, about follow-up, etc., retesting, information that today, some public health jurisdictions are starting to put into the reportability response, and it is returned after an electronic case report.

But we really don't have standardized processes for return of information or the push of important information from public health to providers nor the ability of providers to pull data from public health for patients of interest. So, I think thinking about a public health provider exchange as a bidirectional process is going to be something that we consider adding here.

Carolyn Petersen
That is a great observation. And we will definitely adjust this to include that. I think in some environments, there's a sense that getting one direction is pretty hard and maybe a lack of consideration of outgoing bidirectional. But that's an excellent point. And we will include that in the report.

Robert Wah
Next, we have Anil Jain.

Anil Jain
Okay. Great. And I just want to echo everything that Steve just said. I think it's really, really important that we think about the bidirectionality of it. Just one quick observation would be that – and there are multiple

places where we simply say exchange of clinical data or just clinical data. And I would encourage us to think about it more broadly as clinical and administrative data. We don't want to leave that behind and create yet another silo. Although, it may be written in the gaps and the activities. Just want to make sure we don't just simply say clinical data.

The other is when we think about public health, we shouldn't lose sight of the fact that there are downstream folks who might want to use the data that's accumulated through these different activities. So, the other stakeholder we may want to include in the HITAC activities was how would the consumers or the agents of the consumers, the various places where the data might be analyzed, how would they like to have that data be made available? And what can we do to make sure that that data is more usable in a transparent way? So, I would just make that addition to some of the recommended activities that HITAC could undertake.

Aaron Miri
Great point, Ken. This is Aaron. That's a great point. And I can tell you that even here, as our contact tracing efforts have expanded from a public health perspective and sharing that volume of data, there are a lot of unintended and unforeseen hurdles you have to cross as those datasets get larger and larger and more volume in. So, it's a great point of how do you actually use that in an effective manner. So, great points.

Robert Wah
Okay. Thanks, Anil. Next is Les Lenert. Les?

Les Lenert
Coming off of mute. Sorry. Sorry.

Robert Wah
It's all right. No problem.

Les Lenert
A couple of critical points here. I think that the real task for public health, as you all have correctly identified – and this is a great list of things – is the vaccine distribution and also targeting the populations that have issues with health disparities in access to the vaccine. And to do that, we really need to focus on the national identifier issue and to come up with a concrete and practical set of recommendations that can be broadly and rapidly implemented to facilitate the tracking of vaccines. And these are all in your list of recommendations. But because of the breadth of what you proposed – and it's excellent in terms of its breadth – I think it's important that we focus on a couple of key ideas. I also wanted to elaborate on some of the things you might have missed with this one.

One is this tension between information blocking statues and then the fire-based infrastructure that is primarily poll-driven that is being created around access to EHRs with that and public health, being able to investigate the progress of a case as it goes through the healthcare system by pull data operations. And the current strategies that public health is pursuing via digital bridge which is a broad healthcare interoperability project and with leading vendors to automatically report on public health cases when triggered by the appropriate lab tests.

So, I think delving in deep to this process of notifiable conditions and how public health receives reports or obtains additional information from the healthcare system is going to be critical to getting the complete picture to public health officials. Let's focus in on this and try to find the happy meeting place between the push operations of digital bridge and the pull operations that are possible under fire for ongoing case investigation. Thank you though for all the fine work you've done in this area. And I think this is an outstanding agenda.

Robert Wah
Thanks, Les. Next, I think we have Jonathan Nebeker.

Jonathan Nebeker
Hey. So, I agree with comments. This is a really nice agenda. I think there are a couple of opportunities to maybe increase potency of the agenda. And so, one is – and I think this is maybe more of a metadata exercise is how do we tie this to the health IT strategic plan which – so, in VA and DOD, we found that. And we're now in the process of mapping initiatives that assist **[inaudible] [00:38:34]** And then we'll be mapping metric to that plan. And we've delivered our plan to congress. And I'd encourage reference to that plan because I think it's a powerful framework that represents work of a lot of really smart people across the agencies. Second, I think there's an opportunity to reinforce the effectiveness of this plan by tying it to stuff where ONC and the government through to HITAC can really make a difference. And what I'm thinking here is what is it HITAC can do? What are the levers that HITAC can use for getting stuff done?

And I'm not the expert on this. But this is what I see. And this first one seems to be a lot of the content of these initiatives is information gathering analysis and awareness. No. 2 is standards development, promotion, and enforcement. No. 3) of course, regulations. No. 4) Private public partnerships or public private partnerships for demonstrations. And then finally, monetary incentives. And so, it's really all about incentives and coercion. I'm a little bit worried that there's too much exploring issues here and not enough explicit or focused activity on the levers that the HITAC or the ONC can actually use to get stuff done. Of course, I'm naïve in this and will be looking for the words of more experienced people.

Carolyn Petersen
Thanks, Jonathan. To the point about how can we, as HITAC, get more things done, I think there's 100% agreement with the F workgroup. As we were trying to identify some activities to propose, we did feel like we were coming up with listening sessions more often than we would like and more often than perhaps would support actually moving the needle, changing things. I look forward to a discussion with ONC leadership about what the levers are that HITAC can use to help ONC get things done and what is the way that we can help them push forward.

Aaron Miri
And Jonathan, this is Aaron. I would comment I agree completely with Carolyn. I would also say that prior years, annual reports have been great at helping us to have conversations in various domains and also maybe different levers that exist outside the HITAC purview. But it helps inform especially the general public on things that we're contemplating are issues. And if you look over the past couple of years, again, giving great partnership with ONC leadership, a lot of those topics fed their way right into various proposed rules or final rules or proposed other levers to pull. So, I think you're right. I think there are ways that we can definitely at the end-stage, end up faster. But then there's also the other point which is to seek first to understand. And hearing from the industry about some of the great work being done is always a prerogative too. But great comments. Thank you.

Robert Wah
Thanks. Next, I think, is Sheryl Turney.

Sheryl Turney
Thank you, Robert. I wanted to focus on and reinforce two of the things that were brought up while I had my hand up. So, first of all is the bidirectional data sharing which I think is extremely important and especially not only between administrative and clinical but also when we're talking about public health related to the pandemic that's currently going on, the consumers that Amil brought up. And hopefully, he meant patients by consumers. But in that landscape, we have seen across the country great variation related to individuals that have been diagnosed with COVID. And in some states, they get phone calls every day. In others, they get no contact from public health. And in others, they get a single contact. And also, a lot of variations related to what's required before they're no longer able or required to quarantine, whether a negative test is required or not.

And I do think that COVID provides a perfect use case for creating recommendations at least for what could be the ideal state related to how to manage a pandemic. And we haven't really seen that related to how

public health can engage. And obviously, this is a significant burden. Having someone call a patient every day when you have thousands of people with diagnosis is probably not practical. But creating systems where there could be at least an exchange of either a text or an e-mail might seem to make sense. And having recommendations around utilizing our current technology in order to support this with a pathway forward sounds like that would be an ideal state. And then I want to reinforce the point that I believe Steven made about bidirectional being so important related to the provider being alerted when a patient has been diagnosed because especially in a pandemic, often, people are not going to their primary care physicians.

So, a pathway for that bidirectional support is also challenging. And hopefully, some of the recommendations that you'll hear again in our final report from the Intersection of Clinical Administrative Data Task Force will support the things that we're talking about right now.

Carolyn Petersen
Okay. Thanks, Sheryl. Appreciate the feedback and the support for some of the other ideas that have been brought up. We will bring this into the report.

Robert Wah
Thanks, Sheryl. Next, I see Denise Webb.

Denise Webb
Yeah. Thank you. First, I had a question I wondered because I saw in the recommendations the suggestion of a hearing in the first set of recommendations and then listening sessions. Is there a distinction between a hearing and a listening session is my first question? And then I want to reinforce a number of things that I heard from my colleagues, and then in particular, some of the things that Sheryl just said regarding public health. I do think it's absolutely critical that we have more focus on bidirectional exchange. And when we think about public health – and I worked in public health here in Wisconsin at the state level – that their funding tends to be very siloed. They rely a lot on federal grants. I know a lot of states underfund their public health departments. And I think we struggle to just even receive data from the provider organization.

We greatly relied on it and needed it. But we didn't have a really integrated architecture to even receive the data due to the way we were funded. So, I think it's going to be equally challenging when we think about public health being able to return information and data back to the provider organization and to patients. And so, if there's anything that we can do to focus on recommendations on how we might shore up the public health IT infrastructure. So, those are my comments. Thank you.

Robert Wah
Carolyn and Aaron, did you want to clarify the listening session versus hearing?

Carolyn Petersen
I was just trying to think if I've ever seen a specific definition for those. If I can ask Michelle Murray, was there a particular reason to use one versus the other? Or was there something in the discussion that you captured that's flipping Aaron and I's minds right now?

Michelle Murray
Yes. There was a difference. The hearing was meant to be more of an all-day session with the HITAC and/or a task force. And a listening session might be part of a meeting or a meeting on its own of a task force or a workgroup. So, less resource-intensive.

Carolyn Petersen
Great. Thank you.

Denise Webb
Thank you.

Robert Wah
Other comments, Carolyn or Aaron?

Aaron Miri
No. Just great feedback.

Robert Wah
Yeah. I'm going to go ahead and call on Jim Jirjis. Steven Lane just because you had a chance to speak already, I want to go to Jim first.

Jim Jirjis
Yeah. Thank you. First of all, I want to thank the workgroup. This is well-framed. And I just want to echo the comments on the importance, I believe, of HITAC really focusing on tangible action items that move the puck forward in meaningful ways. I know there's a lot of broader listening sessions, etc. But the point I wanted to make is during this COVID-19 crisis, in the spirit of letting a good crisis go to waste, what we experienced were challenges that are found on this list, particularly with the public health departments and the observation of not only are they underfunded, but the perhaps lack of standards and capabilities that HITAC could help with has led to interpretations that created all kinds of unnecessary costs and variation. For example, as we tried to interact with 21 different states' public health departments, you've seen one, you've seen one.

And there are still about five or six that are unable to receive any electronic laboratory report information. So, from my perch, it seems like there's a combination of things on this list that in the spirit of letting no good crisis go to waste could form very tangible, focused activities for HITAC and ONC to solve important problems not only for COVID but to set up the infrastructure for future public health and other such emergencies. Those include really going deep on how to empower public health departments is the work of interoperability in a place where we could reduce the costs by having more national standards for exchange to reduce the cost to public health departments of receiving data and opportunities around patient matching. So, it seems to me that there's a combination of items here that could fuel very focused recommendations that benefit in the near, mid, and long term.

Robert Wah
Great. Thanks. Steven Lane.

Steven Lane
Thank you, Robert, for giving me the opportunity to throw in another idea. So, I really wanted to build on Les Lenert's comments regarding the importance of supporting public health in their ability to pull data. Historically, public health has really just been a catcher's mitt. We talked earlier about the need for public health to be able to return data to providers. But public health also needs to be able to pull data not only using fire as Les mentioned but also CDA. And within care quality, we did a lot of work on this early in the pandemic of publishing policy that allows public health entities to query other organizations across the care quality framework utilizing an assertion that the query is for treatment purposes even though both parties know that the query is for non-treatment public health purposes. And the reason is because health IT vendors are not prepared to manage the discreet purpose of use of public health.

So, I think that's a real need that we need to push the health IT vendors to be able to manage a public health purpose and do that appropriately as opposed to misusing the treatment purpose which is what's being done today. Also, and we discussed this here before, there is still a requirement under HIPAA for providers to receive an assertion from public health that public health is querying for the minimum necessary data for the purpose at hand. And there's been a lot of handwringing about this. But whether we look at the care quality policy, whether we look at what was done early on in Chicago, what's being done presently in San Francisco with the ability to provide organizations to push data to public health, we need that assertion of minimum necessary so that providers are protected under HIPAA for sending us data. My understanding is that OCR is still mulling over providing such an assertion to the applicable, nationwide.

And that's going to be very important for us to be able to move forward with the ability for public health entities to pull current clinical data from providers as opposed to simply waiting for it to arrive as a push.

Robert Wah
Great. Next is John Kansky.

John Kansky
Thank you. And just piling on a little bit with compliments about the work, specifically on the exchange of clinical data for public health. Was impressed with the capture of issues, related factors. Was very glad to see the callout for HIEs not just because I'm an HIE guy, and I think that's a good idea, but I think it reflects a discussion that's simmering nationally on an expanded role for HIEs in public health. And so, was glad to see that. Specifically, in response to Steven's observation about supporting providers with public health information, I just want to point out that that's one of the areas where HIEs – where they exist and where they are capable – absolutely already supports that. If the data flows from the HIE to public health, public health is supported.

If the HIE has the data, as they do in Indiana, it even flows back from the state to the HIE so that it can be made available to support providers. Last quick comment is that I want to acknowledge, of course, that as we try to solve this nationally, there's a number of approaches that we should all take at the same time including interoperability with EHR vendors and HIEs and any other approach that makes sense. And the HIE challenge, making them comprehensively useful across the country, has its own set of challenges that we need to work on. And those challenges tend to be more, "Hey, it's great in this state or region. But it's not great in that state or region." But I think that just calls out the need for different approaches to addressing that gap. Thank you.

Carolyn Petersen
Okay. Thanks.

Robert Wah
Next, we have Terrence O'Malley.

Terrence O'Malley
Hi. Again, this is a fantastic body of work and really thought-provoking. My comment was just in the spirit of probing a little bit beyond listening sessions and hearing. And I'm wondering if there isn't an opportunity to look to create a minimum standard dataset for public health. Doesn't have to be the be all and end all but at least the basic nuts and bolts of what a public health department needs to learn about what's going on and then respond to it. So, perhaps there's a role for HITAC to play in assembling a basic public health communications packet that says, "Here's the data that other public health departments have found useful. And these are the standards that back them up." Just putting that piece of infrastructure out publicly. Again, just in the context of a really fantastic job. So, thank you all.

Carolyn Petersen
Thanks, Terry. That strikes me as an opportunity, perhaps, for HITAC to work with other organizations in the sense that we could certainly prescribe something that we think public health should do. But we may go further faster by working with some dedicated public health experts to better understand their needs and their concerns and see if we can move the HIT faster. But thank you. That's a great suggestion. And we will look at how to incorporate that into the report in the crosswalk.

Robert Wah
So, Carolyn and Aaron, will you move on to the other areas of the report?

Carolyn Petersen
Yes. Let's go forward.

Aaron Miri
Yup. And also, I want to encourage HITAC to please give feedback back to us. Even if you didn't get a chance to get your comments in, shoot a note, think about it, get it back to us one way or the other. All right. Interoperability. Thoughts, questions, examples?

Robert Wah
Terry. Is that your hand up again? Or is that from the last one?

Terrence O'Malley
Nope. It's a hand up again. And I'll just do another riff on the same thing. Again, a great set of recommendations and issues. The exchange of health data across the care continuum. What strikes me about that is, particularly in long-term custody care, what you're really talking about are transitions of care. And you alluded to that in your slide deck about the transition. And that really is the glue that holds the healthcare system together. And that's really where interoperability has its greatest value. It's in moving information around the care of a patient when they move from one care team to another.

And so, I think there may be another opportunity to look at setting up a process to actually develop a standardized set, first of all, of information required, and then wrap it with the standards that support that information. It would take a lot of work away from everyone who's struggling to decide what it is they need to exchange. And as a result, no one really exchanges what's needed by everybody in that particular exchange. So, my recommendation would be think about creating such a national standard. "Here's the standard dataset when you're sending someone from a skilled nursing facility to home health." It's not the universe. We could probably nail that down. Or, as you mentioned, Carolyn, in collaboration with people who are more knowledgeable about the details of it. That would be my one recommendation. Thanks.

Robert Wah
Thanks, Terry. Raj, you're next.

Raj Ratwani
Great. Thank you. And as everyone else said, I really appreciate the deep work in this and really loved seeing the patient safety aspect of this. And I just want to make two high-level comments related to the component on patient safety. So, the first is to encourage us to think about two components of EHRs and safety. The first is the safe use of health IT. So, this is identifying where there may be unintended consequences from the technology that might lead to a patient safety issue. And the second component is thinking about using health IT to make care safer. So, this is where there are aspects of the technology that can be leveraged to tackle current and future patient safety issues. So, thinking about that through that lens, maybe parsing some of these comments around those two different components. And then the other piece I want to also just highlight is that the ONC and suborganizations have done so much historical work in this space.

At one point, I believe the ONC had a safety roadmap, proposals for a health IT safety center, which at the time, there wasn't I think federal appetite for that from congress. But perhaps, leveraging a lot of that historical work that's been done to identify what were the roadblocks that prevented things like a safety center from being constructed and how can we now overcome those since it's a very different time. And so, that might be exploring things like a public private partnership or other mechanisms that could get us to where we want to be. I'm happy to jump in and provide more feedback offline. But I think really leveraging what has already been done is going to be really important as we look to the future. Thank you.

Carolyn Petersen
Thanks for –

[crosstalk]

Les Lenert
I think it raises a point about the internet of things approach and the needs for standards in this. But we were involved with a grant from Tetrick that focused on the use of IOT technologies for search capacity for ICUs that has been successful in creating systems of care that can rapidly expand to supervise patients in remote settings, using ad hoc technologies. And for this to really be effective, we need to have standards and safety protocols and the ability to identify medical devices and yet have them integrated in the cloud. We have some early successes with demonstration of these types of technologies.

But understanding the link between Internet of Things and the ability to create search capacity for ICUs is critical to our ability to defeat diseases like COVID-19 which can literally overwhelm the ICU resources in one region during the peak periods and cause a need to create ad hoc collaborative teams or not so ad hoc but teams that can come in from remote areas to provide additional expertise. All possible with IOT technologies or components like ventilators, remote blood pressure monitoring, other types of ICU care tools but difficult to do without the right standards in place and the ability to be able to combine those and roll them up in cloud-based settings. So, I really like the IOT comment in here. I just would like to see it focused a little bit more on the needs with COVID for ICU search.

Carolyn Petersen
Great. Thanks, Les. That will be helpful. And we have captured that and will look at how to address that in the report on the crosswalk. We just advanced the slide a bit to bring forward some of the other topics in the interoperability target area if anyone has any other comments about this area.

Robert Wah
Since there's a little break in the hands right now, I'm going to go back just a couple slides to the public health and IT. There was a section in there talking about exchanging information with other countries. International exchange of clinical data. That one. And I'll use that as my opportunity to update the group on The Commons Project that I've been working with as a board member. Last meeting, we had our pilot project of CommonPass which pulls data from Apple Health and CommonHealth and then displays the status of travelers. And so, there's been two successful pilot uses of that. One flying from Hong Kong to Singapore and one of them flying from London to New York City where passengers can get their test results into Apple Health or CommonHealth and then use CommonPass to pull the information about their status without displaying their actual clinical information.

And then they're using that to smooth travel both with the airlines but also with border crossings. And so, using a QR code that gets displayed on Common Pass, the passenger can display their status whether it be their COVID-19 testing status or perhaps, in the future, their vaccine status. And so, that's progressing quite well. It's a project that's The Commons Project is working with the World Economic Forum and governments around the world to harmonize the regulations about border crossings and the need for clinical status that's become much more important now than previously. And that's brought in all kinds of issues about data veracity, making sure you can't spoof your clinical results.

There's gotta be some sort of token that goes along with your clinical results to make sure that they're yours and they're verifiable. So, it goes a little bit beyond the yellow card that we used to get initials on for vaccination status. But I think this is a very important area. And I am glad to see it in our annual report talking about international exchange of clinical data. Carolyn, Aaron, do you have other sections you want to put before the group?

Carolyn Petersen
Maybe we can move forward to the privacy and security section. I know that's often something that brings up comments. And I do see that we are at about eight or nine more minutes left. So, again, please HITAC members, if you have other comments or questions, let's bring those forward regardless of which target area they're in. We want to be sure we capture it all.

Aaron Miri

Are there any hands raised on this one, Robert or Carolyn?

Robert Wah
Looks like Sheryl, you have your hand up.

Sheryl Turney
Yes, Robert. I did want to mention that related to consent, in the filed report for the intersection of clinical administrative data, we do have recommendations related to patients being enabled to receive identify verification as well as consent and really being able to share them bidirectionally. So, building off of that idea, I do think that this is complementary to that recommendation and also would be a tool that could be used related to the point you just brought up, Robert, requiring verification. The ideal state describes the capability of a patient being able to get a third-party identity verification and credentialing. And then that token could be utilized as a means to verify and also link to their consent. So, building off of those ideas I think would serve us all well as we move to the future.

Aaron Miri
Great point.

Robert Wah
Other questions or comments on the annual report?

Carolyn Petersen
Well, I will take this pause to thank the ONC annual report team and the contractors and support staff who've helped us to get this together. It is really tremendously helpful to have that support and being able to align all the information and ensure that we capture all the feedback from HITAC. So, thank you for that. I would also note that Aaron and I are interested in any feedback that HITAC members have coming to us through e-mail. We are at a good place to take that feedback now. It would be more difficult to make significant changes to the report later. So, please do send that on to us.

Aaron Miri
And I would agree. And I would say thank you as well to the ONC team, to everybody, to Michelle Murray and everybody for the phenomenal partnership here. This report, even in draft format is a labor of love. And we appreciate everybody's assistance and the HITAC's comments on it. So, more to come.

Carolyn Petersen
Are here any HITAC members who are just on the phone that aren't able to raise their hands in Adobe that have questions or feedback? Well, hearing none and seeing – I'm sorry. Did I just cut someone off?

Male Speaker
Nope. Go ahead.

Carolyn Petersen
I would say hearing no other questions and seeing no other hands raised in Adobe, Robert, I think we have completed this discussion. I want to thank HITAC members for taking a look at the crosswalk and bringing forward some really good commentary and questions for us. We will use that to improve upon and expand the draft that you've seen so far and bring that back in January for a discussion and any other work that members feel needs to be done. Thank you.

Robert Wah
I think we all owe Carolyn and Aaron a lot of thanks as well for the hard work that they put in, multiple years now, on the Annual Report Workgroup. This is an important piece of work for our committee. And it's been great to have them lead this effort. And it's really important that we note the hard work that they put in along with our committee but certainly sharing that group and getting this work pulled together and presented for us is important. And we appreciate it. Carolyn, you want to take us into the discussion of next item?

Intersection of Clinical and Administrative Data Task Force Final Recommendations and Report Vote (01:11:59)

Carolyn Petersen
Sure. Let's move the slide forward to our next presentation. I think we are coming up on the presentation of the final recommendations to HITAC of the intersection of clinical and administrative data task force. So, I will hand the mic over to Sheryl Turney and Alix Goss.

Sheryl Turney
Thank you so much, Carolyn. Really appreciate the opportunity to speak today. This is Sheryl Turney. And I am going to lead us off. I wanted to thank everyone here for their feedback and comments in the last meeting as well as the folks from HITAC that participated in the intersection of clinical administrative data task force. We can move to the next slide. This is our agenda for today. We're going to just refresh you quickly on our charge and members. And then we're going to review the changes that we've made to the report and submit the final report, have a discussion, and hopefully have a HITAC vote to approve the report. We can go to the next slide. Again, this was our charge. The focus was to produce information, considerations relating to the merging of clinical and administrative data.

And I'm not going to read the entire thing. It has not changed from what we originally set up with a focus on prior authorizations and really with the goal of reducing burden and recording once and reusing data. And I think that the task force convened and worked very diligently throughout the year in order to accomplish this charge. That culminated in the report that we're going to be submitting today. Next slide. This is a list of task force members that participated both from HITAC and NCVHS as well as other stakeholders throughout the federal landscape. But in addition to this, we had much support from ONC as well as Accel. And I just want to mention a few of those individuals who, without their support, we probably would not have gotten here. And that is Lauren Richie, Michael Wittie, Andrew Hayden, Thomas Mason, Katie Campanale, Cassandra Hadley, and then our editor, Susan Baird Kanaan. Really want to appreciate all of the people.

There were additional stakeholders that participated on various aspects of our work. And all of the folks worked very, very diligently. They were very committed to the charge and the purpose. There was a lot of passion that was put into this effort. And want to thank everyone for their work that brought us to this point. Next slide. This is an outline of the report. And we did not change anything materially. But we tried to focus the report more specifically and draw out some of the clarifications that were requested by the feedback we received. But in essence, the final report outline is substantially unchanged. So, we can go to the next slide. And the next slide. So, these are the industry commentors who provided both verbal and, in some cases, written feedback to the ICAD Task Force. We had a few common themes. And I'll just highlight a few of those, not meant to be 100% complete.

But there were comments related to the patient-centered focus and providing more clarity around what our recommendations and the ideal state would actually look like for the patient. There were comments on attachment standards and also some comments related to making standards open to implement without licensing costs, as you might well imagine. We received some comments related to the adoption of fire and the progress that it's currently at and potential for future. There also were some comments related to a number of the guiding principles and recommendations related to testing and if those could be also clarified and a number of additional items added, which Alix is going to go over. And then there were some additional comments to clarify the report's focus both in the introduction as well as in the summary. And Alix will review those as well. And then several groups offered to serve as standards stakeholders.

And that was information that helped us clarify participants as the work that this report hopefully will kick off will go forward. And we can go to the next slide. And so, here, again is a list of the material changes that were made to the report just to help in your review. And also, you received this in a PDF version. So, today,

you received – or in prep for this meeting – a redline version, a final version, as well as a listing of the changes that were made. And the hope is that as you hear the updates on the material that Alix is going to review – if you have questions following that, we can answer those. But again, our hope is that you will approve the report with no material changes hopefully after today. And with that, I'm going to turn it over to Alix. And we can go to the next slide.

Alix Goss
Well, thank you so very much. Can you hear me okay?

Sheryl Turney
Yes.

Alix Goss
Great. Thank you so very much, Sheryl. So, let's kick off with that context overview that Sheryl provided us with and start with our ideal state. As you may recall, prior authorization was our exemplar. And so, for the focus of our intersection of clinical and administrative data – and this is really a major part of our deep analysis. But it really also spoke to or led us into a consensus around improving the process across the continuum of healthcare and for the majority of the scenarios that will be faced in that we have an opportunity to build on operational and technical investments in today's landscape and creating a new kind of clinical conversation and information exchange in addition to the administrative kind of conversation that we can enable through the recommendations that we're advancing here for consideration and approval today.

We recognize that there's a need to leverage technology and workflow to remove the burden by acknowledging the gaps but building effective bridges to the future and doing so wisely and with an eye towards the type of technology harnessing that we can implement but really enabling the reduced burden for all the stakeholders. Next slide, please. During our update process, we actually only updated one specific guiding principle. Two are highlighted on this slide. We did revise design for future while solving needs for today as a result of some prior comments. But nothing was materially changed in the version we're submitting to you today. However, patient-centered design and focus is a new name.

We really heard from our stakeholder community as well as HITAC feedback and the task force members weighing in that we really didn't hit the mark in representing the intent of the task force in our guiding principle and a couple of the recommendations related to patient at the center. So, as a result, we updated that title of the guiding principle to now, instead of being patient at the center to be patient-centered design and focus. In no way did we want to require a patient to be put into the middle unnecessarily in administrative processes.

We really wanted to improve our description to reflect our intent that there's a balancing act of patients being able to be the center of the focus in our workflow designs but to couple that with our goals related to transparency so that when processes may break down that the patient-centered design and focus along with transparency would provide the patients and caregivers with the necessary insights into the process so that they could help mitigate any issues that might be occurring. Next slide, please. So, understanding that we had one guiding principle change, we also recognized from the feedback that we've received across our multiple feedback loops that we had an opportunity to strengthen the lead-in to our recommendations.

We added language to be very clear and very straightforward about our focus being on the what, not the how, that we do envision that the work that we've submitted to HITAC will be reviewed and approved so that it can start subsequent processes through ONC's coordinations and collaborations with many of its partners including NCVHS and that, really, what we're providing is a framing for focus for the next steps in our recommendations and that there are specific details that need to be developed and that we will use what I will air quote around to say "normal processes." What we've seen extensively, even if we've just heard about the annual report effort, this process of people coming together, kicking the tires, identifying a

straw man, advancing it for consideration and feedback, and then moving it into more formal processes, whether it is listening sessions, hearings, or proposed rules and comments.

These are the examples of normal processes that we've become very accustomed to for engaging multiple stakeholders, vetting of details, and creating strong, final recommendations and related details of how those recommendations could be accomplished as a part of the overarching processes of the federal government and its partners in the industry. As such, we tried to capture some of that language in our lead-in and as well as in our closing additions which I will get to in a moment. Next slide, please. So, on this recommendations list of 15 recommendations that are intended to bring our guiding principles in the ideal state to life, we made three material updates. Those are noted in red, recommendation 7, 8, and 15. I will go over those in detail in a moment. But before I jump into those specific material updates, we did – I want to highlight that we did make some adjustments but nothing substantial or material.

We really enhanced for clarity recommendation 6 and 13 as well. And recommendation 6, we just added a sentence. It's not a material, substantive change. But it is a clarifying point that we added at the conclusion of recommendation 6 related to the financial support for the development and curation of standards. That's tied to the licensing aspect of recommendation 6. And this was part of the feedback that Sheryl noted in her overview. And it is related to the making of standards open to implement without licensing costs. And we understand that there is a necessary funding stream that needs to exist to be effective in robust development and curation of national standards.

For recommendation 13, there was a slight adjustment to track with our guiding principle change related to patient-centered focus and design in that we just made sure that there was – just tightened up the language to make it a little bit clearer, the linkage between patient-centered design and our transparency objective. But let's dive into the more substantial changes at this point. I'd like to go to the next slide please. We'll be talking about recommendation 7 first. This is developing patient-centered workflows and standards. In this section, as you can see in the red, we modified some of our language. We took out a little bit and then tightened it up to really ensure that there was clarity that we are patient-centered design and focus but that the engagement in the workflow should be available to patients at their discretion and not a requirement of the process.

We took out a couple sentences that were clearly confusing and replaced it with this engagement sentence. And then it just flowed directly into the tie of the administrative workflow for the designated record set. We also wanted to make sure that it was clear that we were expecting that patients had visibility in the bidirectional workflows. I was pleasantly surprised – maybe not surprised but pleasantly affirmed by the annual report comments that there was so much synergy between what the intersection of clinical and administrative data taskforce and HITAC as a whole were thinking. And so, as Sheryl noted earlier, our work will help bolster the work of HITAC and hopefully, really provide us with a clear glide path towards that broader intersection objective. Next slide, please. Recommendation 8 had a bit of a title change. We realized we wanted to put card into the title so that we were adopting a member ID card standard.

We felt it might have been a little confusing for folks. They were jumping possibly to patient-matching focus in this recommendation, whereas we were thinking about the actual insurance card that a patient would have and to ensure that we would adopt a standard. And so, we made a change in the title to include the word card and be clearer about wanting to adopt a standard within the recommendation. Next slide, please. Recommendation 15 is the last substantial revision that we made, material revision to the recommendation set. One we discussed at our last meeting which was the third bullet. We wanted to highlight how we'd actually changed the minimum dataset to a sufficient dataset to make it clear and also avoid some potential confusion with long-term care reporting names.

More especially, we added the final bullet in response to feedback that we heard from the industry, HITAC members, and task force members in that we included now to offer incentives for stakeholders to pilot and test innovative solutions. Next slide, please. And our last major revision is related to the conclusion, the final paragraph of the report. We revamped this conclusion to really get at our point that the ecosystem

would seamlessly and multidirectionally move appropriate data from the point of initial capture to the point of uses without any special effort by those capturing or consuming. And those dataflows would be protected by robust security practices and privacy policies. Overall burden would be reduced while clinical care, patient experience, and health outcomes would be improved. HHS and industry stakeholders should take these recommendations as a basis for initiating follow-on actions to bring the described ideal state to life.

This concluding sentence really underscores the fact that we now need to turn the corner and start working on the details to actually bring this body of work to fruition. Next slide, please. Sheryl and I would love to hear your feedback from your review of our redline summary of changes that we provided to you last week in your review of the final report. So, I will turn it back over to Carolyn and Robert for managing the Q&A.

Carolyn Petersen
Thanks, Alix. HITAC members, if you would please raise your hands in Adobe, I will recognize for questions and comments… Do we have any HITAC members who are just on the phone who have questions or comments? Please identify yourself… Okay. I'm not seeing any hands in the Adobe or hearing any comments from HITAC members on the phone. I would again encourage you to bring forward any feedback or questions or other comments that you have at this time.

Alix Goss
So, Carolyn, this is Alix. And while you're waiting for people to possibly bring forward their input, this has been an amazing process. We had hoped to conclude it in September. But the extensiveness of this body of work really took us a little bit longer than we anticipated. And then I think that there's a lot of synergy across this federal advisory committee and the strategic focus areas of the National Committee on Vital Health Statistics. And so, I think that the fact that folks may be quiet may be indicative of the extensive efforts that are notable from our task force members and that we have delivered a framework that we can viably move forward with. And I think that the ongoing partnerships will be very critical to ensuring that we build healthy, effective workflows and data standards as we move forward to underscore the objectives of 21st Century Cures and a modern healthcare delivery system.

Carolyn Petersen
Thanks, Alix. I'm really glad that the process was enjoyable and satisfying. I know certainly, when I saw the schedule of meetings come out, I thought, "Oh, my goodness. This is really a massive, massive commitment on the part of many folks that takes a great deal of time." And obviously, it took a lot of effort. So, I'm pleased that it was not just work but it was also something that was really satisfying for the group. I think it's a tremendous achievement, the report that's been brought forward and the work that's been done. And I think HITAC absolutely has gratitude for all that's been accomplished.

Certainly, the prior authorization is an issue that has been on the minds of many people for a long time and rightly recognized as something where work was needed. And you've done a tremendous job with that. So, to HITAC, just as a reminder, we want to do a final formal vote today. So, this is the last chance for comments. If you have any questions or other thoughts to share, please raise your hand in the Adobe. Or let me know if you are just on the phone. We do anticipate that this is our last look and last opportunity to make any further changes or discussion about this work. Go ahead, Terry.

Terrence O'Malley
Yeah. First of all, congratulations for an incredible piece of work. I can't imagine how many hours it took to do this. It's really comprehensive and very, very thoughtful. I would just actually raise a question and a comment based on Aaron's last slide where he talked about metadata and whether or not there's a broader role for metadata in this process and a need to standardizing that. And that's really a question rather than a comment. So, I will leave it as a question. Thanks.

Alix Goss

From a metadata, Sheryl, I might jump in here to also pull in some of the focus of the fire at scale task force efforts. They've been also looking at the metadata exchange aspects. I'm wondering if that's the data about the data for rooting, that kind of information. Is that what you're referring to with the metadata?

Terrence O'Malley
Yeah. It's also not only from rooting but also for a lot of the administrative tasks and certainly for provenance. So, there's a mishmash of issues around metadata that might be worth looking into.

Alix Goss
I think Terry, you bring up a really good point when we think about national standards intersecting. And we need to know – we need to have semantic alignment about the value sets, the codes, the data that we used. We need to be able to seriously rely upon knowing the source of that data but also the structure of that data so we can consume and use it appropriately. And I think a lot of the work that we've done within this report assumes that we're building on the frameworks of USCDI, of the HIPAA standards, of the ability for those worlds to intersect.

And I think that as we start to look at the code values that we use and converge, I think that we're going to have to trip into some of that metadata conversation. I agree. It's beyond just the routing information, which I know from a fire perspective, a fast initiative is trying to tackle as well. But I think this is another point of clarification or not clarification. Another point of coordination, excuse me, between NCVHS and HITAC that could possibly evolve as next steps really evolve.

Sheryl Turney
Yeah. This is Sheryl on that point. I do think there should be a focus on metadata, a blockade as well as AI because they all will support different aspects of the bidirectional data sharing. But again, I think from the perspective of that really speaks more to the how and what data is more appropriate for what type of data provenance and protection is required. And hopefully, ONC working with industry and other federal stakeholders will lay out in the future plan some structure for how that data should work. I know one of the things we did talk about initially was a data model and whether we wanted to include a federal data model. And that recommendation was actually put to the side because there were lots of different thoughts and really got more into the how and not really the what.

So, I do think that your comment is definitely appropriate and definitely should be considered as we move forward to build off of this set of recommendations and move into how do we now make this live. The vision that we saw is a system that is more interconnected, more living within the workflow and also, might even support activities where patients get alerts when things happen like they do on their credit card. And similarly, providers should get those same alerts when things happen with their patients, as Steven was talking about earlier, to know and be able to address certain either disease diagnoses that occur or treatments that patients have had to receive in places other than their personal providers. So, you're looking at that landscape. It really creates an entirely different mechanism for all of the stakeholders to communicate and support patient health as we move forward to the future.

Carolyn Petersen
Thanks, Sheryl and Alix. Do we have any questions, feedback from HITAC members? I'm not seeing any hands. But I don't want to cut off anyone if you have one last thought. Okay. It looks like we really don't have any other questions or comments for discussion. Let's move to the next slide. Thank you. So, does anyone have a motion to bring forward? Go ahead and raise your hand. Sheryl.

Sheryl Turney
I move to adopt the final report from the intersection of clinical administrative data.

Carolyn Petersen
And do we have a second?

Robert Wah
Second.

Carolyn Petersen
All right. We have a motion on the floor to adopt the final report of the intersection of clinical and administrative data task force final recommendations. All those who would like to vote to approve this report, please signify by saying aye.

Many speakers
Aye.

Carolyn Petersen
And would all those who are opposed to approving this motion please signify by saying no? And are there any abstentions? All right. The HITAC has voted to approve the Intersection of Clinical and Administrative Data Task Force final recommendations. And let's move that forward to the ONC director. Thank you. With that, we will now transition to the next part of today's meeting. That will be the HITAC 2021 draft work plan. And Lauren Richie is going to lead that discussion. Go ahead, Lauren.

HITAC 2021 Draft Work Plan (01:41:22)

Lauren Richie
Great. Thank you so much, Carolyn. And again, congratulations to the full ICAD Task Force and the HITAC cochairs, Sheryl and Alix. Really appreciate your efforts there. So, before we adjourn for today and for our last meeting of the year, I wanted to share with you our draft work plan for 2021, get a little bit of your input and feedback, and then present the final plan at our first meeting of the year in January. I will just mention here that we are also planning to publish the full calendar dates of 2021 in the federal register within the next couple of weeks or so. So, members, you should be getting a calendar invitation in the next couple of weeks. And we will also update the public website with the new meeting dates. So, please be on the lookout for that. Next slide. So, this should all be very familiar with you all.

These are our three priority target areas named in the 21st Century Cures Act: patient access, interoperability, and privacy and security. We are also considering a fourth additional priority target area. And that is use of technologies that support public health, obviously, given our current posture with the pandemic. Next slide. So, as I mentioned, we'll talk through some plan topics and some current commitments that we know to be coming down the pipe for the community next year. Also want to discuss opportunities for new activity and new topics next year and beyond. So, really want to get your thoughts and input on what can we add or remove or change, what specifically the HITAC or ONC can focus on, what's within the purview of the committee, what's more immediate versus a few years down the road. And if you have any thoughts – it's not critical at this point.

But if you have any thoughts on perhaps what would be more suitable for a subcommittee versus a full committee discussion or a hearing, happy to consider that at this point, as well. Next slide. So, just a bit in terms of how we got here today. Went back and reviewed a number of transcripts and meeting notes from our prior discussions, looking at the recommendations and the content of the fiscal year '19 annual report coupled with our 21st Century Cures requirement, our FACA requirement, as well as other emerging issues with input from our HITAC cochairs. Next slide. So, just wanted to share a little bit about what we completed and about some progress and what we've yet to start. So, I won't read each one of these in detail, but we accomplished quite a bit in calendar year '20 with, obviously, our full day panel hearing on COVID-19 response, wrapping up the EHR reporting program user criteria, obviously, the final rule and the strat plan.

Next year, we'll look to have additional COVID-19 follow-up discussions as needed and wrapping up the fiscal year '20 report. And then also in next year, we'll start to look at the USCDI version two and the developer criteria for the EHR reporting program as well as the Trusted Exchange Framework and Common Agreement. Next slide. So, here is our very abbreviated workplan at a glance for the year. As we typically

do, we will have an administrative meeting in January just to do a little bit of level-setting and talk about the final workplan. The HITAC annual report will wrap up their fiscal year '20 report and begin the fiscal year '21 report later in the summer. The EHR reporting program we're anticipating standing up a new task force in the May timeframe. We're also anticipating reengaging the ISP Task Force around Q2 of next year.

Just as a reminder, the 21st Century Cures Act asks that the HITAC on an annual basis reviews standards priority. So, we'll be coming back to the ISP Task Force for that meeting and then annually thereafter. We'll also look into in Q1 of next year, reengage the USCDI task force as well as reengage the ICAD Task Force to consider additional work under the larger umbrella of intersection of clinical and administrative data. And then hoping to have a public health and HIE hearing in the fall of next year. We have two items that are still TBD at this point. The common agreement as well as the ONC contract guide. We know those are coming next year. But we don't have a specific timeline just yet. But we will hope to finalize this by the time of our January meeting.

Next slide. So, here's a list of additional topics for the committee to consider. This is not exhaustive by any means. But these topics of bubbled up to the top of our conversations a number of times. And so, we did not want to omit those. We don't have a specific timeline but would love your feedback. Again, where can we narrow some of these topics? Perhaps what's more appropriate for a subcommittee. If there are other additional potential topics that you would like to see at least included in the universe for next year, happy to consider those as well. Next slide. Okay. So, that's about it. Wanted to open it up for discussions.

Again, and we've just generated the questions here again just to remind you. But happy to go back – maybe if we can go back to the workplan at a glance slide, I can start there and see if there are any questions, and then we can move to the additional topics that help to spur conversation. So, while we're going back to the workplan slide, if we have any questions – I'm sorry. Next slide, please. Thank you.

Carolyn Petersen
And it looks like our first person in the queue is Sheryl Turney. Go ahead, Sheryl.

Sheryl Turney
Yeah. So, this is just bringing forward what Denise had questioned and I had agreed with in the chat is that I was wondering if it might be possible to do more than a public hearing on public health and HIE in terms of perhaps having a task force focused on recommendations that could support the bidirectional data sharing for public health.

Lauren Richie
Okay. Thank you, Sheryl.

Carolyn Petersen
John Kansky, please go ahead.

John Kansky
It wasn't my original comment, but if you form that task force, I'll join it. My question was going to be what can ONC say – and I understand this may be a challenging question given uncertainty. But what can the ONC say about what the triggers will be in terms of reigniting the TEFCA Task Force in terms of if and when?

Elise Anthony
Hi. This is Elise. I can answer that one. So, right now, we're looking at how the timing of everything will fit together. Obviously, the RCE has been doing a tremendous job and a lot of work thinking through their feedback on what the common agreement should look like. That's now in our laps. And we're taking a look at that and looking, based upon that, on what the timeframe would be. So, we don't have an exact time. But we are aiming for next year. But again, it really comes down to all the feedback that the RCE has

provided. And then we're looking at that. And then we want to have something that's put together so that the HITAC can then look at that. And that would be the next version of what you would be looking at.

John Kansky
My understanding is there'll be a common agreement that's put out for public comment, and we might restart the task force at that time. Is that what you said?

Elise Anthony
Right. We're looking at the dates for that. But yes. It would be the common agreement would be the next step so far. Just for those who have not been as close to this, so far, the HITAC and what has been released is really around the minimum required terms and conditions. And now we're moving to that next step of the actual common agreement draft. And that's what would be up for discussion with the HITAC but also what we plan to release for public comment.

John Kansky
Thank you.

Elise Anthony
Absolutely.

Carolyn Petersen
Thanks, Elise and John. Let's go to Les Lenert.

Les Lenert
Yeah. Thank you. Looking at this schedule, I think that we're looking at the public health activities too late in the year. Second, I think that sometime in January or February, I think that we need to have discussions on vaccine administration tracking systems as well as adverse event reporting systems and how they integrate with EHR to review the current processes that are in place, the standards that the CDC has, and then to look at ways that we can improve this from a population health perspective. This is the greatest challenge we'll face in 2021 is distributing the vaccine and making sure everyone gets it.

And then unless we look at our standards in a timely way and try to make some very concrete recommendations about improving it, we'll have met the vote here. We won't have done our duty to try to improve things. So, sometime in January or February I would suggest that we start. And I think you probably need a task force on this to come up with some recommendations in a very short order as to how we can do both adverse event and administration tracking better with EHR standards.

Carolyn Petersen
Thanks, Les. Let's go to Jim Jirjis.

Jim Jirjis
Yeah. Hey. I just had a question about the role of HITAC in the task prep process. So, as I understood what you were saying a minute ago is that there will be a public comment period on the common agreement. Is the HITAC's role to be one of many commentors? Or is there a more vivid role for ONC with HITAC around TEFCA? And I ask that because I know with the RCE in place how much of that's direct relationship with ONC. And where does HITAC fit in that?

Elise Anthony
Sure. This is Elise, again. Happy to answer. So, let me start with the role of the RCE. So, ONC when through a process of identifying the RCE through a cooperative agreement. The RCE does work directly with ONC. And in fact, once the TEFCA framework is up and in place and the common agreement is in place, the RCE will actually help ONC operationalize the TEFCA framework, particular, for example, working directly with the QHINs in terms of their compliance with the common agreement and their assistance in moving information across networks. So, the RCE will be instrumental in that process.

They've also been working – the RCE, that is, has been working on identifying – looking at the minimum required terms and conditions but also identifying additional required terms and conditions that are helpful in the operationalization of the TEFCA framework. So, that's how that construct works. And in terms of engagement with the HITAC, it would take on the similar form as what the HITAC has done in the previous review that they've done on the TEFCA framework, where we also intend to release it to the public for comment. But also, we'll share it with HITAC for their feedback. And that feedback comes back to ONC to consider as the feedback from the public to consider in putting together what will ultimately be that final draft, a final version of draft one for the common agreement.

Carolyn Petersen
Thanks, Elise. Steven Lane, go ahead, please.

Steven Lane
Thank you. Can we also have a little comment from the ONC team about the USCDI advancement process? Obviously, there's been a process recently of submissions for addition of leveling. My understanding is that a proposal for USCDCI version two will be coming back to HITAC for review, comments, and possibly even the approval. Can you talk about where that will occur in the course of the year and how the USCDI Task Force will participate in that?

Avinash Shanbhag
Hey, Lauren. This is Avinash. Do you want me to start that process, and then you take over the HITAC side?

Lauren Richie
Sure. Thanks, Avinash.

Avinash Shanbhag
Okay. No problem. Hi. This is Avinash. I'm from ONC. So, you are right. We received a lot of submissions. Over 600 submissions of data elements. And the team is going through those to identify the level two first. And then at the level two, looking at an initial starting set of candidate version two data elements that would be considered for version two draft. Our current plan is to have a draft version two of USCDI to be published for public comment along with a HITAC review early of the next year. So, early January, we will have that be published for review and discussion by HITAC. And within HITAC, my expectation is that we'll have a USCDI Task Force similar to what you all have done previously that would look into those data elements and do a further review analysis and feedback with the expectation of a version two final based on the feedback both from HITAC and public.

That would end up being version two released around March or April of the next year. And then that would fall into our standards version advancement process which is a secondary, a complementary approach that then makes that a level two, the health IT developers to adopt it formally as part of the Cures final rule. I'm going to pause and see if Lauren has details on the HITAC process but then open and happy to answer any additional questions.

Lauren Richie
Yeah. No. Thanks, Avinash. I would just add that we will formally charge the committee, just as we did before. So, we will have a specific charge. Obviously, that would differ from the last task force. So, we'll have an opportunity to talk through specifically what we're going to ask the task force to comment on. Sorry. Go ahead.

Carolyn Petersen
Thanks, Lauren and Avinash. Let's go to Ken Kawamoto.

Ken Kawamoto

Hey. Thank you. This is also around USCDI. And first, I did submit several proposed elements. And I thought the ONC response was really timely, thorough. So, thank you. As a submitter perspective, it was, I think, handled really, really well. With regard to the task force, one suggestion for the scope tasking and timeline is – when I look at it now, it looks like it's about really commenting on the level two elements that already have fairly good adoption and seeing if it should be included further. I do agree that's the most important part of what needs to be discussed. But getting back to what earlier iterations of the USCDI Task Force brought up is one of the primary issues. And that's how do we avoid the chicken and the egg issue where if it's already being adopted, why even we say it should be used? And if it's not, then there's no clear pathway to move it forward.

I think along those lines, one suggestion I would consider, keeping the USCDI in its focus and timeline the way it is for the initial part, reviewing the things of the hundreds of data elements that bubbled to the top. I would suggest maybe extending that for the remainder of the year, working through the process of what do we do about the ones that aren't yet level two? What are the things that could be done to check to see if there is more support we can provide or how we can accelerate, coordinate that? So, just a suggestion there, along with the idea that certainly, if it's already widely used, that's great. But for things that aren't already widely used, there still may be things in there that have pretty substantial societal and public health benefits that we should consider. Thanks.

Carolyn Petersen
Thanks, Ken. Do we have questions from HITAC members who are just on the phone? And if we could advance the slides please to the list of additional potential topics. Great. Thank you.

Lauren Richie
Yeah. So, again, we just wanted to perhaps get your thoughts on more specificity around these topics. Are there others that should be included? Are there others that should be prioritized? I'm happy to have your thoughts here as well.

Carolyn Petersen
Well, this is Carolyn. I will start a comment in this area. When we did last year's planning for the 2020 year, there was some discussion about privacy and particularly, as it related to patient and person-generated health data. I think that we didn't ever get to doing that work this year. I think with the public health considerations and the data that is being generated related to COVID and some of the other related activities like tracking vaccinations, we will certainly see additional types of data that will raise some new issues with regard to secondary uses, particularly by commercial entities that might have an interest in that information.

So, I strongly suggest that we take a look at doing something around data privacy, bring in the secondary **[inaudible] [02:02:28]** as well as **[inaudible] [02:02:29]** issue. I know that was something that was reviewed by the health IT across the care continuum task force in 2019 and was not taken up for further work at that time. But I strongly suggest that that be something we look at for 2021.

Lauren Richie
Great. Thank you, Carolyn. That is noted.

Carolyn Petersen
Do we have other questions or comments from other HITAC members? Please raise your hand in the Adobe or let me know verbally if you're just on the phone… And then if we could advance the slide please to slide No. 8. Just another couple of questions and thoughts to guide discussion for HITAC members.

Lauren Richie
Yeah. Thanks, Carolyn. Next slide, please. If you have any additional thoughts after the meeting, feel free to e-mail those to myself or Robert or Carolyn. We will take the feedback we heard today and think about prioritizing those topics and then present the final plan in January. And then that will affect our path for the

remainder of the year and beyond. So, with that, I want to thank you for your input today. And I will turn it back to Robert and Carolyn to see if there are any remarks before we open for public comment.

Carolyn Petersen
I just want to thank everyone for hanging in through some discussions today, particularly given that we have done quite a bit already with ICAD and annual report in the past. I think the group found the feedback to be very helpful in guiding further work. And I congratulate the ICAD Task Force on bringing in some really excellent work that can help to advance the field and the situation on the ground in this area. Thank you.

Robert Wah
So, Lauren, do you want to do the public commentary a little early? Or how are we going to do this?

Public Comment (02:05:04)

Lauren Richie
I guess that wraps up our agenda for today. Put the phone number in the public chat, and we're pulling up the slide now. So, at this point, we will ask the operator to open the line for public comment.

Operator
Thank you. If you would like to make a comment, please press * 1 on your telephone keypad. A confirmation tone will indicate the line is in queue. You may press * 2 to remove your comment from the queue. And for participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys. One moment while we poll for comments.

Robert Wah
While we're waiting, Sheryl, did you have your hand up?

Sheryl Turney
Yes, I did, Robert. And I wanted to just call out you and Carolyn and thank you for your wonderful co-chair leadership work that you've done over the last three years. I know for many of us, this was the new endeavor, me particularly. And I feel like you guys did a fabulous job. And just want to thank you for all of your hard work.

Robert Wah
Thank you.

Carolyn Petersen
Thank you.

Lauren Richie
And we'll check in with the operator to see if we have any comments at this time.

Operator
There are no comments at this time.

Final Remarks and Adjourn (02:06:35)

Lauren Richie
Okay. I'll ask the ONC team if there are any other comments from Elise or Avinash or Dr. Rucker.

Avinash Shanbhag
Hello. This is Avinash. Just a quick note to Ken. Thanks. Very much appreciated that feedback on the USCDI on that process. And we'll certainly review and identify if here are ways by which we can help finding the level ones that are of potential value and supporting the HITAC if that's the intent of HITAC in the next year.

Elise Anthony
And this is Elise. Just a huge thanks for all of the work that the HITAC has done over this past year and, of course, the upcoming work to come for the next year. Your feedback and your assistance looking at issues around health IT, as always, is extremely helpful to us here at ONC. So, we appreciate it. And looking forward to the year to come. Thank you.

Steve Posnack
Hey. This is Steve Posnack from ONC. I also wanted to extend my thanks to Carolyn and Robert. It is always additional public service on top of public service to be the chairs of a federal advisory committee. And you two have done it masterfully. So, appreciate all of your help and assistance in leading the HITAC.

Robert Wah
Thank you.

Lauren Richie
Yes. And I want to echo my thanks, as well. It's been great working with Robert and Carolyn behind the scenes. And looking forward to continued participation. One last check for public comments.

Operator
There are no comments at this time.

Lauren Richie
Okay. With that, before we adjourn for the day, just want to, again, remind the public the final report will be posted on healthit.gov. For the committee's awareness, we will formally transmit the final report to Dr. Rucker in the next several days. And then that will conclude our activity for the year. I just want to wish everyone a wonderful holiday season since this is the last time we'll chat in person. But please be on the lookout for additional communications from myself or one of key leadership before we wrap up the year. I'm sorry. Go ahead, Robert.

Robert Wah
No. Lauren, thanks. And look, this is our last meeting of the year. And it's been an extraordinary year of things that none of us anticipated. And there are a lot of things we didn't get to do like meet in person more. And I just want to say –

[crosstalk]

Robert Wah
It has been certainly my privilege and pleasure to serve as your chair along with Carolyn. I want to thank Carolyn for being a great co-chair with me and the ONC staff for their support. But it's been a great privilege for me to do this and to work with all of you. I think you saw the great deal of work we've accomplished as HITAC. And I congratulate all of you on that work and thank you again for providing your time and talent to this important effort. There's a lot more work to be done. And certainly, our agenda has been shifting a number of times for various external factors. But I appreciate your indulgence and your patience with all of that. But it is gratifying to see this come to an end. And thank you all for your work and your support. And thanks to ONC. Have a great rest of the holiday season.

Carolyn Petersen
And I'll just second my thanks to Robert for all his great work as a co-chair and for the fine efforts and engagement with ONC and in being able to make this work come forward and to facilitate a really meaningful and, I think, effective committee process. Thank you.

Lauren Richie

Great. Thanks again. Any other final comments from HITAC members? Hearing none, I will give you guys just about 15 minutes back to your day. Have a great rest of the week. And take care.

Aaron Miri
Thanks, everybody.

Many speakers
Bye. Bye, everyone.