

Transcript

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

August 20, 2021, 1:00 p.m. – 2:30 p.m. ET

VIRTUAL



Speakers

Name	Organization	Role
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Co-Chair
Carolyn Petersen	Individual	Co-Chair
Brett Oliver	Baptist Health	Member
Michael Berry	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

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

Operator

All lines are now bridged.

Mike Berry

Great. Thank you very much. Hello everyone and welcome to the HITAC annual report work group. I am Mike Berry with ONC. We are very excited to have our cochairs Aaron Miri and Carolyn Petersen with us today. Along with another member of the work group, Brett Oliver, and we will get started right away. I'll pass it over to Aaron and Carolyn to get us started with our meeting.

Opening Remarks, Meeting Schedules, and Next Steps (00:00:24)

Aaron Miri

Okay. Carolyn, do you want to kick off the agenda and we will go into the crosswalk?

Carolyn Petersen

Sure. So, we are going to say hi to everyone. It's August and hopefully it is good weather where you are and no unfortunate situations. We are digging into the fourth edition of the HITAC Annual Report. Seems like we just did the last one but we say that every year so I guess we did. We will review the meeting schedule in our next steps and then dive into a discussion of the draft crosswalk for this year's version. There will be a public comment period at the end and then we will all head out for the weekend. With that, I will pass the mic to Aaron.

Aaron Miri





Welcome. Look forward to helping today through the crosswalk. We are making some good progress. So, again, credit to ONC team and all the folks working on this stuff. This is not easy but it's good work. So, let's get into it then. Let's go right into it, Carolyn.

Carolyn Petersen

All right. Let's go to the next slide. So, here's our schedule. After today we can cross off the next one and then we have got meetings in September and October to work on the crosswalk of topics. In November we will be looking at the draft as well as in December and getting that ready to send to the full HITAC for review. In January/February, we will be making the updates to that draft based upon our HITAC co-member review. And then, in February or March we will get that approved and transmitted to the national coordinator. Next slide, please.

And this is just a list of dates when we will be meeting with the full HITAC committee. I believe we have a meeting as well in October, but I'm not sure if we will be presenting anything at that meeting. That may be more of a working session related to some other topics. Perhaps Mike Berry can advise us at some point. Next slide, please.

So, our next steps are to present the draft crosswalk at the HITAC meeting next month on the ninth for some discussion. And also, continue drafting the topics, gaps, opportunities, and recommended activities related to the targeted areas. Next slide, please.

So, now it is time to get into the discussion and I think ONC is going to pull over the current version of the crosswalk so we can see it a little more easily on the screen. We will give them a second to do that. More than a second.

Okay. So, we have got some updates made since the previous meeting based on our discussion in red and some blue there to help us identify areas where we need to do some more thinking and discussion. Is there anything else about the crosswalk that you would like to mention or focus our attention on, Michelle?

Michelle Murray

I think what you just said is fine.

Discussion of the Draft Crosswalk for the HITAC Annual Report for FY21 (00:03:50)

Carolyn Petersen

Okay, good. If we miss an opportunity for further improvement, please speak up. So, if we can scroll a little bit more to the right, we will start with that first line of public health data systems infrastructure. It looks like that is just an edit there. Do we want to start doing the tiering today or leave that for a future time? It is tempting to try to fill out the whole line but maybe if we do all the tiering together, at once, we will be more consistent.

Aaron Miri

Yeah, we probably need to do it all at once. I would think. I think. I mean, yeah.

Michelle Murray

If you have initial thoughts; we will collect them for you. You do not have to commit to the tiering right now, but if you have thoughts about it.





Carolyn Petersen

Okay. Well, why don't we tier in a future meeting when we are a little bit more solid with all the rest of what is in the crosswalk. I do think it is helpful to get the consistency and it will create a smoother review process when we take this to the HITAC.

Aaron Miri

So, really, Michelle, what you need is just for us to verify what red text and the blue boxes, right?

Michelle Murray

Yes, that is the goal for today and then if you have thoughts on tiering, I am willing to capture them. We would not necessarily present them at the September ninth meeting. Carolyn is right about that. That is a future activity. But if you already have early thoughts about this is urgent or this is for the future, I am willing to start capturing that.

Arron Miri

Okay. I mean, it would be hard for us to not prioritize a public health data item. I would just think that is so front and center. But Carolyn, what do you and Brett think?

Carolyn Petersen

I am for waiting until we have them a little bit more firmed up and then look at them as a group. They certainly are a priority, but there is also an aspect of the sequential nature of some things in that some stuff has to happen before some other stuff can happen.

Aaron Miri

Fair point. Okay.

Carolyn Petersen

But, Brett, what were you about to say? I think I might have cut you off.

Brett Oliver

No, not at all. I was going to say the same thing you did. I think we ought to wait just so we have everything articulated well. And maybe we do, I have not seen this yet as to how much we are going to edit or change. I agree with you, Aaron, that public health is probably going to be up there, but doing it all at once, I think, will probably lead to better consistency.

Aaron Miri

Okay. All right. Then we will wait to bucket these until later on. So then, let us just look at, I guess, each box here. Do you want to just go down the list then, Carolyn? What do you think?

Carolyn Petersen

I think the first row is pretty well done. The second one in the blue gets at the question of health IT certification program and what the engagement there is with the public health data systems, and organizations, and clinicians' exchange. That might be something to bring up as a specific question at the HITAC meeting. I know in the deliberations of the public health data systems task force we tried a couple of times to have a robust discussion about certification related to public health data systems, and people just did not have a lot of specifics at this point. Not to be critical, but public health side still has so many one offs and so much individuality and lack of standardization. And at the same time, there is still some pretty





significant limitations for clinical systems to accept that data that it is hard to say this is what should be certified or this is what we should be trying to standardize to. It is almost too early for some of that. So maybe let us note this as a specific discussion question to bring to HITAC and try to get some feedback there on the activities and recommendations.

Aaron Miri

I would agree. I think it is fair to come back with HITAC and ask for more feedback. I am just trying to think of is there even a public health designation out there that I am unaware of? I cannot think of one in general, off the top of my head. It really also could be a recommendation also back to either USCDI or somebody else is there a standard around this that we want to adopt.

Brett Oliver

Are you talking about the whole data system, Aaron?.

Aaron Miri

Yeah, the whole thing.

Carolyn Petersen

And then, there is also some regional variation in different parts of the country, different conditions may be reported because, in some places they are much more significant and they sort of represent a public health community situation that needs to be monitored and addressed rather than a much smaller influence where it is a lot of individual cases. You know 50 versus 5000 people who have X condition and therefore need Y treatment and care and follow up.

Aaron Miri

Yeah, fair point.

Carolyn Petersen

Things have evolved organically to some degree to address local needs and all of that needs to be accounted for as well. And who knows? Maybe the recommendation from HITAC is further study of X, Y and Z so we can better identify some standards, or some needs, or some next steps, or something that helps us move in the right direction anyway.

Aaron Miri

Okay. So, then I am hearing, we are good with the proposed text but really, we want to follow us with HITAC and get their collective feedback to tweak this section appropriately?

Caryolyn Petersen

Yeah, this line item, the proposed recommended activities.

Aaron Miri

Yeah. Yep, exactly. All right. You good with that, Brett?

Brett Oliver

Yes, sir.

Aaron Miri





All right, perfect. Next sentence here, the public health data systems public silos. So, first, the opportunity in blue is to produce the styles and bid exchange or exploring the roles of HIEs and promoting public health clinical data systems. Yeah, this makes sense.

Carolyn Petersen

And another, or maybe a subpart, of this recommendation is perhaps a joint discussion. I do not want to say hearing, but listening session because NCVHS has a listening session scheduled for next week. I think it is next Wednesday or Thursday, and it will deal specifically with public health data systems. So, at that point, after that, they may have some of their own ideas and perhaps the two committees working together can come up with a broad plan that has good support from both sides.

Aaron Miri

You are correct. And in fact, I want to say, I am supposed to be talking at the session next week, you are right. Thanks for reminding me.

Brett Oliver

You are supposed to be?

Aaron Miri

I am. I think at 10:00 Eastern. Thanks for reminding me. I am so glad you did.

Brett Oliver

That sounds familiar.

Carolyn Petersen

I cannot make it but represent us well, Aaron.

Aaron Miri

I will. Go ahead. Okay. Yes, got it. I got it here. Right, perfect. My goodness. All right. So, we have that. I mean, I think, again, this is one of those that is worth asking HITAC is there any other items. But I like the listening session NCVHS and it makes sense. We will find out more next week, apparently.

Carolyn Petersen

Apparently, yep.

Aaron Miri

Okay.

Michelle Murray

So, Carolyn, do you want any changes ahead of the September ninth meeting or are you wanting to wait until after the NCVHS listening session to make adjustments to this language?

Carolyn Petersen

I think we can bring it up as a specific question for the HITAC at the September meeting in terms of saying, you have the recommendations from the task force from the PHDS task force, and NCVHS had their listening session a couple weeks ago and there will be some sort of materials coming out of that summary or transcript or something. Start to think about this because we are going to bring this discussion point back





to you in the future and we would like to get some substantive ideas about working together, activities that should be undertaken together to advance the evolution in this area jointly and broadly rather than the HITAC thinking one thing and NCVHS thinking something else. I suspect that even if the materials that come out of next week's listening session are available, they will have been made available so close to the HITAC meeting that people won't have had a chance to review them. So, I do not know that it is fair to try to get a really deep discussion about this, but if we give people the heads up to be thinking about it and know that we are coming back to it later on, that could be useful.

Aaron Miri

Uh-huh.

Aaron Miri

So, to answer the question, I would just leave this text as it is, I think. Then let me know and if people have thoughts in September, we can certainly capture that. We are probably okay with where it is for now.

Aaron Miri

I am good with that. Okay. Then, we are on to the next section then. Let us see.

Carolyn Petersen

Still public health.

Aaron Miri

Mm-hmm. Okay Brett. Brett, were you saying something?

Brett Oliver

No, I was just laughing that we were still in public health.

Aaron Miri

I know. We are still here. All right. I have like three screens here. Okay. So then, we are on the workforce section, is that correct? No, we are on the, sorry.

Carolyn Petersen

The first one.

Aaron Miri

Yeah, information exchange.

Carolyn Petersen

Lab reporting and case reporting. Yeah.

Aaron Miri

Yeah, there we go. All right. So, the red text there, learn about the experience of government agencies like CDC and state health departments in developing tools, sharing data, partnering with NCVHS, yeah. I mean, I think the text of ECR makes sense. I really want to hear from CDC more. I knew that they have been doing listening sessions recently. I know they approached chime and others to talk to them about their feedback on it. So, it would be good to hear from CDC.





Carolyn Petersen

I almost wish we could have some listening at the November meeting. I mean, it would help us think about recommendations and about workplan for next year.

Aaron Miri

That is true.

Carolyn Petersen

I would that is something you could investigate as HITAC cochair.

Aaron Miri

I could, absolutely, and I will.

Brett Oliver

I think getting those state health departments are critical too. I know we cannot do all of them, but if we could pick a couple, maybe one it went really well and one that struggled with case reporting because it is one thing to get the CDC's perspective at a federal level. I think kind of a more grassroots where were the problems, because as you know, Aaron, it did not go well for us. And I would have loved to have understood that on the frontend before we put all that work in.

Aaron Miri

Yeah, same here. We could not do that either.

Brett Oliver

I just wanted to make sure it is not the CDC telling us about the state health department, that we actually listened directly to the state health departments.

Aaron Miri

Yeah, and even some of the state health departments that came for our May session where we had everybody come in for the whole day and talk to us. Even some of those folks.

Brett Oliver

That is right, yeah. Good point.

Aaron Miri

All right. I think we are aligned on the text, are we? Am I right on this? Michelle, what do you want us to talk about? Do you feel good?

Michelle Murray

Yeah, this was language that you all put forward in the last workgroup meeting to recommendations. So, it is your own language, just cleaned up and put in this document. So, it should look familiar and match what you have been saying all along. Question for you, in listening to you talk about wanting to hear sooner than later rather than waiting until like a year from now to hear from some of these organizations, a couple years ago we brought people to this workgroup to inform the writing of the report about cybersecurity. So, is it something that this workgroup wants to hear about fairly soon if we cannot pull it off for the whole HITAC in something that big of a forum? We do other topics or it just does not feel right for them for the right forum, but does this workgroup want to hear from some of these people to inform the writing of the report?





Aaron Miri

I am not opposed to it, although, I think the full HITAC should hear it. I mean, that is just me though.

Michelle Murray

Yeah, I would like for it to be at the full HITAC level, I think.

Carolyn Petersen

I just wanted to clarify, it was sort of an and/or. We could do either or, or pick both and meanwhile our contractor will be continuing to do research and outreach and sometimes can interview people like that more quickly. So, we will get that, I just did not know what forum we wanted to bring it forward in.

Aaron Miri

Yeah, I think the big HITAC should hear that.

Brett Oliver

Yeah, agree.

Carolyn Petersen

Okay, thanks for confirming that. So, I have what I need for that line item then.

Aaron Miri

Okay. So, then the next one, information exchange. Facilitate care and monitoring of patients with long COVID. Their needs, exactly what we were talking about last time.

Carolyn Petersen

I would amend that to say explore the data needs and programs currently underway for documenting long COVID cases. I know there are at least a couple out there that are starting to do this as well as a number of citizen science efforts, one in particular was in conjunction with UCSF.

And there is also a group, the cancer and COVID group with patient advocates and a number of researchers that is looking at the intersection of COVID and cancer patients and what those specific needs and challenges are.

Aaron Miri

Yeah, so many different issues, I do not even know which one is the de facto national leader right now. I do not know if there is a leading national registry or group that is researching this. I saw the UCSF one you are talking about but there is so many different things going on right now.

Carolyn Petersen

Maybe the activity is to look at what they are all doing and try to come up with some best practices or some notions about what works or here is code that is open source that comes out of the box. I am sure there are some lessons learned already, even if they are not going to save the world, they will help people get faster, get a good start. That may be helpful.

Brett Oliver

I think it could provide a blueprint in the future for something that would be analogous to this. I do not know what that would be but a year or two ago, we are not talking long COVID, but it could have been another





disease state that we needed standards for documentation and registries and etcetera. So I think it is important for the long COVID specifically in those patients, and providers, and populations but it also would provide a blueprint for whatever the next new thing is that we do not have more standard data access to.

Aaron Miri

Good point. Okay. So, I am hearing we are good predominantly with the red text, adding in a few sections like we just mentioned, Carolyn.

Carolyn Petersen

Yeah, I think so.

Aaron Miri

Okay. All right. We are good with that section. Michelle, you good with that?

Michelle Murray

Yes. I just want to confirm the focus is still on long COVID. I was looking at the opportunity section, might be a good place to add what Brett was just saying about the additional outcomes you would get from approaching this and for other disease states as well.

Aaron Miri

Yeah, mm-hmm. Perfect, Michelle.

Michelle Murray

Okay. Good, that will address that then.

Aaron Miri

Okay. All right. Next section looks pretty much straightforward. I do not think that there is anything to debate here. More and more HIPAA minimum necessary. So, if we are good with that section, want to just go to the next line, public health workforce?

Carolyn Petersen

I think so.

Aaron Miri

Okay. All right. So, the red text there is really improve public health information technology workforce resources and capacity. That is totally fine. I think that makes sense. The blue, it would suggest ways to attract, train, and retain public health professionals with skills, informatics, data science, and health IT, in addition to the ONC Public Health Information Technology workforce development program. Yes, but I would also like to know what else is going on across the Federal Government. This cannot be the only 80,000,000 bucks. I would think there is other resources and programs that people may not know of. Am I wrong on this?

Carolyn Petersen

I mean, nothing is coming to my mind off the cuff but that certainly does not mean that nothing else is happening.

Aaron Miri





If it was funding efforts, I remember last year in the CARES Act around in general universities and colleges and others to start informatics programs beyond this specific thing. It would be good to know if those are still out there. If not, they are not. It would be good to know if there are other area buckets to tap into across the Federal Government, like rural funding or whatever.

All right. So, blue looks good. Michelle, in general, anything else that the contractors came up with across the Federal Government that we are not aware of that we could tell people.

Michelle Murray

Okay. Yeah, we will look into that.

Aaron Miri

Okay. So then, do we feel good about going to inoperability or patient matching, the first section there? All right. The patient matching, again, it is pretty much cut and dry, just a little rewording there quickly. Does not look like anything debatable. Is everything good, Brett and Carolyn?

Carolyn Petersen

Those are copy edited. We could draft to those.

Aaron Miri

Yeah, those are all good. So, I think we can go all the way down to inoperability standards priority uses, does that sound good?

Carolyn Petersen

Mm-hmm.

Aaron Miri

All right. So, basically the red text there is review the recent and planned activities of CMS and payers regarding standards needed for closed loop referrals and prior authorizations. Pretty much what we said last time, I thought.

I do not see an issue with that. You guys?

Carolyn Petersen

Looks good.

Brett Oliver

No issue here.

Aaron Miri

Good. Well, if we are good there, we will go to the next area, a question, which I think is privacy and security component. Impact of use health IT. There we go. All right. So, the gap there, public health opinion data already exists but encapsulates user and consumer things about certain uses of health information technologies, contact tracing, etcetera, etcetera. Challenge not much is known yet about the certain uses of health information technologies, research these in peer reviewed literature and assess recent literature and suggest areas for more investigation.





Carolyn Petersen

Our last meeting, you all asked ONC to start some boilerplate text to respond to. So, I think there is still more work to be done but we had to at least insert some text to generate discussion.

Aaron Miri

Carolyn, I have been reading a ton recently about public opinion like from Europe or other places around the world. Do you think that is also fair game here to see some of the more privacy standards in countries like Germany and others that are very, very careful about overreach, it is interesting to see how that also matches up with the U.S. demographic or is that even worth us looking at?

Carolyn Petersen

I would think given that there is a limited amount of time and energy, I would probably not focus on that area. I mean, probably the biggest challenge of all is they have ways to enforce things like GDPR. I mean, it is not iron clad but they can put teeth behind things. In Germany, they can pass laws for the country and really have ways to go after bad actors. Whereas in the U.S., we have congressional hearings, FTC or potential ADOJ could bring an action and try to do something but it takes years and years, and then there is an appeal, and then it takes more years for platforms to actually make changes, and then it takes more time to assess whether that is actually working or if it was more of following the letter rather than the intent of the decision. I think until we have some kind of national federal law with some real teeth that covers privacy broadly, that is probably a place where you could spend a lot of time without really accomplishing very much.

Aaron Miri

That is fair. Okay. All right. So, we will focus it on the U.S. then, stateside, and issues there. Okay. In terms of wording to react to, it seems fine as a placeholder.

Carolyn Petersen

This may be another area where we ask people at HITAC specifically this question. Not be like what is missing, whether that to be edit, what to be removed kind of thing but specifically comment on this, what are your thoughts.

Aaron Miri

Okay. All right. I think then, Michelle, what we are recommending is obviously we will do more research on this but I think we are okay with this text for right now?

Michelle Murray

Okay.

Aaron Miri

Cool. All right. I think that then feeds into the second item here on the alignment of innovation and regulation. It is really more about learning about the federal regulatory activities for health IT innovation and what is the gaps. We just need to know more.

Brett Oliver

Agreed.

Aaron Miri





Okay. I think we are okay with that text. Carolyn, you good with that?

Carolyn Petersen

Yep.

Aaron Miri

All right. So, next section then here under patient access to information, again proposed recommended HITAC activity, define updates, patient access guides, education materials, all that good stuff. Okay?

Brett Oliver

Yep, sounds good.

Aaron Miri

All right. Next one is a copy edit that is totally fine, the whole barriers thing. So, let us skip that line, go to the next blue one under robotics which is the last section of the framework, the crosswalk right there. Gap, regulatory framework is lacking for the use of robotics in healthcare, challenge of both opportunities and limits, simplify the list of health IT use cases for robotics, identify gaps, and explore the health IT use cases for robotics and regulatory framework. So, I think all of that makes sense. Michelle, I guess you guys are doing the research here so it would be interesting to see if it ferrets out what you would find, what specific things you recommend that we could consider. Carolyn, Brett, any thoughts from you guys?

Brett Oliver

I like the way it is worded. No, I do not have any issues.

Carolyn Petersen

I mean, I do not feel like there is a whole lot of stuff happening where we can easily point to a particular issue.

I know this morning FDA released a guidance about lack of approval of robotic surgery systems for mastectomies and the need for organizations that want to do that and clinical trials to take the additional steps that are needed, but that is not really specific to this, per se. That is kind of more of a medical device issue.

Aaron Miri

I think it's a good point though, that there are the gaps. Right? There is FDA approval for robotic surgery specificity, so how does that work or is that in development? You have that innovation arm that they presented to us at HITAC several months ago saying they were putting that out there, forward thinking FDA components, so how does that work? Go ahead. Sorry.

Carolyn Petersen

We are still walking around the DNZ of what is a medical device, and what is a piece of health IT, and how do you know the difference, and who gets to regulate what, and what does not need to be regulated at all?

Aaron Miri

That is right.

Brett Oliver





Spot on.

Carolyn Petersen

An app for self-reporting mood, obviously, that is just not a medical device or something that needs regulation. And obviously, a large robotic system that has to be physically installed in an operating room is a medical device. But there is a lot of gray in the middle there.

Aaron Miri

Oh, yeah. Okay. So, I think for right now, Michelle, what we are saying is the terminology works, the placeholder, with more specifics to come soon hopefully. WE can also ask HITAC in general what they think about this in the fall because at some point, we do need to talk about robotics, that is inevitable.

Especially when you have folks like Elon Musk saying they are going to put an AI Android by next year, which will be interesting because why not.

Carolyn Petersen

I do not know that it is inevitable, but it is likely.

Aaron Miri

Yeah, it is likely. I would agree with you. All right. Well, that is the crosswalk.

Michelle, did we leave anything else out of here that you need from us per se?

Michelle Murray

This is what I needed for the crosswalk to help inform slides for our presentation in September to the HITAC. And looking ahead to the meeting at the end of September, anything we still need to do on the crosswalk will continue evolving and we can turn towards thinking about the stories that we had in the report last year. That last year was kind of a last-minute addition but this year we could start them sooner and flesh them out earlier on. So, I think we will look at those also.

Aaron Miri

Good, good, good.

Brett Oliver

Yeah, that was a great feature.

Michelle Murray

Yeah, I agree. And is there anything else the workgroup needs from us in the next few weeks?

Aaron Miri

No, I guess just some more research and some more data that we talked about today and that is it. Great progress.

Michelle Murray

Yeah. Well, I think we have learned our lesson that using a crosswalk as an outline and tackling it sooner than later, rather than kind of retrofitting it to a crosswalk. It really moved us ahead on the schedule and it is looking more streamline this year. So, we are all pleased with that.





Carolyn Petersen

Yeah, it is nice to know where you are headed.

Aaron Miri

Absolutely, okay. Well, then I think that was really the agenda for today, wasn't it, just finishing this thing us?

Carolyn Petersen

Yes, indeed. Is it too early for public comment, Mike?

Public Comment (00:36:09)

Mike Berry

No, we can go to public comment. If anyone, since we are ahead of schedule, if anyone has a public comment and does not have time to prepare during our call today, you can always email me, michael.berry@HHS.gov and we will make sure to capture your public comment. In the meantime, operator, can we open up the line for public comment?

Operator

Yes. If you would like to make a public comment, press star one on your telephone keypad and a confirmation tone will indicate your line is in the queue. You may press star two 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 please while we poll for comments.

There are not public comments at this time.

Mike Berry

All right. Thank you. Aaron, Carolyn?

Aaron Miri

No, this is good. I appreciate it. ONC, you guys' rock, as always. That is a story every day, you guys are just rock stars. Thank you for getting us through the task.

Brett Oliver

Yeah, great work.

Carolyn Petersen

This is true. You make our jobs easy and we really appreciate that.

Michelle Murray

Well, thank you, and the feeling is mutual.

Mike Berry

All right. With that, I think we just give some time back to folks.

Michelle Murray

Indeed.





Aaron Miri

Wow! Have a good weekend, everybody.

Mike Berry

Have a great weekend.

Michelle Murray

And a good Labor Day. We will see you next month on September ninth.

Aaron Miri

Bingo. Bye y'all.

Mike Berry

Thanks everybody.

Michelle Murray

Bye.

Adjourn (00:37:45)

