

Meeting Notes

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC)

September 9, 2021, 10:00 a.m. – 1:30 p.m. ET

VIRTUAL



EXECUTIVE SUMMARY

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone to the September 9, 2021, virtual meeting of the HITAC and highlighted several ONC program items. The co-chairs of the HITAC, **Denise Webb** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, and the minutes from the July 14, 2021, HITAC meeting, which were approved by voice vote. **Raj Ratwani** and **Jill Shuemaker**, co-chairs of the EHRRP TF 2021, presented the TF's recommendations to the HITAC. Following a discussion, the HITAC voted to approve the TF's recommendations, with the addition of several amendments. **Carolyn Petersen** and **Aaron Miri**, the co-chairs of the Annual Report Work Group (AR WG), presented an update on the work of the AR WG and invited HITAC members to submit feedback on the AR WG's draft crosswalk of topics. A discussion commenced. **Steven Lane**, co-chair of the USCDI TF 2021, presented the TF's recommendations on ONC priorities for the USCDI Version 3 (USCDI v3), which was followed by an extensive discussion and a series of votes by the HITAC. There were no public comments submitted by phone during the meeting, but there was a robust discussion in the public meeting chat via Adobe.

AGENDA

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Welcome Remarks
10:15 a.m.	ONC Policy Update
10:25 a.m.	Remarks, Review of Agenda and Approval of July 14, 2021, Meeting Minutes
10:30 a.m.	Electronic Health Record (EHR) Reporting Program Task Force Recommendations – HITAC Vote
11:30 a.m.	Annual Report Workgroup (AR WG) Update
12:00 p.m.	Break
12:15 p.m.	United States Core Data for Interoperability (USCDI) Task Force Recommendations on ONC Priorities for the USCDI Version 3 Submission Cycle – HITAC Vote
1:05 p.m.	Public Comment
1:20 p.m.	Final Remarks
1:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the September 9, 2021, meeting to order at 10:00 a.m.

ROLL CALL

Aaron Miri, Baptist Health, Co-Chair
Denise Webb, Indiana Hemophilia and Thrombosis Center, Co-Chair
Michael Adcock, Magnolia Health
Cynthia A. Fisher, PatientRightsAdvocate.org
Lisa Frey, St. Elizabeth Healthcare
Jim Jirjis, HCA Healthcare
John Kansky, Indiana Health Information Exchange
Ken Kawamoto, University of Utah Health
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Clem McDonald, National Library of Medicine
Brett Oliver, Baptist Health
Terrence O'Malley, Individual
Carolyn Petersen, Individual





Raj Ratwani, MedStar Health
Abby Sears, OCHIN
Alexis Snyder, Individual
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Sheryl Turney, Anthem, Inc.
Robert Wah, Individual

HITAC MEMBERS NOT IN ATTENDANCE

Valerie Grey, New York eHealth Collaborative
Steven Hester, Norton Healthcare
James Pantelas, Individual

FEDERAL REPRESENTATIVES

James Ellzy, Defense Health Agency, Department of Defense (Absent)
Adi V. Gundlapalli, Centers for Disease Control and Prevention (CDC)
Ram Iyer, Food and Drug Administration (FDA)
Jonathan Nebeker, Department of Veterans Health Affairs
Michelle Schreiber, Centers for Medicare and Medicaid Services (Absent)
Ram Sriram, National Institute of Standards and Technology

ONC STAFF

Micky Tripathi, National Coordinator for Health Information Technology
Steve Posnack, Deputy National Coordinator for Health Information Technology
Elise Sweeney Anthony, Executive Director, Office of Policy
Avinash Shanbhag, Executive Director, Office of Technology
Mike Berry, Designated Federal Officer

PRESENTERS

Jill Shuemaker, American Board of Family Medicine's Center for Professionalism & Value in Health Care

WELCOME REMARKS & ONC POLICY UPDATE

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone to the September 9, 2021, virtual meeting of the HITAC, reviewed the meeting agenda, and highlighted the following ONC programs:

- The joint ONC-CDC Workgroup formed in response to the [Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats](#) is continuing to process the recommendations from the HITAC that were initially generated by the Public Health Data Systems Task Force (PHDS TF), as well as other inputs. The workgroup will generate a report when it concludes its work.
- The Sequoia Project, the Recognized Coordinating Entity (RCE), is continuing its work on TEFCA. The RCE is driving several engagement opportunities, and TF members and the public were directed to the RCE's website for more information: <https://rce.sequoiaproject.org/>
 - HITAC members will receive an invitation to a special meeting that will be held on October 13, 2021, to allow HITAC members and the public to inform the TEFCA implementation, which is set for early 2022.
 - Additionally, the Sequoia Project will host several webinars to inform stakeholders and receive feedback. Information is available on their website.





- The [ONC Tech Forum](#) will be held on September 10 and September 17, 2021. The meeting will be held virtually, and **Micky** invited all to participate. Dr. Eric Lander will present on the intersection of the White House's Office of Science and Technology Policy (OSTP) and ONC's recent work.
- The US Core Data for Interoperability Task Force 2021 (USCDI TF 2021) will present its recommendations to the HITAC on USCDI Version 3 (USCDI v3). **Micky** thanked all USCDI TF 2021 members and the co-chairs, **Steven Lane** and **Leslie Kelly Hall** (who stepped down in August), for their dedication and achievements. The public comment period on USCDI v3 ends on September 30, 2021.
- The Electronic Health Record (EHR) Reporting Program Task Force (EHRRP TF) will present its recommendations to the HITAC. **Micky** thanked **Raj Ratwani** and **Jill Shuemaker**, co-chairs, and TF members for their hard work and contributions. The public comment period on the EHR Reporting Program ends on September 14, 2021.
- Elise Sweeney-Anthony will present an update from the Office of Policy (OPOL) covering TEFCA, the 21st Century Cures Act (the Cures Act) Final Rule implementation, and the inclusion of health equity data elements in USCDI v3, including social determinants of health (SDOH) and sexual orientation and gender identity (SOGI) data elements.
- Micky encouraged participants to register on [healthit.gov](#) for ONC-hosted webinars:
 - A provider-focused webinar will cover the Cures Act regulation related to information sharing, also known as information blocking, on September 14, 2021, at 1:00 p.m.
 - The outcomes of the training data for the machine learning to enhance the Patient-Centered Outcomes Research Data Infrastructure Project will be presented on September 15, 2021, at 4:00 p.m.

Elise presented an update on the projects underway at ONC with a focus on the role of the Office of Policy (OPOL). She provided an overview of the [2020-2025 Federal Health IT Strategic Plan](#), including the four main goals, stakeholders that benefit, and how ONC and 25 federal organizations worked together to create the Plan. She explained that ONC plans to release its HITECH Annual Report to Congress to further elaborate on how ONC and federal partners have been advancing the strategic plan.

Other projects underway included:

- Global Digital Health Partnership (GDHP) released a white paper: "Advancing Interoperability Together Globally" and is involved in the GDHP Interoperability Work Stream. The United States of America, represented by ONC, is the chair of the GDHP work stream and vice chair of the GDHP, overall. GDHP is looking at in terms of what opportunities may exist to advance a measurement model to advance a standards guide, and **Elise** described the projects that are underway, which were listed on slide #4 in the presentation deck.
- ONC shares information via education, outreach, and awareness. ONC hosted the Workshop on Advancing Social Determinants of Health (SDOH) Data Use and Interoperability for Achieving Health Equity to inform about updates to the USCDI Version 2, including new SDOH and sexual orientation and gender identity (SOGI) data elements. ONC wants to continue to engage in developing issues, including new standards, technology aspects, and policy levers.
- The new ONC webinar series will begin in September, as described earlier by **Micky**. More information is available on [healthit.gov](#).
- The release of the ONC Health IT Standards Bulletin (May 2021) (which highlights capturing race and ethnicity standards in an interoperable and standardized manner). **Elise** thanked the Office of Technology who led this initiative under **Avinash Shanbhag**.





- Updating the [EHR Contract Untangled: Selecting Wisely, Negotiating Terms, and Understanding the Fine Print](#) (as known as the EHR Contracts Guide), which was originally released in 2016. The new version will continue to engage and support stakeholders as they consider purchasing and offering new technology.
- Key Information Blocking dates to know and weblinks for additional information/FAQs were highlighted on slides #7 and #8 in the presentation materials. ONC is committed to providing opportunities for stakeholder engagement and education, and **Elise** provided an overview of some recent initiatives. ONC will be updating a number of informational materials.
- The [Public Health Informatics and Technology Workforce Development Program](#) (PHIT Program) was launched in response to [President Biden's American Rescue Plan and Executive Order](#) and has a goal of training at least 4,000 individuals in public health informatics and technology to expand the public health workforce. Elise detailed the PHIT Program and information on slides #9 and #10 in the presentation.
- A meeting focused on the Trusted Exchange Framework and Common Agreement (TEFCA) will be held by the HITAC on October 13, 2021, and additional timeline information was presented on slide #11.

Discussion:

- **Denise Webb** thanked **Elise** for the presentation and inquired about the timeline for the release of the updated EHR Contract Guide.
 - **Elise** explained that ONC is aiming to release it in 2022 and briefly described some of the content that will be updated, including questions related to implementation.
 - **Denise** asked if the 2016 version of the guide could still be used by provider organizations that are renegotiating contracts or selecting a new EHR.
 - **Elise** explained that ONC 2016 guide continues to be informational and will remain on the website until the new version is released. It can be accessed at https://www.healthit.gov/sites/default/files/facas/HITJC_EHR_Contract_Guide_2016-10-05.pdf.

REMARKS, REVIEW OF AGENDA, AND APPROVAL OF JULY 14, 2021, MEETING MINUTES

Aaron Miri and **Denise Webb**, HITAC co-chairs, welcomed members and thanked everyone who participated in task forces' work over the summer. **Aaron** thanked providers for their continued healthcare service and for their engagement with the HITAC and task forces. He thanked ONC, the RCE, and all support staffing for their proactive work. **Aaron** reviewed the agenda and list of planned presentations and reminded attendees that a break is scheduled at the mid-point of the meeting.

Denise invited members to examine the minutes from the July 14, 2021, meeting of the HITAC and called for a motion to approve the minutes. The motion was made by **Aaron Miri** and was seconded by **Robert Wah**.

The HITAC approved the July 14, 2021, meeting minutes by voice vote. No members opposed, and no members abstained.





EHR REPORTING PROGRAM TASK FORCE 2021 (EHRRP TF 2021) RECOMMENDATIONS – HITAC VOTE

Raj Ratwani and **Jill Shuemaker**, co-chairs of the EHRRP TF 2021, introduced themselves and presented the TF's recommendations to the HITAC. **Raj** summarized the agenda for the TF's presentation and thanked all TF members for their hard work and dedication over the past months. He directed HITAC members to the EHRRP TF's presentation slides and final Recommendations and Report document, which were posted on <https://www.healthit.gov/hitac/events/health-it-advisory-committee-37>.

Jill provided an overview of the TF's vision, overarching charge, specific charges, and roster, all included in the [EHRRP TF's presentation slides](#). She described the recent efforts of the TF members and co-chairs and the TF's process, and she shared a list of the cross-cutting issues the TF discussed, which were included on slide #7 of the presentation.

Raj gave a high-level summary of the measures that were reviewed and reminded HITAC members that the Urban Institute, an ONC contractor, presented the initial draft measures to the HITAC at an earlier meeting. **Raj** reviewed the draft domains and measure concepts, which were included on slides #9 and #10 in the presentation.

Raj asked HITAC members to review the EHRRP TF 2021's 20 recommendations, which were detailed in the presentation materials, and explained that there were 19 recommendations divided across the domains and one cross-cutting recommendation. **Jill** and **Raj** briefly presented each of the recommendations, and they invited HITAC members to submit questions and comments.

Discussion:

- **Alexis Snyder** thanked the presenters and the EHRRP TF 2021 for their hard work and suggested that the wording in the third bullet in Recommendation 02 be changed.
 - **Denise Webb** agreed and shared wording suggestions.
 - HITAC members discussed the wording and decided to change the recommendation to read: "Consider examining app usage for patients that have an encounter in the reporting period..." The final HITAC vote will reflect this suggested change.
- **Sasha TerMaat** explained that she followed up on the previous EHRRP TF 2021 discussion on the intent and wording of Recommendation 07, and, because of her work, she asked to remove the word "valid" from the first bullet.
 - **Steven Lane** supported **Sasha's** suggestion, noting that there was previous confusion by the TF about clarifying document validity.
 - **Denise** thanked members for their input and requested that all discussion and feedback to proposed modifications take place during the presentation (in advance of the HITAC vote).
 - **Clem McDonald** commented that recording the number of incorporated C-CDA documents could be difficult and discussed related problems/challenges. He highlighted the issues surrounded duplication of the same/similar documents.
 - **Sasha** commented that the recommendation referred to the incorporation at the document level.
 - **Steven Lane** responded that the TF and the offline workgroup considered the wording of the recommendation very carefully. He explained that, though there may be challenges, the TF stressed the importance of measuring the ability of a system to incorporate both whole documents and to parse out discrete data elements, a new version of a document from multiple sources, multiple versions from the same source, or other nuances.





- **Clem** described potential issues related to clinicians' usage of EHR systems and how it is measured. He suggested leaving the mention of "incorporated" until a future round of EHRRP TF suggestions. He explained that it is anticipated that the problem will be solved soon by Fast Healthcare Interoperability Resources (FHIR). He stated that the recommendation ties information in a way that does not work at the present time.
- **Steven** responded that he respectfully disagreed with **Clem's** suggestion and described his personal experiences with challenges around measuring the number of documents exchanges/received and the volume of data parsed. He emphasized that the information is still worth measuring, though FHIR may have an impact in the future. He thanked **Clem** for pointing out caveats about how to interpret the data.
- **Clem** commented that the reported numbers could be inadvertently inflated.
- **Denise** voiced her support of **Steven's** comments and emphasized the value of the measure's ability to determine how much exchange takes place between entities.
- **Arien Malec** added that this measure already exists, so by adding a metric for the measure, the TF would not alter what is already used in practice and is required by EHR vendors and users. The wording "incorporated" has been used for a decade, and the TF did not originate its usage. He supported moving ahead with the measure as it was written.
- **Clem** retracted this comment about "incorporate" and stated that the meaning "put in a structured form" could be problematic, resulting in duplicates and triplicates for physicians. **Denise** responded that this was a separate issue.
- **Alexis Snyder** agreed with other HITAC members' comments about the importance of the measure and shared several suggestions for wording changes, which she ultimately retracted in support of the original wording.
- **HITAC members** discussed whether to incorporate **Clem's** suggestions, and **Clem** inquired if measuring coding achieved data elements was in scope for the TF. **Steven** stated that the process was meant to define the first iteration of the measurement process, which will be built upon over time.
- **Sasha TerMaat** commented that **Clem's** comments about measuring coding would be addressed in the specific measures related to priority data elements. The HITAC examined the later recommendations (#20), and **Sasha** suggested that Recommendation 20 be amended to add a bullet that says the HITAC recommends including a segment of code usage as part of the data quality and completeness measures. HITAC members discussed wording options, and **Clem** suggested changing the text to "USCDI code usage."
- **Ken Kawamoto** supported measuring sharing that is or is not occurring in the field but cautioned that the change to a provider's workflow could be burdensome. The recommendation should explicitly state that implementing the measures should not cause undue burden on providers and vendors. He emphasized that the data collected should be meaningful.
- **Clem** agreed and added that counting fields that did not have compliant codes used is not enough.





- **Denise** and **Raj** responded that the TF added the cross-cutting recommendation to avoid extra burden on providers and vendors because of many discussions on this topic. The recommendation should apply across all others.
- **Aaron Miri** stated that the proposed USCDI version open for public comment should not be conflated with the version of the USCDI that is in use and built into systems.
- **HITAC members** discussed wording choices and determined that the following bullet should be added: “ONC should consider evaluating adopted/mandated USCDI terminology and code use in future data quality and completeness measures.”
- **Sasha** explained that the TF held extensive conversations around the later measures and asked if all of the nuances of their discussions were captured in the final recommendations. She inquired if the areas that require further consideration were adequately addressed by the recommendation that mentioned “unintended consequences.”
- **Raj** responded that the recommendation she called out and the cross-cutting recommendation already addressed **Sasha’s** concerns.

The co-chairs thanked TF members and HITAC members for all their diligent work and useful feedback. **Steven Lane** made a motion to accept the recommendations of the EHRRP TF 2021 with the following amendments:

- In Recommendation 02, third bullet, reword the bullet to start with “Consider examining app usage for patients....”
- In Recommendation 07, first bullet, remove the word “valid”.
- Recommendation 20, add an additional bullet to say, “ONC should consider evaluating adopted/mandated USCDI terminology and code use in future data quality and completeness measures.”
- Add an additional bullet to the cross-cutting recommendation, “When implementing, avoid unintended consequences as the measures are specified to ensure we are getting relevant information.”

Arien Malec seconded the motion, and **Denise** called for a vote.

The HITAC approved the recommendations, as amended, of the EHRRP TF 2021 recommendations report by voice vote. No members abstained or opposed.

ANNUAL REPORT WORKGROUP (AR WG) UPDATE

Carolyn Petersen and **Aaron Miri**, the co-chairs of the AR WG, presented an update on the work of the AR WG. They thanked **Michelle Murray**, the ONC team, and all supporting staff for their assistance in developing a complete work product. **Aaron** reviewed the membership of the AR WG and invited additional HITAC members to join. He shared the WG’s meeting schedule and timeline, which were included in the [AR WG presentation slides](#).

The co-chairs provided an update on the draft crosswalk of topics for the HITAC Annual Report for Fiscal Year 2021 (FY21), which were also detailed in the presentation materials on slides #9 through #15. The topics were grouped by several target areas defined in the Cures Act:

- Use of Technologies that Support Public Health
- Interoperability
- Privacy and Security
- Patient Access to Information





- Additional target area: Emerging Issues

Carolyn shared a list of key topics, carried over from the HITAC Annual report for FY20, that would be described in the landscape analysis section only. She invited HITAC members to submit feedback, guided by a list of key questions and explained that submissions could be shared verbally or in the public chat during the meeting or via email after the conclusion of the meeting.

Discussion:

- **Arien Malec** submitted several comments and described examples for each suggestion:
 - Tie certification of EHRs coupled with certification programs for public health data systems (tie the emitters of data to the receivers of data).
 - Contemplate certification programs for intermediaries in the chain and capture intermediaries along the chain of data transfer via certification.
 - Tie incentives, programmatic, funding opportunities, and the like to certification programs, and ensure that funding opportunities come along with requirements to achieve certification for the appropriate certification method.
 - Address optionality and constrain optionality in certification programs, even though this is a touchy subject for states, localities, and travel authorities, et cetera because public health in the United States is locally bound. Local public health actors are free to create local mandates to exchange data that may not be aligned with national standards, but it is important to ensure that there is a national floor for interoperability. This allows all actors to exchange data.
- **Aaron Miri** submitted several comments:
 - For incentives tied to lab reporting, the HITAC should consider partnering with CMS or other agencies to incorporate data-sharing criteria or minimum thresholds of electronic data-sharing thresholds. He discussed his relevant experiences setting up two CLIA-certified labs at UT-Austin.
 - Move to future ICD code sets faster, ensure widespread adoption of ICD-11 and/or future ICD codes, determine if it could be built into some minimum thresholds, and figure out what is appropriate so that the US does not lag behind the rest of the world.
- **Steven Lane** submitted several comments:
 - He agreed with **Aaron's** and **Arien's** comments and emphasized the importance of ONC working to ensure that there is alignment and coordination between providers and public health in the development of additional certification programs.
 - In the public health data systems incentives recommended activities, other stakeholders (beyond public health and clinicians) should be included in building out interoperability functionalities (i.e., labs, payers, individuals).
 - **Les Lenert** suggested that a bullet be added to focus on ONC's responsibilities regarding the alignment between public health data systems and health information exchange, particularly TEFCA. He stated that it is important to understand/map out how to align the rules of the road for health information exchange.
- **Clem McDonald** submitted a comment on the second key question about funding silos for public health data systems and possible joint efforts for the HITAC and the National Committee on Vital and Health Statistics (NCVHS) to encourage broad evolution of the concern:





- The HITAC should recommend abolishing the walls between disease-specific public health data systems. The walls only exist due to historical funding structures.
- **Aaron Miri** asked if more research could be done to define the walls better.
- **Carolyn Petersen** agreed that the HITAC could support the eventual abolishing of the walls and emphasize the sentiment in the Annual Report, though the HITAC cannot act on the suggestion.
- **Arien Malec** suggested that the NCVHS and the HITAC begin to co-meet, co-deliberate, and co-report to marry their work and create combined recommendations administratively. He noted that the advisory committees could not legally be combined due to legislation.
 - **Aaron** noted his support for NCVHS and HITAC members meeting more often.
- **Les Lenert** commented that the activity should be cataloging program-specific funding or requiring agencies (the CDC, FDA, CMS, etc.) to report on program-specific funding, versus cross-program funding, across HHS. Also, the HITAC can examine public health programs that only focus on one disease and examine the rationale.
 - **Aaron Miri** noted his support for a master list of all program-specific funding activities.
- **Carolyn Petersen** asked HITAC members to consider how to get feedback/to evaluate public opinion about the impact of the use of health IT on consumers. HITAC members were invited to discuss specific ideas for further investigation, like surveys, reports, etc.
- **Denise Webb** commented that there are inconsistencies across states for patients to have the ability to electronically access their immunization data, and she stated that this is due to the federal funding of immunization systems implemented or built and implemented at the state level. This information should be universally available to all patients, and there should be a floor on interoperability for public health data systems. She discussed the examples of public health data systems in Wisconsin and Minnesota.
 - **Clem McDonald** reinforced **Denise's** comments and suggested that public health data systems should provide test data, in addition to immunization data.
- **Abby Sears** submitted several comments:
 - Patients for whom English is a second language should be protected and should be better informed when reading and accepting terms for apps to take/sell their data.
 - Consumer protections or some sort of a system should be put into place where patients could look up bad actors, like apps that sell their data without properly explaining consent.
 - As a suggested activity, the HITAC could build a program or work across agencies.
 - **Carolyn Petersen** asked if this work would take the form of a task force, a listening session, or something else. **Abby** responded that she would email ideas to the AR WG co-chairs following the meeting.
 - **Sheryl Turney** suggested that the HITAC could take on certifying third-party apps and described the CARIN network's code of conduct and training HHS has for consumers. She stated that consumers should be educated on the meanings of terms, like analytics and statistics, used on consent agreements.
- **Jim Jirjis** submitted several comments:





- He highlighted issues compounded by the fact that EHR vendors must be certified, but public health departments do not. He asked the HITAC to consider potential policy/legislative levers and if ONC would/could manage the certification of public health departments.
- Due to the increase of funding for public health, there is a risk that silos become more sophisticated and reinforced. He explained that they have worked with the U.S. Digital Service on a record report stream that has a third-party intermediary that assumes responsibility for collecting reported information.
- He suggested that the TF make recommendations for the standards, while ONC determines how to incentivize states so that they adhere to standards.
- What standards should they have a role in defining, and should this be done at a national level?
- **Aaron Miri** suggested that health systems that already share data across multi-state lines could be incentivized to lead coalitions. If organizations cannot drive data sharing forward, standards and CMS can be utilized as levers.
- **Jim Jirjis** asked if it is within HITAC's scope to recommend approaches for incentives and to begin to define the standards and approaches.
- **Aaron** responded that the HITAC could make recommendations with this intent in an appropriate manner.

BREAK

The HITAC took a short break. **Mike Berry** reconvened the meeting at 12:15 p.m., and **Aaron** and **Denise** welcomed HITAC members, presenters, and the public back to the meeting.

UNITED STATES CORE DATA FOR INTEROPERABILITY TASK FORCE 2021 (USCDI TF 2021) RECOMMENDATIONS ON ONC PRIORITIES FOR THE USCDI VERSION 3 SUBMISSION CYCLE – HITAC VOTE

Aaron and **Denise** thanked the USCDI TF 2021 members and community for their work on the recommendations. **Leslie Kelly Hall** had to step down from her role as co-chair last month, so **Steven Lane**, co-chair of the Phase 3 of the USCDI TF 2021, presented the TF's recommendations on ONC priorities for the USCDI Version 3 (USCDI v3). He thanked all previous USCDI Task Forces, including prior TF leaders **Christina Caraballo** and **Terry O'Malley**, for their hard work and contributions.

Steven thanked the HITAC for the opportunity to present and reviewed the agenda for his presentation. He provided a brief overview of the TF's roster, background, and timeline and discussed the overarching charge, specific charges, and USCDI version update process and cycles. He explained that the TF presented its Phase 1 and Phase 2 recommendations to the HITAC at its April and June 2021 meetings, and he reviewed the previous TF recommendations, which were included on slides #8 and #9 of the [USCDI TF 2021 presentation materials](#).

Steven explained that the TF's Phase 3 recommendations (presented at the current meeting) were specific to the USCDI v3 submission cycle and included high priority use cases and stakeholder groups, high priority data classes and elements, and the USCDI advancement process. He described the focus of the TF's Phase 3 and reviewed the nine (9) recommendations, which were detailed in the [USCDI TF's Phase 3 Recommendations on ONC Priorities for the USCDI Version 3 Submission Cycle Report](#). Steven





provided background context and a summary of TF research and discussions on each of the recommendations.

At **Steven's** request, **Terry O'Malley**, past member of the USCDI TF 2021, thanked the TF members and co-chairs and presented an amendment to the list of high priority use cases and stakeholder groups listed in Phase 3 Recommendation 01. He suggested that the wording be changed to "Shared care planning/transitions of care" and discussed the importance of care transitions in the healthcare/clinical system.

Steven invited HITAC members to discuss the recommendations and to provide feedback in advance of the vote. The HITAC briefly reviewed each recommendation again and asked that HITAC members raise any questions or concerns. Several HITAC members expressed concerns about the wording and content of Recommendation 03, and their feedback is captured in the Discussion section (below).

Vote 1

Steven called for a vote to approve the entire report with the amendment to Recommendation 01 shared by **Terry O'Malley**. **Terry** made the motion, which was seconded by **Jim Jirjis**. **Aaron** called for a vote.

The HITAC approved the recommendations report from the USCDI TF 2021, including the amendment to Recommendation 01, by voice vote. Carolyn Petersen and Alexis Snyder opposed, and no members abstained.

Following the vote, **Steven** explained that the TF prepared an additional list of considerations for ONC, which were deemed out of scope for the current iteration of the TF but were included on slides #27 through #29 of the presentation. These considerations are meant to be informative and to guide future iterations of the USCDI TF's work. They were included in the TF's transmittal letter to the National Coordinator for Health IT. **Denise** explained that they were added to the transmittal as a record of the discussion but were not stated as recommendations on which the HITAC voted.

Discussion:

- **Alexis Snyder** suggested that, under Recommendation 03, the wording "Functional Status/disability" should be changed. They emphasized that it could imply that people with disabilities are not fully functional, which is not true.
 - **Steven** responded that this was not the intent, but that "disability" was included by ONC under the data class of "functional status."
 - **Alexis** responded that if they continue to be lumped together, the wording should be "disability status and functional limitations" or something similar.
 - **Steven** thanked her for the suggestion for ONC for the ONC New Data Element and Class (ONDEC) Submission System process but added that it does not impact the TF's recommendation, specifically.
 - **Carolyn Petersen** commented that health equity and the elimination of disparities are important goals ONC is pursuing through its current work. She stated that much of what is in our health IT today is a result of the way that medicine has viewed disability and functionality through a medical model rather than the social model that is becoming more prominent and suggested that this is an opportunity for the HITAC to address systemic ableism. She suggested that the recommendation address functional status through something that is an objective measure that is separate from an individual, such as the ability to complete activities in daily living.





An additional recommendation or sub-point could be added.

- **Steven** agreed and added that the USCDI TF could address this in its next cycle.
- **Clem McDonald** commented that many of the items listed are really assessments and that there should be a more general data class to accommodate them. He described the two assessment questionnaires (for alcohol abuse and drug abuse) that were proposed by the National Institutes of Health (NIH) over a year ago and suggested that they should be added to the list of high-priority items potential advancement.
 - **Steven** responded that **Clem** made a good point but explained that there were a few specific assessment items under the data class of Substance Abuse that were leveled by ONDEC at Level 1. Therefore, they were not in scope for the TF's current work, but, Steven explained, ONC could relevel several items to Level 2. He noted Clem's points that this topic should be discussed in the future and that there should be a data class to capture patient-generated health data as a set of assessments. However, this would be a whole new recommendation for the HITAC to consider that was not evaluated by the TF previously.
 - **Steven** and **Aaron** noted that the HITAC, ONC, and a future iteration of the USCDI TF would follow up on **Clem's** comments and concerns.
 - **Terry O'Malley** commented that there should be a larger bucket for assessments as opposed to treatment and assessment plans.
 - **Clem** commented that functional status would include several assessments that are already well-defined and are mechanically measured.
 - **Aaron Miri** agreed and commented that addressing this need would promote equitable care and treatment.
- **Steven** suggested that ONC consider that, under Recommendation 08, the list of assessments discussed previously could be included under the existing social determinants of health (SDOH) assessments and/or general health assessment element in USCDI v3.
 - **Aaron** agreed that the recommendations should promote equitable care, health equity, and level-setting of care and asserted that this is an important definition to include.
- **Steven** explained that David McCallie brought the suggestion for Recommendation 09 forward to the TF, and **Aaron** and **Steven** discussed how the recommendation would make interoperability more readily achievable for health IT vendors.
- **Steven** invited HITAC members to submit further suggestions individually to the ONDEC process and encouraged members to consider joining a future cycle of the USCDI TF.
- **Aaron** asked HITAC members to return to the USCDI TF's presentation slides and invited them to review Recommendation 03, to which **Carolyn Petersen** and **Alexis Snyder** objected when they voted nay on HITAC Vote 1 to accept the TF's report.
- **Steven** and **Aaron** invited **Carolyn, Alexis**, and other HITAC members to comment on the recommendation, and **Carolyn** explained that the language does not reflect the growing social model of disability, which she said is coming to be the dominant model in the real world, as opposed to the medical model. She urged the HITAC to consider how individuals with disabilities exist in the world and emphasized that this is an opportunity to add a recommendation or a sub-point to say this way of looking at the world (embedding of the medical model as opposed to the social model) must change. She voted nay because she expressed interest in adjusting the recommendation prior to the vote, and it was not done.
 - **Alexis** agreed with **Carolyn's** comments and suggested separating





Functional Status from Disability. She stated that “Assessment” should not be added, as that is a medical model of how somebody is functioning with or without a disability versus a social model.

- **Steven** supported the other members’ comments and explained that the two items were lumped together because that was how they were lumped within the ONDEC system. He suggested re-voting with an amendment.
 - **Clem** commented that changing “functional status” to “functional limitation” changes the meaning dramatically.
 - **Carolyn** suggested adding a separate recommendation that ONC should update its existing approach to health IT to support a social model of disability that is advanced by relevant data elements.
 - **Alexis** supported **Carolyn’s** additional recommendation and the proposed change to Recommendation 03 to delete “Functional Status/Disability” and revise to read “Disability Status” and, separately, “Functional Status/Limitations.”
- **Arien Malec** proposed that the HITAC accept Alexis’s amendment and then take the broader point back to the USCDI TF 2021. He emphasized that this is a complex issue, requiring deliberation and not last-minute recommendations.
 - As a matter of process, the HITAC was required to re-vote on the entire package from the USCDI TF 202, including the approved amendments and a new recommendation. HITAC members discussed the proper course of action and specificities of the amendments and actions that could be undertaken by the TF.

Vote 2

Aaron invited the HITAC to vote on the amendment proposed by **Alexis** and then, to allow the USCDI TF 2021 to reconvene to discuss **Carolyn’s** point. He suggested that the new recommendation would then be brought back to the HITAC.

Aaron called for a vote on the amended Recommendation 03. **Steven** made the motion, which was seconded by **Arien Malec**. **Aaron** called for a vote.

The HITAC approved the amendment to the report from the USCDI TF 2021 by voice vote. No members opposed, and no members abstained.

Vote 3

Aaron explained that the HITAC must first vote to approve a motion asking ONC to reconvene the USCDI TF 2021 to address the recommendation suggested by **Carolyn Petersen**. The specific new recommendation would be “**ONC should charge the HITAC to convene the USCDI Task Force to discuss the HITAC recommendation that ONC support a social model of disability including the advancement of relevant data elements.**”

Aaron called for a vote, **Steven Lane** made a motion, and **Denise Webb** seconded it.

The HITAC approved the motion to ask ONC to reconvene the USCDI TF 2021 to address the additional recommendation by voice vote. No members opposed, and Clem McDonald abstained.

Vote 4

Aaron called for a vote for the HITAC to approve the USCDI TF 2021 Recommendations, including the





two amendments. **Terry O'Malley** made the motion, which **Alexis Snyder** seconded. **Aaron** called for a vote.

The HITAC approved the report and recommendations from the USCDI TF 2021, including the amendments, by voice vote. No members opposed, and no members abstained.

PUBLIC COMMENT

Mike Berry opened the meeting for public comment and reminded attendees that written comments could be submitted at ONC-HITAC@accelsolutionsllc.com.

Questions and Comments Received via Telephone

There were no public comments received via telephone.

Questions and Comments Received via Adobe Connect

Mike Berry (ONC): Welcome to the September HITAC meeting.

Adi Gundlapalli (CDC): Good morning! This is Adi Gundlapalli from CDC. Will be off audio for a bit. Thank you.

Bryant thomas Karras MD (Wa State DOH): morning from Seattle

Denise Webb: Hi Bryant!

Jim Jirjis: Jim Jirjis here from Scenic Nashville

Carolyn Petersen: Hi Bryant!

Shannon Vogel 2: Good morning from Austin, TX

Aaron Miri: Good morning Shannon. Hook Em

Ram D. Sriram: Ram Sriram is here. Couldn't dial in.

Mike Berry (ONC): TEFCA Recognized Coordinating Entity (RCE) public stakeholder feedback sessions will be posted on rce.sequoiaproject.org

Clement McDonald: I am here. Clem. Missed the roll call

Aaron Miri: Welcome Clem!

Sasha TerMaat: I'd like to suggest that we edit the previous slide to remove the word "valid" -- I did follow up with the commenter who suggested that and we agreed this is not the right approach to measure validity.

Denise Webb: Sasha you can propose this amendment

Sasha TerMaat: Thanks Denise. I will do that when we get to the discussion.

Shannon Vogel 2: Since the Urban Institute has the draft measures out for public comment, will any of these recommendations change based on stakeholder feedback?





Michael Wittie (he/him, ONC): @Shannon - ONC will work with Urban to examine the Task Force recommendations and the public feedback - we will consider both in finalizing the measures.

Shannon Vogel 2: Thank you, Michael!

Sasha TerMaat: Just to put my suggestion in writing: Strike "valid" in bullet 1 of Recommendation 7. I had followed up with the commented who suggested that to the Task Force and we agreed that while improving document quality is important that this measure is not the right place to assess validity.

Mike Berry (ONC): EHRRP TF rec 2, third bullet, update to "Consider examining app usage for patients that have an encounter in the reporting period, as well as for patients that do not have an encounter in that reporting period."

Carolyn Petersen: +1 re: the update to EHRRP TF rec 2, third bullet

Michael Wittie (he/him, ONC): Also recall that these measures won't be collected for at least a couple years; there will be better FHIR implementation [sic] by then

Sasha TerMaat: Michael, this will remain a C-CDA-based measure, though. There are other measures on FHIR usage. So I don't see the impact on this measure of FHIR adoption.

Michael Wittie (he/him, ONC): Apologies, my misunderstanding

Jim Jirjis: Support keeping it in

Sasha TerMaat: Measuring duplication would be nice but until we have a unique identifier associated with the data determining if it's duplicative is the challenge (which means measuring it accurately will be impossible).

Aaron Miri: Ditto on @Sasha comment. We need a unique / primary key of some sort to de-dup the data, especially as related to patient ID

Alexis Snyder: Sorry Clem for just referring to you as Leonard, I had a brain fog name moment when speaking :)

Sasha TerMaat: I'm not sure I understand what adjustment you propose, Clem. I agree that receiving duplicative data can be burdensome.

Sasha TerMaat: Clem, the coding piece would probably fit better in the data quality section.

Vaishali Patel, ONC: Clem, you could suggest an additional measure through public comment as well.

Sasha TerMaat: Add to Recommendation 20, a bullet that says "ONC should consider evaluating USCDI terminology and code use in future data quality and completeness measures."

Denise Webb: Thank you Sasha

Sasha TerMaat: @Ken, I agree we should try to avoid unintended consequences as the measures are specified!

Aaron Miri: @sasha you mean adopted / mandated USCDI, not voluntary proposed ones?

Sasha TerMaat: @Aaron, yes, I think we'd want to match with the certification standard.





Steven Lane: I have finally been able to join the Adobe meeting. :-)

Aaron Miri: Yay Dr. Lane for getting to adobe interoperability nirvana

Jim Jirjis: YEs. These are considerations for ONC.

Sasha TerMaat: Echoing my comment verbally, I think the "unintended consequences" recommendation is helpful where we discussed ambiguity in language (such as measuring per "site").

Sasha TerMaat: I think the challenge is that there is no definition of "site" that seems feasible for consistent measurement at this point, but we can consider that accommodated *[sic]* by the unintended consequences recommendation.

Bryant thomas Karras MD (Wa State DOH): Thank you

Abby Sears: What was the committee's thinking about the demographic challenges of some of the most challenging patients to match? homeless so no address, naming conventions of some populations for patient matching?

Aaron Miri: @abby - in this second item up there on the screen (increased health equity across population s...) your comment is a natural fit IMO into that section if you want to propose it

Abby Sears: Related to safety and impact of mobile health apps: What was the committee's thinking about educational challenges or language barriers for protecting a patient's privacy around use of apps and the authorization process the apps use.

Sasha TerMaat: @Arien, I agree that constraining locality and standardizing public health will make interoperability much more efficient to manage.

Bryant thomas Karras MD (Wa State DOH): Agree with SL

Carolyn Petersen: Slide 10 = first crosswalk slide with Public Health target area topics

Carolyn Petersen: Constraining locality and standardization of PH data was supported by the PH Data Systems TF in its recommendations sent to the National Coordinator

Bryant thomas Karras MD (Wa State DOH): Can the ONC report address *[sic]* need for Data Modernization Initiative to improve all PH systems across all?

Bryant thomas Karras MD (Wa State DOH): agree with CP too

Carolyn Petersen: @Bryant, the HITAC Annual Report is a HITAC product, but as you are a member of the PHDS TF, I would see your comments as relevant to the report. Please send Aaron and I written comments so that we can ensure that they are taken into account as the report evolves.

Clement McDonald: hear hear. Les had got it exactly right

Aaron Miri: ^ agreed Clem.

Steven Lane: #YellowCardInTheCloud

Carolyn Petersen: Just to clarify, we are looking for potential HITAC activities, rather than ideas about what ONC should do





Sheryl Turney 2: Could the HITAC take on certifying third party apps

Bryant thomas Karras MD (Wa State DOH): Will do RE written comments/edits to CP an AM and underst and scope.

Abby Sears: Sheryl...I was processing the same thing...

Abby Sears: Maybe what the ONC could do is set a standard for how to communicate at all education an d language levels for the largest understanding of what the permissions around a person's data.

Arien Malec: Structurally, ONC can create certification programs for public health data systems; other age ncies in HHS would create the incentive structures.

Arien Malec: This is not unlike the division of labor between ONC & CMS.

Carolyn Petersen: @Abby, perhaps education that incorporates plain language approaches, updates the ONC Patient Toolkit, and previous consumer education materials?

Michelle Murray: Arien Malec: This is not unlike the division of labor between ONC & CMS. Carolyn Peter sen: @Abby, perhaps education that incorporates plain language approaches, updates the ONC Patient Toolkit, and previous consumer education materials?

Jim Jirjis: I vote that we focus on ONC developing a Public health and lab testing entity [*sic*] certification progam [*sic*]

Aaron Miri: Another suggestion: Maybe we can craft a public health interoperability pledge for consideration. Similar to what ONC did in 2020: <https://www.healthit.gov/topic/interoperability-pledge>

Aaron Miri: typo: In 2016 and 2020

Jim Jirjis: do you think that would be enough incentive for the red and blue states both to make the pledge ?

Aaron Miri: @Jim - Good question. In my personal opinion, I tend to think there's enough good will among healthcare delivery organizations to make a pledge regardless of the complexion of their respective const ituent.

Jim Jirjis: Perhaps it is a good first step then, but I just worry that if we are wrong then money will be spen t on the wrong technical approaches and it will then cost them even more to adjust what they build to mee t a standard in the future

Jim Jirjis: We found that there were a significant number of states that were not necessarily interested in a ligned

Aaron Miri: I agree Jim. All good comments and points!

Brett Oliver, MD: Well said, Terry!

Alexis Snyder: Agree with care transitions

Jim Jirjis: Agree!

Clement McDonald: Agree with Terry's suggestion to add transitions of care.





Jim Jirjis: May need to consider lab testing companies as they would need to report using standards

Aaron Miri: @jim - agree. Ties to my earlier comment about funding for PH and looking at the CLIA certification process including electronic data exchange (e.g.: get off fax machine)

Clement McDonald: Regarding the note types. FHIR and CCDA already accept the broader set of LOINC terms, and because ONC requires Many Resources in FHIR, the USCID proposal is just catching up with existing requirement

Jim Jirjis: Thanks Aaron

Jim Jirjis: There is a lot of variation in what the states request for public health reporting, especially in a pandemic

Carolyn Petersen: What is the link to submit comments?

Robert Wah: To the HITAC-Instead of taking up airtime on Annual Report, I did want to add about Public Health IT systems discussion. Per Jim's observation, there is a lot of variability across states. As you all know, I have been working at the Commons Project (as Chair of the Board) and the VCI.org (Steering Committee member) to help make a free, open source, privacy protecting way for citizens to have a digital vaccination card that they control in a SMART Health Card (SHC) format. Over the summer there has been a lot of great progress: • California began issuing SHC, it took them 6 weeks to stand up the system and they have issued nearly 4 Million cards • New York is moving away from the proprietary Excelsior Pass to Excelsior Pass Plus in SHC format • Louisiana is issuing SHC as part of LA Wallet (digital driver license) •

Robert Wah: • Other issuers of SHCs: Pharmacy Chains (CVS, Walgreens, Walmart, RiteAid) and Over 600 health systems (via Epic and Cerner electronic health record platforms) About 100 Million citizens have access to SHC Vaccination cards now. • I attended AIRA (where all the State IIS folks come together) and we had multiple meetings with States that will be issuing SHCs soon for Vaccination Card • In August, Samsung announced that Android users can store SHC's in Samsung Pay; Apple will have it in IOS this fall when IOS version 15 comes out. • Common Health (the Android version of Apple Health) was the #1 downloaded Health App in the Android Play Store last few weeks after the Samsung announcement. • To complete the SHC ecosystem, the Commons Project has released a free SHC Verifier App in the App Stores along with the Common Trust Network that the verifier checks against when verifying SHC Vaccination cards

Robert Wah: • Globally, other countries/provinces are using SHC for Vaccination cards as well in Macedonia, Quebec, East Africa Here is a CNET article about Samsung, SHC and Common Health: t.ly/VdpT The SHC format is making it possible for better health information flow with privacy protecting, patient controlled, open source, free format. Hope this is helpful. -robert

Arien Malec: Hawaii just announced SHC support as well.

Arien Malec: Albertsons/Safeway also supports.

Steven Lane: The Functioning data class contains 6 submitted data elements is currently at the Comment level: <https://www.healthit.gov/isa/uscdi-data-class/functioning#comment>

Robert Wah: Yep, the list is growing quickly!

Jim Jirjis: thinking beyond vaccines in the public health reporting space: labs, case reporting, surveillance and in pandemics: Lab results, beds, Staffing, PPE etc etc





Arien Malec: At the risk of controversy, not all disabilities are created equally, and some do need medical treatment; while others need reasonable accommodations and support.

Robert Wah: @Jim Agree completely, the Vaccine status case study is the hot topic now but we have the opp [*sic*] to expand to all the other issues of reporting. SHC's are secure, open source, free envelopes that could carry other health info as well.

Carolyn Petersen: Typing up wording to suggest, hold on

Carolyn Petersen: How about this: ONC should update its existing approach to health IT to support a social model of disability that is advanced by relevant data elements.

Steven Lane: I am not sure the TF needs to consider this separately from the HITAC. This could be a HITAC recommendation included with or independent of the USCDI V3 recommendations.

FINAL REMARKS

Mike Berry reminded members that the next meeting of the HITAC will be held on October 13, 2021, and he summarized the agenda. He added that all materials from the current meeting would be made available at <https://www.healthit.gov/hitac/events/health-it-advisory-committee-37>

Denise and **Aaron** thanked the HITAC and ONC for their work during meetings and via the task forces. They commended members for their thoughtful comments and discussions during the meeting. **Aaron** asked everyone to be safe and to get a COVID-19 vaccine and to encourage others to do so, too.

ADJOURN

The meeting was adjourned at 1:32 p.m. ET.

