Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Transcript

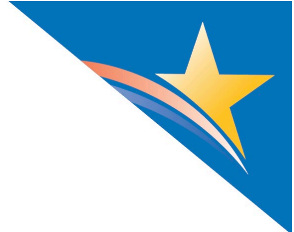
HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) PUBLIC HEALTH DATA SYSTEMS TASK FORCE 2021 MEETING

July 8, 2021, 10:30 a.m. – 12:30 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Janet Hamilton	**Council of State and Territorial Epidemiologists (CSTE)**	**Co-Chair**
Carolyn Petersen	**Individual**	**Co-Chair**
Danielle Brooks	Amerihealth Caritas	Member
Denise Chrysler	Network for Public Health Law	Member
Jim Daniel	Amazon Web Services	Member
Steven Eichner	Texas Department of State Health Services	Member
Claudia Grossmann	Patient Centered Outcomes Research Institute (PCORI)	Member
Steve Hinrichs	Individual	Member
Jim Jirjis	HCA Healthcare	Member
John Kansky	Indiana Health Information Exchange	Member
Bryant Thomas Karras	Washington State Department of Health	Member
Steven Lane	Sutter Health	Member
Nell Lapres	Epic	Member
Leslie Lenert	Medical University of South Carolina	Member
Denise Love	Individual	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
Larry Mole	VA	Member
Abby Sears	OCHIN	Member
Sheryl Turney	Anthem, Inc.	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Cassandra Hadley	Office of the National Coordinator for Health Information Technology	ONC Staff



Brett Andriesen	Office of the National Coordinator for Health Information Technology	Staff Co-Lead
Brenda Akinnagbe	Office of the National Coordinator for Health Information Technology	Staff Co-Lead

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

Operator
All lines are now bridged.

Cassandra Hadley
Thank you. Good morning, everyone and welcome to the Public Health Data Systems Task Force meeting. Today we are going to have continued discussions on the final recommendations to be presented at the HITAC meeting next week. Let me **[inaudible] [00:00:18]** Janet Hamilton.

Janet Hamilton
Sorry, Cassandra, I think you cut out for a little bit, but I think we're in roll call. This is Janet and I'm here.

Cassandra Hadley
Great, yes, Janet. Carolyn Petersen?

Carolyn Petersen
Good morning.

Cassandra Hadley
Danielle Brooks?

Danielle Brooks
Good morning.

Cassandra Hadley
Denise Chrysler?

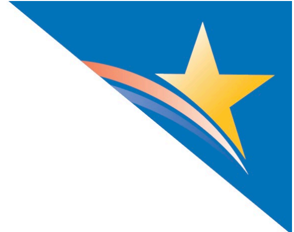
Denise Chrysler
Hello, I'm here.

Cassandra Hadley
Jim Daniel? Steve Eichner?

Steven Eichner
Good morning, present.

Cassandra Hadley
Claudia Grossmann? Steve Hinrichs? Jim Jirjis? John Kansky?

John Kansky
I'm here.



Cassandra Hadley
Bryant Karras?

Bryant Karras
Good morning.

Cassandra Hadley
Steven Lane? Nell Lapres?

Nell Lapres
Good morning.

Cassandra Hadley
Les Lenert? Denise Love?

Denise Love
Here.

Cassandra Hadley
Arien Malec?

Arien Malec
Good morning.

Cassandra Hadley
Clem McDonald? Aaron Miri? Larry Mole? Abby Sears? Sheryl Turney?

Sheryl Turney
Good morning.

Cassandra Hadley
Good morning, everyone. Thank you very much. Janet, I'll hand it over to you.

Opening Remarks (00:02:10)

Janet Hamilton
Great. Well, thank you all for joining our call this morning and also, of course, for adding in an additional meeting this week. We are really looking forward to the conversation today. There has been a tremendous amount of work by all of you and we are very appreciative of it. We are on track to be presenting our recommendations to the HITAC next week and really wanted to use our meeting time today because there has been such a tremendous amount of work by all of you, especially over the course of the last couple of weeks and since our last meeting to review our recommendations and identify any gaps that we feel that we feel we did not address and ensure that we all, as a group, have time to look at these different recommendations together and have some consensus about where we are as a work group.

We are not going to be able to take on new big areas for discussion today. I think if there were some areas that we didn't get to and folks want to be sure that we can highlight those in the appendix and/or potentially in the opening section of places that we feel need further work, we can certainly ensure that we also have time to review and comment on those, but we are not really going to be covering new ground today. So really looking forward to the discussion and I will turn it over to you, Carolyn, for your opening and welcoming remarks.

Carolyn Petersen
Thanks, Janet. So, welcome, everyone, to our last meeting. I'm really excited everyone was able to come today to help us wrap up this work and see what we've accomplished. It's hard to believe how quickly the time has passed and how much we've done. Just to review where we are, we have been gathering input with the homework for six weeks. We have been working on recommendations in groups for about six weeks and working in the shared document for about three weeks now. We've really got it quite filled out. We've discussed these important topics and our potential recommendations at 10 task force meetings, and we've heard from experts at a daylong hearing. So lots going on.

As Janet mentioned, today we are going to be reviewing the draft recommendations group by group for broad approval to be included in the report that goes to the HITAC. We are going to be looking at the recs in groups by topics because we have more than 60 individual recommendations. If we look at them individually, that's probably not doable in the time we have together. We will not be reviewing individual recommendations in depth or expanding the draft recommendations or taking up new topic areas that we haven't discussed previously.

What we want to do today is reach a broad consensus about a general agreement at the group level rather than a personal agreement with every single recommendation that's in the report. We know that often there are differences of opinion with particular recommendations at the personal level. That's pretty typical with these kinds of task forces. And if you feel strongly about something in the recs, we encourage you to share your thoughts during the public comment period at the July 14 HITAC meeting or just to paste your comments into the online public chat that runs during that meeting at any time. That way your perspective will be captured and included in the documentation that's used in future work around public health data systems. And with that, let's get started.

If we could pull over the draft recommendation document that would be really helpful.

Janet Hamilton
While we're pulling over the draft recommendation document, Steve Eichner, did you have your hand raised? Did I see that and now it's gone? I just want to double check.

Steven Eichner
Yes, ma'am, you did. I just wanted to take this opportunity to thank the ONC staff for all the work they have contributed for helping the task force accomplish this work at a really rapid pace. Thank you so much to the ONC staff. We could not have done what we did without your help.

Janet Hamilton
Here, here. So well said, Steve. Thank you.

Review Recommendations Under Consideration (00:07:39)

Carolyn Petersen
I'll third that as well, particularly in the last week. We've really covered a lot of ground and the staff has been more than generous with their time and assistance.

I think we can probably scroll through the charge section. This is just the background that we have covered in several previous meetings laying out our charge and some of the areas that we looked at and also acknowledging that there are some topics we did not get to and some that are out of the scope of what we were doing. We can also scroll past the executive summary, I think, to the immediate docs.

What is coming up first in the draft are the cross-cutting recommendations. These are the things

that we kind of see as covering many areas, not specific to one particular aspect of public health IT. I'll give everyone a moment to look at those docs. You might find it easier to review them in the document on the server as well. That is open for viewing. If we can scroll down just a little bit to pick up the additional. And a little further, please.

Steven Eichner
This is Steve, just to the comment, I agree we should have an appendix with all the acronyms.

Carolyn Petersen
Thanks, Steve. Brett and I were just discussing that before we started the call and we are going to work on that. I think that's a good idea, too. John Kansky, I see your hand is raised. Go ahead.

John Kansky
Thank you. This is regarding recommendation number two and I in no way want to dilute or pollute the message there. This is consistent with prior comments that I made. Would it be possible to consider a phrase where it says that ONC should work with federal partners to create a health data ecosystem plan that fully public health during response to high consequence public health threats. That's a great recommendation. Are we trying to say that there should be an ecosystem plan specifically to prepare for high consequence public threats? Or that we think there should be a health data ecosystem plan for public health, including preparedness for high consequences public health threats? If the focus is on the high consequence preparedness, then I'm totally fine with that. But I just wanted to ask. Thank you.

Carolyn Petersen
The Executive Order, the title is Executive Order on Ensuring a Data-driven Response to COVID-19 in future high-consequence public health threats. So, I think that's where we took the initial framing for that because that's what the task force was asked to respond to.

John Kansky
That's fine. I was reading the charge and interpreting that more broadly, but that's no problem.

Danielle Brooks
Hi, this is Danielle Brooks. My apologies, my Adobe is having a slow time connecting, so I'm not able to raise my hand. Would this be an opportunity to, in the last sentence of recommendation two, it reads, "Implemented healthcare should include a public health lens at outset to ensure individuals as well as population health needs are met." Could we sprinkle that last kind of phrase "are met in an equitable approach"? I just don't want to lose the focus on oftentimes when it's a population health view, that doesn't quite include equity. Equity is kind of divergent in a way from population health overall. So, just making sure we keep that kind of equity by design in that overall recommendation. Thank you.

Carolyn Petersen
That's just been added, Danielle. I know you can't see Adobe, but it was just added in.

Danielle Brooks
Fabulous! Okay. Thank you.

Carolyn Petersen
Yep. And I see Jim Daniel' hand is up.

Jim Daniel
Yes, thanks. In recommendation 3 on E, we just talk about working with FDA there. Oh, maybe it wasn't three. Maybe it was the next one. There was one talking about for labs working with, yeah, I think it's that one, yeah, E there. We have just got CDC and FDA for the diagnostic tests and

providers, I mean, when we are talking about labs and overall, CMS, I think, is an important component of that, as well. Like, we have got to make sure that we're working with the right regulatory agencies there for labs, because I think some of the things that we're getting at are some of the missing data elements, especially when things are coming from commercial labs. That would be, I believe, regulated by CMS.

Carolyn Petersen
Okay. That's been added in as well. Thank you. Can we scroll a little further to pick up the last piece in the section?

Janet Hamilton
This is Janet Hamilton. I'll just add, I know it is really critical for you all, as members of the task force, to look at this just in that way to make sure that we do have all the key players in and the different actors in these different recommendations. I realize this is a lot to go through and ask, but that's exactly the kinds of comments, as well, that we really need. So thank you, Jim, and others.

Carolyn Petersen
That's right. We are so close to the home stretch that it's great to add the last little bits that really tie it up.

Danielle Brooks
Hi, this is Danielle again. I'm sorry, I can't see things.

Carolyn Petersen
How about Bryant and then Danielle.

Bryant Thomas Karras
Hi. One question I have is whether or not on the comments of adding the appropriate players, is it only federal agency players we need to make sure get included? On the lab regulatory front I was thinking about CAP, College of American Pathology, who does auditing and certification of laboratories. Do we need to identify those bodies? Or ONC can't really demand activities from them, so I'm not sure if that's appropriate or not.

Carolyn Petersen
I think we give ONC more flexibility when we don' specify non-governmental agencies. Then they have more direction to work with whomever is appropriate for whatever is being done. And frankly, if there's other legislation in play that changes things, then we have recommendations that might be prescriptive in a way that's not applicable. I'm confident they will reach out to the players that are involved. Why don't you go ahead, Danielle.

Danielle Brooks
I was just going to comment in A. I would recommend putting payers in that component. I know they're listed below, but payers have a ton of information in terms of outreach to individuals during a public health concern. So, I think it would be important to call them out because I see health systems, but payers have that stuff at the fingertips. So, I would recommend that. Thank you.

Carolyn Petersen
Thanks, Danielle. I see Denise has her hand up. Go ahead, Denise Love.

Denise Love
I think I want to echo Danielle. I think under two, is it, that I'm seeing at the top of the page, I just had a question. Require non-clinical data from providers, and I wanted to echo Danielle, perhaps payers there, too. Is that too non-specific or is that by intent? I'm just trying to say it reads like public health could require other data as we needed but not specified. As a provider, I'd be concerned

about that. Can you help me understand? It just seems like other data as-needed; is that how it's supposed to read?

Carolyn Petersen
Which line is this that you are referring to?

Danise Love
Under two, F2.

Carolyn Petersen
Yes, as-needed, yes. I think it's F3 actually. As-needed.

Denise Love
Okay. I just wanted to be clear. It just seems a little everything else and not included, but I also would include payers.

Carolyn Petersen
Thanks. With that, we've had some good comments, let's move to the next section.

Denise Love
I think that's the one I was talking about right there, yeah.

Carolyn Petersen
I think this is the section on syndromic surveillance. I'll give everyone a chance to look at that for a moment. And I see John Kansky's hand is up. Go ahead.

John Kansky
Thank you. Just asking, I had, and it may be captured elsewhere, but I suggested an additional syndromic surveillance recommendation. The recommendation that's there is related to non-traditional data sources. I was suggesting a recommendation related to leveraging automation of reporting to lower burdens, leveraging normal traditional data sources. Did that get considered?

Carolyn Petersen
ONC leads, how was that addressed? I don't recall. I recall seeing the comment but I don't recall what was done.

Brett Andriesen
I think it appears to me that the header section is broader than the dot points that follow. I don't think it's just the non-traditional data that this is trying to refer to.

John Kansky
Oh, right, right. I see where my comment was incorporated. Right below that one, where it says, “Lower the burden and increase the completeness in accuracy of surveillance by leveraging clinical data and reporting information,” that's my comment. So, we need to be careful because the overarching recommendation refers to, oh, explore traditional and non-traditional data sources.

Janet Hamilton
I'm sorry, John, this is Janet Hamilton. I just added that traditional and non-traditional to see if that would better address, I think, what the group was going for. I think there's the automation piece that you are mentioning. There's also, you know, inpatient and outpatient, I think those are traditional data sources. So, I'm just wondering if this, and as the group looks at this, if that's really getting a little bit more at what people were thinking the recommendation should be.

John Kansky

That certainly addresses my comment and I will go back to reading and see if that sits with all the others. Thank you.

Bryant Thomas Karras
Janet, this is Bryant. I think that we probably should make the elicit traditional since there may be some misunderstandings about early syndromic surveillance versus more recent. And I thought we had made a comment that we wanted ONC to explore inpatient as well as what's currently incentivized during meaningful use of emergency departments. Is that in there and I'm just missing it?

Janet Hamilton
I think it's listed in one of the bullets, the third bullet down references the inpatient data.

Bryant Thomas Karras
Good.

Brett Andriesen
Highlighted on the screen right now.

Bryant Thomas Karras
Thank you.

Carolyn Petersen
Go ahead, Arien.

Arien Malec
Thank you. Same comments, it seems like we've missed the broader deployment of ADT-based surveillance. So, we might want to relook, I think adding traditional here helps. I thought we were looking at broader deployment and additional certification for ADT-based surveillance as one of the policy recommendations. So we might want to explore breaking this set of recommendations up into a broader deployment of traditional, AKA ADT-based surveillance, and deployment of more expansive surveillance.

Bryant Thomas Karras
Syndromic surveillance has gone beyond ADT surveillance.

Arien Malec
I'm sorry. I completely agree. My point is that we might want to break up our recommendations to look at broader deployment of, and broader applicability of the ADT-based mechanisms for syndromic surveillance as well as recommendations about broadening surveillance as a whole. That was my point.

Clem McDonald
This is Clem. Can I weigh in?

Carolyn Petersen
Let's go to Clem and then Denise Love. Then I'm going to encourage us to continue moving.

Clem McDonald
In terms of the syndromic, I mean, the broadening, there's other good sources. It may be worth naming a couple, like pharmacy. There are places that collect all the pharmacy transactions already automatically. Like Sure Scripts, I'm not sure how hard it is to get them to help, so we could do it that way. The other thing is the automation is crisp enough. One of the things that GEM is doing in Atlanta, they take the results directly out of the lab, the ones that are reportable, directly to the

public health. That's the kind of thing we can do. We might want to poke around in the medical records and pull them, but there's a lot of opportunity to direct from the lab.

Carolyn Petersen
Thanks, Clem. Let's go to the Denise Love.

Denise Love
Yes, I just wanted to point out as some of the non-traditional data sources are not real-time. So the first bullet, you know, does say, “Provide real-time access to healthcare data,” which is fine. But do we want another bullet or clarification or as timely as possible? Because I don't want to exclude some not real-time data sources that are important that have lagging importance for pandemic.

Carolyn Petersen
Thanks, Denise. I just added "when possible provide real-time access to healthcare data when possible.

Denise Love
Thank you.

Danielle Brooks
Carolyn, one last point, I know we’re moving on. Just a bullet that says support appropriate use of machine learning. If we can add a phrase in there to reduce algorithmic bias, I just want to make sure we call that out, because that is a massive challenge in machine learning. Thank you.

Carolyn Petersen
Yes, we'll add that at the bottom of the list. Let's start on the laboratory and case reporting section now. If you could scroll through the document, ONC. Thank you. So, we have several recommendations in this section and ONC is periodically scrolling through for us. I added that bullet point you requested, Danielle, to the syndromic surveillance section, so that's in.

Danielle Brooks
Thank you so much.

Carolyn Petersen
And while we're scrolling, Arien, why don't you go ahead with your comment.

Arien Malec
Thank you. I Certainly endorse all of these recommendations. It might be helpful to provide a cross-reference to the task force output from the first incarnation of the ISP task force where we made very similar recommendations relating to broad stroke orders and results. There's a fair amount of detail that's in that report for cross-reference. Thanks.

Carolyn Petersen
Is there a particular place where you suggest inserting that?

Arien Malec
Yes, in the first section, the first set of recommendations about deployment orders and results. I'll go find the formal transmittal as a reference for consideration.

Carolyn Petersen
Okay. That would be really helpful. Thanks. Let's go to Nell.

Nell Lapres
I had a comment in here as well but wanted to get additional clarification on the goal of 8C

underneath the lab reporting requirements. I think, certainly, want to make sure that from the EHR perspective that we are, wherever possible, facilitating ease of implication and maintenance when it comes to public health reporting. I do worry about the wording though. When a system has been deployed at a site, it is not always, depending on the implementation process for an organization, it's not always EHR that's making recommendation changes, it could be the organization. So, imposing additional requirements on the EHR vendors to require certification after system deployment, I think will pose to be a challenge for organizations. I would recommend focusing, if we can, instead, on onboarding processes or automating testing to facilitate the appropriate content exchange if that's the goal of this recommendation.

Carolyn Petersen
We can revisit a way to wordsmith that. It may be that the best we can do is to say how the certification process fits in is to be determined and requires additional consideration. I know there's a lot around some of those pieces. Go ahead, Janet.

Janet Hamilton
Sorry, Carolyn. I'm just wondering if you had maybe specific language you wanted to suggest for us in this. I think the intent of this recommendation was trying to get at the perspectives of public health, which is that there will be an onboarding process which might include, for example, reporting of laboratory results or other things. And then as time goes on, the healthcare system might make a change within their EHR vendor system and then we see a break in the public health reporting. And the break can be for very long periods of time, as well. So, I think that was the intent of this, but maybe you have some language to add to get this a little bit more specifically. Or maybe others who also worked on this language have some thoughts on how to address the comment from Nell.

Nell Lapres
This is Nell. I can certainly provide some language. A thought I had about how to best accomplish that would be to see if there's a way to automate some testing whenever possible, so that the work effort as organizations are making changes would be on that organization to regression tasks instead of on public health. The other option, which I think we've seen some success within the IS world, would be to focus on using errors to identify and more proactively course correct if there is an issue when it comes to acknowledgments or other ways we can do content error reporting. So I can work on that and get that up to you right after this meeting.

Carolyn Petersen
Thanks, Nell, that's really helpful.

Janet Hamilton
Thanks, Nell. Maybe one other thing I'll ask for you to consider, too, is if we have any recommendations about how long downtimes can and should be, as well. I mean, I think there have definitely been times on the side of public health where they have experienced months and months and obviously we would like to have that kind of partnership with the vendors, so that we don't end up in those kinds of situations.

Carolyn Petersen
We can review the language and comment from Nell, how to incorporate that. But I'm going to be a little heavy handed and push -- .

Janet Hamilton
Thanks Carolyn. We just have a lot of recommendations. Go ahead, Bryant.

Bryant Thomas Karras
So Nell, I'm wondering if the word "certification," which can be a costly process in the deployment

process could be replaced with "regular quality assurance testing." I totally agree with you. I think error in the immunization world has come up with some very clever automated testing scripts to make sure that things are compliant post deployment. I feel like we've said several times it could be a really good model for all of the public health reporting measures. One thing that Janet, that you mentioned, it's not just a one and done. I think it needs to be a quality assurance that's done on a regular cadence, so as things evolve and change or new codes get added, that we make sure that they don't get missed.

Nell Lapres
Bryant, just for the sake of moving forward, I know we're trying to, do you want me to maybe email you offline and we can try to work through the wording to make sure you're comfortable with that?

Bryant Thomas Karras
That would be fabulous.

Nell Lapres
Yeah, I'll email you.

Carolyn Petersen
Thank you. One last call for any last brief comments for this section.

Arien Malec
Just a note, I dropped the reference in the chat.

Carolyn Petersen
Perfect. Thanks, Arien. That's great. Seeing no hands and hearing no other voices, let's move on to the next section. If you could scroll up, ONC, that would be great. Now we've come to health equity. In this section we have a couple screenfuls to review, so I'll give you a minute to look at that before asking ONC to scroll up. If everyone could mute your phones while you're not talking, that would also be good. I see Steve Eichner has his hand up. Go ahead, please.

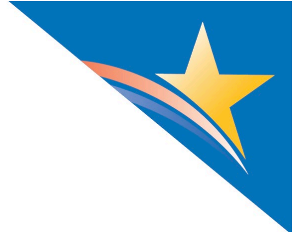
Steve Eichner
Just a general comment. I think some standardization throughout the document with STLT and state and local health agencies, I think is something we need to standardize throughout. Usually we're meaning the same thing throughout, but we've interspersed different ways of describing that.

Carolyn Petersen
Yes, earlier this morning before the call when we were logging on, I spoke with Brett and Brenda and Katie from ONC about that. We do have some of that standardization, as well as the abbreviations list and some other tidying up in terms of the formatting. It's still kind of in a working format, but we will work on that.

Steve Eichner
Exactly. As expected, but just observing.

Carolyn Petersen
Yep. Appreciate the comment.

Danielle Brooks
I do have one comment. This is Danielle. With letter C, it's not only just data collection standards, and I may have missed this, so I apologize if it's there within the recommendations, but to make sure that underrepresented geographic locations, demographic groups have access to necessary technologies to foster the exchange of data. Just making sure they have the right HIE components, the HR component and making sure there's resource allocation for areas that may be under



resourced to be able to participate in this data exchange. Thank you.

Carolyn Petersen
Thanks, Danielle. We're making some edits on the screen right now. I know you probably can't see that.

Danielle Brooks
Nope. I'm trying my best and can't get into Adobe.

Carolyn Petersen
It can be grumpy some days, I agree. And then I see Arien has his hand up. Go ahead, please.

Arien Malec
Apologies for not catching this if it's here, but did we get the point that individuals should be involved wherever possible in the specification of their own identifying information?

Janet Hamilton
Self-reported.

Arien Malec
Self-reported information and validating information.

Danielle Brooks
I'm not sure if it's necessary to call out, but to your point, you know, I think oftentimes people scrape census data, which is out of place. So, it's kind of like whatever the most real-time data access is the best data. I'm not quite sure how to articulate that, but I think that's a great point.

Carolyn Petersen
Yes, I think I was the one who worked on the editing of the input about how you classify yourself. I think that was Monday night. We can revisit and be sure that is in there, but I did a number of those Monday night, a number of comments.

Janet Hamilton
I wonder too, Arien and Carolyn, if there's the individual section and I'm just I think between the individual engagement and the health equity, we just want to make sure that's cross-referenced.

Arien Malec
I think that would solve it as well, if it's addressed in the individual engagement section, a forward reference.

Carolyn Petersen
We can do that. I know in some ways they do overlap and some of the same kinds of concepts are mentioned in both places. We can check for alignment about that. Let's go to Nell.

Nell Lapres
Very quickly. I thought this was added yesterday and I didn't see it, so I might have missed it. Is there a comment about clarifying what the appropriate source of this data is and making sure we have recommendations to reduce any duplication of documentation wherever possible?

Kathleen Tully
Hi, this is Katie from ONC. I do remember adding that. I'm trying to find it on the screen here. But I do remember incorporating that into the document yesterday.

Carolyn Petersen

It may be in the individual engagement section.

Kathleen Tully
Yeah, it might be in a different section, but I'll note that and make sure that didn't get lost.

Carolyn Petersen
Thanks, Katie.

Danielle Brooks
This is Danelle, just making sure for consistency, in the top we kind of talk about all of the different demographic data in the first recommendation point raised with disability and so on, I'm not quite sure for the ease of editing, because all of that should be replicated throughout all of these recommendations in the letters. So, I'm not sure if it's easy for shorthand for the editors to make sure this is all included and should be replicated but just so we emphasize the importance of that consistent collection. And then I'm not sure if this is the right place to put it because I know it states that we are going to work with other organizations to ensure the data collection is consistent, but the recommendation of trying to choose ethnicity over race for better classification of demographic information, if that would be an appropriate thing to state in this area as well.

Carolyn Petersen
I hear you in terms of the replication and we will see if we can standardize that. We should, it should be doable. Can you point to the recommendation or do you recall which recommendation it was where those phrases were stated correctly, so we know what to propagate throughout the document?

Danielle Brooks
Sure, I think up in the top. Again, I'm working on the Google Doc, so I apologize if I'm not placing it first. Right under the health equity banner, it says, “Race, ethnicity, recommendation of ONC and STLT should work to ensure consistent collection of agreed upon standards for,” and then it’s highlighted, “**[Inaudible] [00:44:54]** disability condition result of impacts of orientation.” You can even make a parenthetical to say, “Equity, demographic data,” or something to that. That way, that can be standard throughout all of that, if that's easier. But I think it's important, because even in the disability section, there is different equitable treatment and disparities of disability based on race, ethnicity, and language, so on and so forth.

Carolyn Petersen
That's perfect. That's exactly the clarification we needed. That's in recommendation number 11 in the main body. That's great. Thank you.

Danielle Brooks
Of course.

Carolyn Petersen
Any other comments from task force members before we move on? I don't see any hands raised. Is there any who's just on the phone with a comment?

Danielle Brooks
I just want to applaud the equity consideration. It makes me so very happy. Thank you guys for being so open to all the comments and responses. I just really appreciate the team's work on this.

Carolyn Petersen
Thank you for putting in the time to provide all the feedback and to help us phrase these things in the right ways and be sure that we're catching any inconsistencies or places where things are not well aligned. The expertise is really valuable and it's made the document much better. Seeing no

other hands, I'd suggest we move to the next section. That would be standards development and adoption. We just have one there, I think. Go ahead and take a look at that. Does anyone have any comments? I don't see any hands raised. Go ahead, Denise Love.

Denise Love
Yes. I don't have a problem with the recommendation, per se. I know that the National Committee on Vital and Health Statistics is working on some of these things. I don't know if it warrants mentioning or if it's implied in the recommendation here. But I just wanted to acknowledge that the standards subcommittee of NCVHS will be and is working on similar trajectories.

Carolyn Petersen
Thanks, Denise. We can make a note of that in that recommendation. Let's go to Bryant.

Bryant Thomas Karras
So, I think that it's more than just FHIR-based standards that need further enhancements, development, and ongoing support from ONC and other federal agencies. I made several comments that it doesn't seem like they got incorporated. Maybe the acronym I used, the SNI framework, I feel like ONC, in the early days of meaningful use, invested in interoperability and standards framework, S&I framework, to convene vendors, public health, and clinical partners to really prove out and create implementation guides around standards that were in development. That kind of proving ground really was beneficial and it seems to be lacking currently. But it can apply not just to FHIR-based standards. Some are V2 and CDA-based solutions really could benefit from continued support and development. Public health needs support getting to those tables.

Carolyn Petersen
Thanks, Bryant. We will make that adjustment and that recommendation. I do want to note that some of the recommendations that were initially in the standards development section got moved to other places, to the cross-cutting and infrastructure sections. So, I don't know that the feedback's been lost; I think we just shifted it on you and made it appear in unexpected places.

Bryant Thomas Karras
Okay.

Carolyn Petersen
Let's go to Steve Eichner, please.

Steven Eichner
Thank you. Really quickly, I think as we're looking at case investigation, automation is fantastic. But we also need to link this, to some extent, to a library of services to support case investigation, whether they be automated retrieval, we should mention or refer to projects like metamorphism related technology and looking at tools like Pulse again, a different logic that is not fully automated retrieval, but it's another part of the library of tools to facilitate collecting and getting additional information about case reports, because I think it's not necessarily a one-size-fits-all approach. We need another blade in our jack knife, but not necessarily a single blade, to solve case investigation and collecting additional information. I just want to make sure we don't lose that idea.

Carolyn Petersen
Thanks, Steve. Clem, I see your hand up. Go ahead, please.

Clem McDonald
Yes, I want to reinforce Bryant's comment about the other standards, because today grad results are only delivered by V2 and almost exclusively and all the material we could get is V2, so that's got to be supported. And similar with all immunization standards specifications, are all V2. I want to emphasize the fact to keep those things healthy with support. Thank you.

Carolyn Petersen
Thanks, Clem. I don't see any other hands raised. So, this is a short section, so I think why don't we move forward because I know that some of what was in this section was moved to other ones and we'll see it there. We'll just give ONC a moment to finish this comment and then we'll scroll up the screen. Now we're heading into funding mechanisms and we have 10 recommendations here. Five of them are on the screen and I'll just give everyone a moment to take a look at those. Now we're scrolling down to the second part of these funding mechanism recommendations. I see Arien has his hand up. Go ahead.

Arien Malec
Thank you. On recommendation 21, I think the point that we discussed was that we should encourage public health to use both state and national shared infrastructure HIEs wherever possible to address the mission. The notion of encouraging HIEs to adopt funding sustainability models is definitely something that HIEs, the reason we don't have this in areas that we don't is not because HIEs resist funding sustainment, it's that we don't have the appropriate mechanisms to flow appropriate public health dollars into HIEs, both at the state and national level, like APHL. I thought a proposal was to encourage public health, both CDC and at the state/local/tribal et cetera level, to use HIEs both at the state and national level wherever appropriate just to fill the mission. And that addresses sustainment. Thanks.

Carolyn Petersen
I will let Janet respond on the funding mechanism piece because I know she's been quite involved in working on the language.

Janet Hamilton
Yeah, thanks. And I would be happy to work a little bit more on this language with you, as well. I think there's two things. I think encouraging public health to use HIEs when they're available, but there are some instances on the side of public health where HIEs have presented models that charge public health very large fees.

Arien Malec
Understood. Okay. Yep.

Janet Hamilton
So I think trying to get at that balance and maybe you and I can come up with a better way to handle both of those.

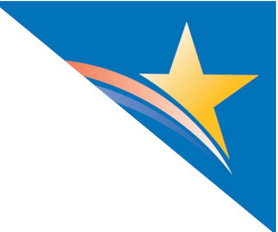
Arien Malec
Gotcha.

Janet Hamilton
If HIEs are available in shared infrastructure, that's great, but also HIEs present options to public health that are affordable.

Arien Malec
That makes every bit of sense. Thank you.

Carolyn Petersen
Thanks. Let's go to Jim Daniel.

Jim Daniel
Hi. Just on recommendation 20, I was reading through the rest of the recommendations to see if we captured this elsewhere, but scalability is such a really important component of our



recommendations. It seems to be almost like an afterthought in this one recommendation. So, maybe moving scalability up to the first sentence, as well. I think something about cloud technology to support scalability would be good within this recommendation, too. We know that so many of the issues we faced with so many of our health departments across the country were because their systems didn't scale. This seems to be the one place where we have got that addressed. I can help wordsmith later if you guys want, but I just think scalability and utilizing the cloud need to be emphasized a little bit more in this recommendation. Thanks.

Carolyn Petersen
Thanks, Jim. Let's go to Steve Eichner.

Steven Eichner
Thank you so much. I think it's important that public health have a lead role in defining what its needs are with respect to support from HIEs, rather than HIEs necessarily taking a lead and telling in public health what its needs might be. So, I would be happy to work with you quickly to update some of that language. There's a lot of opportunity to leveraging HIEs to meet public health's needs. Both understanding that relationship and establishing a working relationship that benefits both parties is important, but it's really ensuring that the data and activities meet the needs of public health, which is the customer in this sense, becomes important rather than being given a set of tools that may not support what public health is focused on.

Carolyn Petersen
Thanks, Steve. Clem, go ahead, please.

Clem McDonald
I'm sorry, it must have bump my, I don't have something to say.

Carolyn Petersen
Okay. How about Bryant?

Bryant Thomas Karras
This is again back to 21. I'm wondering if in the wordsmithing we need to discuss overall societal cost as opposed to individual by individual cost. Looking at each individual type, one might be able to make the argument that we'll just have a single national hub for all of these types of messages and a single national hub for all of these types of messages. But the overall cost of maintaining those separate systems and asking providers to have to connect independently rather than leveraging a common statewide Health Information Exchange as a pass through may not pencil out. I'm wondering if we need to emphasize those that economic analysis of sustainability.

Carolyn Petersen
We can add a broad statement that it's the importance of balancing the costs to individuals versus society and the importance of managing the investments.

Bryant Thomas Karras
I think that just pushing the bill on the public health and saying, well, public health is using a lot more messages this year than last so they have to pay more is not the answer.

Carolyn Petersen
Okay. Thanks. John Kansky?

John Kansky
Thanks, Carolyn. I was just tracking with the earlier conversation about 21 with Arien's comment and Janet's comment. I just wanted to offer if there's any offline wordsmithing, I would be happy to help.

Carolyn Petersen
Thanks, John. I don't see any more hands. Are there any last comments from task force members on this area of funding mechanisms?

Danielle Brooks
Hi, this is Danielle. This is actually something that occurred to me in the previous comment, so I just wanted to raise to the group. In the very first comment that we looked over about the actors that should be involved and we added payer information, there may be a rationale to also offer any health information out of the criminal justice system. I'm just thinking about the lessons learned from the pandemic as those are hotbeds and a lot of those individuals were released from some into the public. So, if there are opportunities to get health information from criminal justice as well, that could be a great player in public health. Inappropriate comment for this section, but I wanted to offer it for consideration.

Carolyn Petersen
Thanks, Danielle. Seeing no more hands, I think we will move on to the next, Bryant, you had one last comment?

Bryant Thomas Karras
Yes, maybe this isn't under funding but better suited in policy. Segments of the healthcare industry like criminal justice, the VA and DoD that are outside of HHS purview, are those funding or policy levers that would be needed to get them to participate in these activities?

Carolyn Petersen
We can look at where that fits. I know we had 10 recommendations in funding mechanisms and 10 in policy and that's a lot. So, I'm not pulling it off the top of my head, but we can look and see.

Bryant Thomas Karras
I've lost track of where VA and DOD ended up.

Carolyn Petersen
Okay. So, perfect segue into the next section that we'll look at, which is policy. We have 10 recommendations so we'll get some of those on the screen and then wait a minute or two for you to look at those and scroll down through the rest of them. While we're moving the screen around to facilitate review, go ahead John Kansky. I see your hand is up.

John Kansky
Yes, Carolyn this may be one of the personal differences you referred to at the top of the call and I'm totally okay to go along with whatever. Comment related to recommendation 25, love this recommendation. The last bit seems to get a little bit prescriptive. We tend to recommend, in terms of policy, recommending to the ONC that they specify the what, not the how. What I'm referring to specifically, the second sentence, "The guidance should be aligned with tasks to allow national networks and HIEs to serve as public health intermediaries," absolutely experienced that firsthand. "Constraint that data provided for public health may not be used for mail of use. Those purposes may not be stored outside of public health unless the patient has explicitly authorized use of that data," I find that to be a very prescriptive constraint. Maybe that can be made a little bit more a principle and not a specific.

Carolyn Petersen
I think we updated that language yesterday to get at some health equity concerns, but we can look at ways to wordsmith that to make it a bit less prescriptive.

John Kansky

Point being, I support where that's going philosophically, but there are unintended consequences sometimes where specific states might love to be able to do X, but it turns out there's a rule that says you can't because we don't have any way of getting patient authorization or something like that. I'm making that up.

Carolyn Petersen
Okay. We'll look at that. Thanks. Denise Love?

Denise Love
Yes, I am really concerned by that wording as well. I think that is harmful for perhaps research. I know states are doing a lot of linkage with de-identified data. I just think that handcuffs public health and research and needs to be reworded. I'd be happy to work with others to reword it, but I think that is concerning to me.

Carolyn Petersen
Thanks, Denise. Let's go to Steve Eichner.

Steve Eichner
Thank you. I'm going to put on two separate hats here, one public health and one as a person who happens to have a particularly rare condition. I think one of the concerns here is that public health is not well represented in any of TEFCA workgroups or the TEFCA advisory groups and looking at ensuring that public health's viewpoints are considered in any policy development involving those entities. Public health needs to be represented as part of that decision-making process. My fear right now, there's not a voice for public health at the table in that environment. And we've seen a number of cases where individuals' information is not necessarily being used expressly for the purposes for which it's gathered. So, we're concerned a little bit about how information may be held and used for other purposes, but not necessarily as intended.

Looking at a personal perspective as someone with a rare condition, I'd like to have control. It's data about me and is my data. I'd like to be able to control what the use of that data is and not have a data release based on a generalized statement about yes, you can use my data or populate my data or share my data from six years ago and have that serve as a basis for releasing my information without me getting an accounting of where that data's been released to for what purpose. So, it's really how do we ensure that the individual is included in understanding where their data is being used, where it's being shared, and for what purposes. That comes back around to that individual engagement component. I think that's an important consideration. Thank you.

Carolyn Petersen
Thanks, Steve. I really appreciate that comment and in particular consideration about individuals with rare diseases, as I have one myself and have seen how that plays out and understand the concerns. Just thinking broadly in terms of these comments, it sounds like perhaps the way to resolve this is to make a more broad statement that references the importance of addressing privacy and health equity concerns without trying to really be that prescriptive. We can look at that language and see how to come up with something that's a bit more general and not creating the concerns that we've heard now.

Steven Eichner
I agree and perhaps expanding it a little bit to include input from national organizations, rare disease, and other stakeholder groups, so that whatever policy is eventually developed is getting input from the affected populations, for the affected stakeholders, and not as a unilateral or more narrowly viewed policy.

Carolyn Petersen
Great. Thanks, Steve.

Steven Eichner
Thank you.

Carolyn Petersen
So, seeing no more hands and given that we have 40, maybe 45 minutes at most to go through the remaining four sections, I'm going to suggest that we move on to the next area, which is infrastructure. I think we're making really, really good progress so far and I know some of these areas we're coming into are things that we have been discussing for a longer period of time, so I'm hoping we're in a good spot to keep moving with the work. Go ahead.

Danielle Brooks
Hi, Carolyn, I'm sorry. I'm just talkative today, I guess. I completely agree with this point of the privacy versus public use balance. I also wanted to maybe add that there's some language peppered in about advisory committees and task force. And just bridging off the comment of making sure that public health is involved, making sure that community engagement is involved in those advisory task force in the building of that and getting to this conversation here about that weighing of privacy and participation and best practices. I don't want to derail it, but just wanted to add that comment. Thank you.

Carolyn Petersen
Thanks, Danielle. That's a good point and I know we've mentioned community engagement elsewhere, but we can look at how to incorporate that here as well. We now have the first few of the infrastructure guidelines on the screen. I now watch for hands for comments from our task force members. Go ahead, Denise Love.

Denise Love
I'm having technical issues with Adobe today. Sorry. On the dashboard, I mean, do we mean dashboards or measures for the dashboards? Because, you know, are we standardizing the interfaces? I'm just trying to understand what public health report dashboards because I'm thinking **[inaudible] [01:13:02]** versus the interface, or is it both?

Carolyn Petersen
I believe the thinking was around the interface, just in the sense of a standard information presentation, certain specific information being easily accessed. That ties in with the recommendation in the individual engagement area that talks about the importance of presenting information in standard formats so that it can be easily used by local leadership and governance as well.

Denise Love
I think it is implied. As I reread it, standardized aggregated reporting, so not only the content but the interface. Thank you.

Carolyn Petersen
Thanks. Go ahead, Bryant.

Bryant Thomas Karras
I'm wondering if, and this is just for clarity, recommendation 35 and recommendation 38, master person indexing often elsewhere referred to as master patient indexing, I wonder if those two recommendations should be put adjacent to each other so that linkage in patient matching and MPI isn't lost.

Carolyn Petersen
Yes we can do that. We'll take care of that within the formatting. Go ahead, Clem.

Clem McDonald
I have a comment on the interface that we just talked about. I don't know that we can do that, actually. It depends on the space available and the importance people give to various dimensions. There will come a point where it won't fit. Someone has to make choices. So, I think it's a little prescriptive when no one built a single one described that it has to be unified or the same.

Carolyn Petersen
We can look at the language. I think the intent is that there should be some standardized reporting. We will revisit that language. Let's go to Denise Chrysler.

Denise Chrysler
Hi, just wondering are we just not able to pursue a national patient identifier under HIPAA or do we have other ways around it that it's not so needed as it used to be? Because if it's in there, I missed it. I couldn't figure out where it was.

Clem McDonald
This is Clem. There's new news on that from Congress.

Denise Love
This is Denise Love. States are doing a lot with patient matching, so maybe instead of a master patient index, which politically is difficult, this is Denise Love and I'm sorry to speak out of turn, perhaps some standardization around the algorithm for patient matching and standardization of those and the data elements that feed those algorithms as another way to get around the MPI issue.

Carolyn Petersen
Thanks, Denise. I appreciate your stepping in with kind of the legal policy perspective. I know there's been quite a lot of back and forth about that, and I'm not expert enough to point out the explanation, but there are some barriers to that right now. Do you have an additional comment, Clem?

Clem McDonald
Yes, about the master patient index and the universe identifier. I think yesterday the House passed a bill rescinding the restriction on doing studies or making one. The Senate didn't pass it, but there's some optimism that the sentiment has changed in the context of COVID and the importance of getting the right patient. And secondly, master patient index systems already exist, I believe. So, I don't think we should be too worried about having them. It's complicated, you have got to do matching on top of it. And we already had a proposal to improve the content that would help matching.

Carolyn Petersen
Thanks, Clem. And one last comment I see from Arien. Go ahead, please.

Arien Malec
Yes, thank you. As a suggestion, we might want to use the term record locater as opposed to master patient index. Master patient index implies some level of hierarchical identifier whereas a record locator tells where to go get a patient's data. It can be a more privacy sensitive approach to addressing this. Or we could use the term master patient or record locater as potential alternatives.

Carolyn Petersen
Thanks, Arien. That's a great point. We will now move on to the situational awareness data section. Here we have 8 recommendations. So I will ask ONC to put some of those on the screen and give a minute to look at them before we scroll down.

Danielle Brooks
Hi, Carolyn. This is Danielle. I wanted to just bring some things to the infrastructure discussion as people are reviewing the other section. Just calling for consistency in some of the language. In number 35 you call out demographic information and whatever phrase is used above when we name all the different equity considerations, just to ensure that phrase be consistent. The other thing I wanted to point out in this section is there's a call out that talks about coordinating to ensure collaborating with partners including volunteer organizations to assess. So, whatever we're defining as healthcare partners, just making sure that's really inclusive, including like payers, because again, we have a lot of wealth of information. I just wanted to add those two comments to the conversation. Thank you.

Carolyn Petersen
Thanks, Danielle. We can replicate what's in recommendation number 11 in terms of that language. We'll probably do it offline after the meeting so we can keep moving. We do have that. Great. Thanks for that. And then let's see, we're just scrolling through the situational awareness data recs. I don't see any hands up. Are there any comments? Nell, go ahead, please.

Nell Lapres
Just really quickly in relation to my comment on the screen. In recommendation 42, we talk about the fact that there are other systems that may contain this data. And then in recommendation 47 we say EHR should include inventory and staffing data. I just want to make sure we're clear on what is the actual expectation for an EHR versus another system that may already contain that data. If we're asking other systems to be able to report that, then requiring within the EHR may not be necessary. I think that the sub-bullet points beneath recommendation 47 make sense, I just felt like including inventory and staffing data somewhat contradicted other recommendations we had.

Carolyn Petersen
Okay. I was the person who added that comment in in response to another comment, but we can revisit and look to align that so that it's clear. Are there other comments around this section?

Daniel Brooks
Yes, I'm sorry.

Carolyn Petersen
Go ahead Danielle, and we'll go to Bryant after you.

Daniel Brooks
I apologize. I don't like skipping the line, but I literally can't see on this. Just making sure as we talk about looking at the situational awareness infrastructure, again, pulling in the language about under resourced areas, just to ensure, because there's this conversation about recording and standard mechanisms, just making sure we're being responsive and understanding that not all systems are up to date and have the funding and resources to accomplish this work. So, just again, calling that out as appropriate. Thank you.

Carolyn Petersen
Thanks, Danielle. And let's go to Bryant.

Bryant Thomas Karras
Yes, I'll just repeat. I think that some of these enhancements are analogous to the improvements in Phase 1 and Phase 2 of meaningful use where we needed providers to add things to their EMRs that weren't there before. And it may require another round of incentive programs to get those updated certified technologies in place. My comment was just one. I'm totally fine with where it is, but I made the recommendation early on that the syndromic surveillance section and the situational

awareness section be adjacent to each other in the document. Fine, if for chronological reasons, it gets left here near the end, but it seems like the two have synergy between each other and perhaps should be spoken about together.

Carolyn Petersen
We can look at that, Bryant. I know the document kind of evolved organically and I think there may be other synergies as well. We'll take a look at that. Go ahead, Nell.

Bryant Thomas Karras
[Inaudible] [01:23:17] it needs to stay here.

Carolyn Petersen
Thanks. Go ahead, Nell.

Nell Lapres
Bryant, to your point, I do want to make sure and completely understand that as the situation evolves we also need to evolve or healthcare systems, EHRs need to evolve. I do want to be careful about requiring duplicative reporting if there's other more appropriate sources of the data and that's where my comment was coming from since some of that information is already stored and accessed elsewhere. I want to make sure that there's critical thinking about where the appropriate source of the data for some of this reporting may come from.

Bryant Thomas Karras
That's exactly where I was thinking with the syndromic surveillance can be used to, if you know how many beds a hospital has available, can be used to reverse engineer capacity. But sometimes two different data streams that tell you the same thing boosts your confidence that you have got the right number. Sometimes duplication is good. Sometimes it's confusing when it tells you different numbers.

Carolyn Petersen
Thanks, Bryant, and Nell. We will look at and see about wordsmithing the language to try to be general enough to cover the bases and not too prescriptive so that it's problematic. We have just about a half an hour, well, 25 to 30 minutes left. And seeing no more hands or hearing comments, I will suggest that we move on to the next section, which has to do with individual engagement. Here we have 8 recommendations. This will probably take a couple screens so I'll give you a minute to read those and let ONC scroll through them a bit for us. I see Arien has his hand up. Go ahead, please.

Arien Malec
I certainly support the language, but in recommendation 52 where it says ONC should consider how HIPAA individual right to access public health data, I think that's the wrong authority. I'd suggest to ONC that we edit the language to, "ONC should work with OCR and CDC to provide a framework for individual right to access for public health data using HIPAA where appropriate." The point here is that many public health agencies are not HIPAA covered entities. So, HIPAA literally doesn't apply but the right of individual access may apply.

Carolyn Petersen
Thanks, Arien. I saw someone's hand up for a moment that went down. Do we have other comments? Denise Love, go ahead, please.

Denise Love
Yes, my technology is not working today. It's implied here that at the very beginning, up at the top, could you scroll up, yes. "Individual engagement, ONC should work with appropriate HHS stakeholders," but I need to plug states and maybe it's implied HHS stakeholders. But states have

done a lot with public reporting and educating and individual engagement through their governance systems on public health data. So, I would hate to see something coming up from HHS that collides with what states have done for decades in its governance for public health data and its use. I just think that needs to be woven in, including states or something of that nature, because I spent 30 years with state governance and stakeholder use of public health data.

Carolyn Petersen
Thanks, Denise. We can make a note of that and look at ways to incorporate that. Are there other comments? I don't see any hands raised or people on the phone. Please go ahead. ONC, if you could scroll down a bit so we can see the lower recommendations. Great. Thank you. Seeing no hands or hearing any other comments, I think we may as well move on to the immunization section. Here we have 7 recommendations so that will take a couple of screens to go through those. We'll just take a minute to look at them. I see you have your hand up, Nell. Go ahead, please.

Nell Lapres
Yes, I just wanted to address my comment on here as well. And certainly understanding that there are different state laws, recommendation 61 seems like it's a good goal where we are trying to create a more prioritized set of immunization data elements that maybe is more inclusive of some of those discrepancy that have to happen. But I think the goal would still be, or maybe this is my opinion and we move on from it, but would still be to try and standardize wherever possible and try to create that prioritized list that is inclusive of some of the state variants, but also help to standardize some of the data elements that may not be required across all states or required by law. So, when it comes to the language specifically about CDC and state required data elements, I think if we could refer to the data elements identified as part of recommendation 61, that was what my comment was trying to focus on, understanding there are some discrepancies in the law, trying to create a more standard data element list that would be sufficient across all jurisdictions.

Carolyn Petersen
Thanks, Nell. We'll look at that. I know we were moving in a lot of comments rapidly in the last day or two, so we can look at that again and align that. I see Bryant has his hand raised. Go ahead, please.

Bryant Thomas Karras
Just from a semantic, I think CDC may have recommended elements, but it's the states that determine what the actual requirements are. So, I think that's part of the legal framework. I defer to Denise Chrysler to tell us what the proper language is to differentiate.

Denise Chrysler
I'm sorry, Bryant, I was reading a particular recommendation and I didn't hear what you said except I heard my name. Which recommendation?

Bryant Thomas Karras
I think we are talking about 61, if we could scroll down a little bit.

Denise Chrysler
"ONC should work with CDC," that one? Well, most of them start that way. Okay.

Bryant Thomas Karras
So, prioritization of immunization data elements, it states first, I mean, they can work with CDC to make recommendations, but it's the states' territories, tribes that really need, that are the authority in terms of requiring elements. Am I correct?

Denise Chrysler
CDC provides funding and as a condition for that funding, they have functional standards. The

standards have a core set of data elements. Some are required. Some are optional. Many of the data elements even that are required, such as race and ethnicity, don't make their way into state law or policy or having the data elements. So, I saw this as consistent with how the system exists in the sense of CDC has this funding lever and it's been more, at least from my viewpoint, as to whether the requirements actually flow down and get implemented. And I have read laws that lists the data that states are allowed to collect with regard to immunizations. Some are much more restrictive than others. A lot of them just defer to the health department to define the data elements. So, was that what you're asking, Bryant?

Bryant Thomas Karras
I think that's fine. I just want to make sure that we're not recommending that CDC do something that they don't have the authority to do. That CDC can make the recommendation or provide funding to ensure compliance, but it's actually STLT that need to be coordinated with or collaborated with in order to make it go into effect.

Denise Chrysler
Right. Jurisdictions are actually the ones that actually implement whatever data elements are collected.

Denise Love
Maybe this is more appropriate certification context. The goal of my comment was understanding that there are state law, where state law does not restrict or require a specific data element, trying to have consistency across the other data elements wherever possible will help with implementation and maintenance costs for healthcare organizations, especially ones that operate in multiple jurisdictions. So, I think that's really the intention of the comment is just making sure that there is consistency where possible, understanding that it's not always possible to be consistent across all jurisdictions.

Carolyn Petersen
And I see John Kansky's hand. Please, go ahead.

John Kansky
Thank you. I have a comment and I think a question about recommendation 64, which I really like the way I'm interpreting it and I want to make sure I'm interpreting it correctly. My question was going to be can we add comma and HIEs at the end of the "for example data reporting systems, death registries and HIEs." But I didn't know what the words “within the walls of public health” meant, that's question number one. And I didn't know if the word culturally was necessary to convey the meaning of the recommendation. Anybody know?

Bryant Thomas Karras
This is Bryant. That may be coming from some comments that I made. The public health culture, and I agree culturally is probably the wrong, especially with the health equity focus earlier, is probably the wrong word to use here. It's really referring to historic silos within public health that need to be broken down. That immunization program and the communicable disease programs are classically in different departments, and different people, and different systems. So, getting those systems to talk to each other within a public health agency can oftentimes require change management and thinking about breaking down operational norms that may not have any legal reason for being in place, but it's always been done that way. How do you undo those norms to recognize what's possible?

John Kansky
I think I get that. And that sounds right to me. So, I don't know if I'm suggesting a second recommendation or just adding to this one, because when I saw that this recommendation suggested engaging The Center for Public Health Law, which sounds right to me, and later it says

other systems and organizations, what I was thinking of are the unintended policy barriers that prevent public health departments from having the latitude to share their immunization data or interoperating their IISs with organizations like HIEs. So if that's compatible, for me, that's by saying HIEs and the series of the end, but I don't want to change the meaning of the recommendation from your standpoint, Bryant.

Bryant Thomas Karras
So, maybe it's within the walls and outside the walls. I hear what you are saying. We need to first break down the barriers internally before we can start to successfully collaborate externally.

Carolyn Petersen
And I see Denise Love has her hand up. Go ahead, please.

Denise Love
Yes, I'm just wondering for the prior discussion, instead of stating disease reporting and death registry, because I agree, there's more than that, didn't earlier the term, you know, the public health ecosystem or information ecosystem? So, instead of just specifying disease registries, et cetera, sharing across the appropriate data systems, across the public health data ecosystem. And that is broader, because I think for hospital discharge data could also be an effective linkage on outcomes. So I hate to be too prescriptive, but we used that term earlier and I don't know if it's appropriate to insert here.

Carolyn Petersen
Thanks, Denise. Let's go to Denise Chrysler.

Denise Chrysler
Thanks. Sorry, I can't figure out how to do comments on Google Docs. If you're talking about the organization I'm with in number 64, it's the Network for Public Health Law rather than Center for Public Health Law, with everything capped or not the "for." But Network for Public Health Law, with a capital L.

Carolyn Petersen
Thanks, Denise. We'll make that change and make sure that correction is involved. Steve Eichner, go ahead, please. You might be on mute, Steve.

Steven Eichner
Can you hear me?

Carolyn Petersen
Go ahead.

Steven Eichner
It should be probably vital statistics systems rather than death registries at the end of it. That's reflective of both incident. Many public health departments would refer to it as vital statistics systems rather than a death registry. And probably don't want disease reporting systems capitalized just, just in general.

Carolyn Petersen
Thanks. We'll fix that. I don't see any additional hands raised. Are there any comments about the section on the phone?

Steven Eichner
Actually, this is Steve again. It probably should be from fully enabling interoperability between immunization information systems and other systems. Fully interoperating feels a little bit weird,

just from a functional standpoint.

Carolyn Petersen
We can update that. I see John Kansky has his hand up. Go ahead, please.

John Kansky
Sorry, not trying to beat this one too dead. If my suggestion to add and HIEs is not winning the day, could we add the word "external" before "organizations"? I'm trying to incorporate Bryant's meaning and the one I'm hearing myself and others suggest, which is interoperating immunization data and other internal systems and external organizations. I don't know if that captures what we're all trying to say.

Darlene Love
Or across the public health information ecosystem, broadly, including HIEs.

John Kansky
Yes, I like that direction.

Bryant Thomas Karras
It's a wonderful aspirational. I think one of the challenges will be in the legal frameworks. Like our immunization system, for example, people who access it have to have an agreement in place and not all members of an HIE may have signed that agreement. So it becomes challenging to control access.

Carolyn Petersen
Steve Eichner, go ahead, please.

Steven Eichner
I appreciate what Bryant said. We're in a similar position. To me, it's almost a recommendation 65 to look external to public health or external to other governmental systems because there's a different set of criterion or a different set of factors that come into play, no less important, mind you, but a different set of factors. But I have got one set of challenges in terms of enabling sharing within my agency. It's another set of challenges to share externally. I would not want to necessarily conflagrate the two.

Carolyn Petersen
All right. Thanks, Steve. So, seeing no other hands and hearing no additional comments, I think we have reached the conclusion of our review of the recommendations. I know that there was some information gathered in the homework that pertained to topics we did not get to and I want to alert everyone that that feedback is being included in an appendix as additional feedback on related topics that we didn't get to discuss. We didn't discuss them, so we would not bring them forward as recommendations. But that information and your efforts have not been lost and they are there to inform those who use the product of our work. Thank you for that.

So the process for us today is to agree that we have consensus to send this to the HITAC for presentation and a vote there. We would not vote on it here. I see we do have about five minutes before we need to get into public comments, so if anyone has any additional last thought that you would like to share briefly, we can do that before we kind of formalize that we've agreed to move this forward. Does anyone have a comment? I don't see any hands, but I want to be sure we have this one last moment as a group. I'll give it another few seconds. Janet, do you have any last thoughts about the work we've done today or other things to share at this point?

Janet Hamilton
Thanks, Carolyn, and thank you all so much for your participation. I think we did identify a few areas

for additional attention and follow-up and just would encourage folks that either volunteered to do things that we do have a timeline of trying to get our set of recommendations to the full HITAC tomorrow. So, really want to let folks know that we are going to be trying to get these different pieces finalized over the course of today. If someone feels that they don't have time to work on something that was discussed and we identified you, if you could just let us know, too, so we can really be sure that we're moving forward in a way that does represent consensus of the group and really appreciate everybody's work.

Carolyn Petersen
Thanks, Janet. I wholeheartedly agree and I appreciate everything everyone has done. I see Bryant, your hand is up, if you wanted to make a last brief comment, go ahead.

Bryant Thomas Karras
This is just one of trying to think ahead towards how this document would be utilized both by ONC and by national audiences. I encourage ONC staff to put some thought into the sequence of how each of these sections are laid out and a table of contents, and that perhaps finishing with funding or policy makes more sense than jumping around to different programmatic areas. So, I think giving you all leverage to make the document make sense and be well received. But I'm very happy with how much we've been able to accomplish and get in there. 64 recommendations, that's amazing.

Carolyn Petersen
We've accomplished a great deal, Bryant, and your work was a big part of that. We thank you for that. Denise Love, go ahead, please.

Denise Love
Yes, thank you first for your leadership and ONC staff and all. This is just my question. It doesn't have to be incorporated. As I read through these recommendations, I'm trying to get a sense for the timelines or the transition. I mean, this is not going to happen overnight. Do we have a timeline or deadline for recommendations that by X date, and maybe I missed that, that these should be aspirational and put in place? I'm just kind of feeling the urgency of now, but also the reality of FIHR is not pervasive throughout the industry, so there is this transitional time.

Carolyn Petersen
I will leave that to our ONC leads to answer, the timeline.

Denise Love
Thank you.

Brett Andriesen
Sorry, Denise, can you quickly repeat that question. I know we're going to the public side but if you could repeat that question, I was responding to another comment in the chat.

Denise Love
You mean my comment?

Brett Andriesen
Yes.

Denise Love
As I read through these, I was trying to get a sense of the general timeline, you know, for these recommendations to come to fruition and if there was a transition period, you know, and if there's spaces or stages or tiers for implementation. Because I have a sense this is a long-term aspirational vision, but some of these things could be put into play right away, and others will take some time. And I just was trying to get a sense of that as I read through these wonderful recommendations.

Brett Andriesen
Yes, I think that's right. I'll speak to the longer process or the process after these go through HITAC as well. We will bring these to HITAC next week. HITAC will vote and hopefully approve them at that time at which point they will be sent to the national coordinator for review. And the national coordinator will also pass these along to the rest of the Executive Order workgroup to review and to incorporate in some of the work that is happening, coinciding with this work of the task force, to support the Executive Order from the President on this work. In terms of specific implementation timelines, that will kind of remain to be seen. I think as you mentioned, there are some that can be implemented relatively quickly and others may take years to come to fruition. But ultimately it will really be playing by ear in terms of which ones are accepted and which part of HHS they leave it to to support those. In other words, no specific timelines we can identify at this point but know that all these will be read and seriously considered and will be going into some other work supporting the Executive Order.

Denise Love
Thank you.

Public Comment (01:52:27)

Cassandra Hadley
Thanks, Brett. So operator, can we go to the line for public comment, please?

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

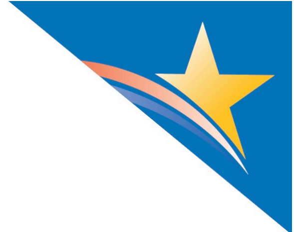
There are no comments at this time.

Cassandra Hadley
Okay. Thank you. Carolyn?

Next Steps/Final Remarks (01:53:17)

Carolyn Petersen
Thanks, Cassandra. You've all been listening to me talk a great deal today, so I'll keep this really short. I just want to again express my deep gratitude for all your hard work. This is an incredibly important area and this is a time I think when our work can really make a difference in what happens going forward and in the ways that we can do more and better support all types of public health responses and better enable clinicians and people in the broad healthcare ecosystem to advance the health and good outcomes in their patients. I want to express my deep gratitude to all the task force members and to our ONC partners who have helped to stand up this committee and also to my co-chair, Janet. It's been great to see how much we could accomplish all working together as a team. Thank you.

Janet Hamilton
Thanks, Carolyn. And I will just echo on behalf of all of us who have been working on this. We are very appreciative of everyone's time and work. And I think we have a huge list of things and now we also realize that there's a lot to do. It's one thing to identify that the work needs to be done and then another piece to actually start chunking this off and doing the work. So, thank you all for your time here, but also look forward to your expertise and engagement as work in these areas starts to



take place. So, thank you so much and thank you to ONC and to ONC staff for also the amazing amount of time that they have put in. And Carolyn, wonderful to work with you on this. Thank you all.

Brenda Akinnagbe
This is Brenda from the ONC team. Thank you guys for pushing this forward. We know it was on a tight timeline and we so appreciate the member work on this with all the other things you do on your life. We know this is volunteer. On behalf of us at ONC, thank you so much for your work on this. If there's no additional comments, Carolyn, and Janet, we could close out for the afternoon.

Carolyn Petersen
I have nothing to share. I will say we will ask ONC to send out the agenda for next week's HITAC meeting and the slides so you can follow along if you would like to listen in as a member of the public, that would be great.

Brenda Akinnagbe
We will do that.

Cassandra Hadley
All right. I think we're done for the day. Thank you guys. Have a great afternoon and enjoy your weekend.

Adjourn (01:56:27)