Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) MEETING

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

VIRTUAL

HealthIT.gov @ONC_HealthIT

Speakers

Name	Organization	Role
Aaron Miri	**The University of Texas at Austin, Dell Medical School and UT Health Austin**	**Co-Chair**
Denise Webb	**Indiana Hemophilia and Thrombosis Center**	**Co-Chair**
Michael Adcock	Magnolia Health	Member
Cynthia Fisher	PatientRightsAdvocate.org	Member
Lisa Frey	St. Elizabeth Healthcare	Member
Valerie Grey	New York eHealth Collaborative	Member
Steven Hester	Norton Healthcare	Member
Jim Jirjis	HCA Healthcare	Member
John Kansky	Indiana Health Information Exchange	Member
Kensaku Kawamoto	University of Utah Health	Member
Steven Lane	Sutter Health	Member
Leslie Lenert	Medical University of South Carolina	Member
Arien Malec	Change Healthcare	Member
Clem McDonald	National Library of Medicine	Member
Brett Oliver	Baptist Health	Member
Terrence O'Malley	Individual	Member
James Pantelas	Individual	Member
Carolyn Petersen	Individual	Member
Raj Ratwani	MedStar Health	Member
Abby Sears	OCHIN	Member
Alexis Snyder	Individual	Member
Sasha TerMaat	Epic	Member
Andrew Truscott	Accenture	Member
Sheryl Turney	Anthem, Inc.	Member
Robert Wah	Individual	Member
James Ellzy	Defense Health Agency, Department of Defense	Federal Representative
Adi V. Gundlapalli	Centers for Disease Control and Prevention	Federal Representative
Ram Iyer	Food and Drug Administration	Federal Representative

Jonathan Nebeker	Department of Veterans Health Affairs	Federal Representative
Michelle Schreiber	Centers for Medicare and Medicaid Services	Federal Representative
Ram Sriram	National Institute of Standards and Technology	Federal Representative
Micky Tripathi	Office of the National Coordinator for Health Information Technology	National Coordinator
Steve Posnack	Office of the National Coordinator for Health Information Technology	Deputy National Coordinator
Elise Sweeney-Anthony	Office of the National Coordinator for Health Information Technology	Executive Director, Office of Policy
Avinash Shanbhag	Office of the National Coordinator for Health Information Technology	Executive Director, Office of Technology
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Jill Shuemaker	American Board of Family Medicine's Center for Professionalism & Value in Health Care	Presenter

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

Operator
All lines are now bridged.

Michael Berry
Great, thank you very much, and good morning, everyone, and thank you for joining the September HITAC meeting. I am Mike Berry with ONC, and we are glad you could be with us today. As a reminder, we welcome your feedback, which can be typed in the chat feature throughout the meeting or can be made verbally during the public comment period that is scheduled for a little bit after 1:00 this afternoon. First, I would like to take the opportunity to welcome ONC's executive leadership to the meeting. With us today is our National Coordinator, Micky Tripathi, Steve Posnack, our Deputy National Coordinator, Elise Sweeney-Anthony, the Executive Director of the Office of Policy, and Avinash Shanbhag, the Executive Director of the Office of Technology. I will now call the meeting to order and begin roll call of the HITAC members, along with the federal agency representatives of the HITAC, and I will start with our co-chairs. Aaron Miri?

Aaron Miri
Good morning.

Michael Berry
Denise Webb?

Denise Webb
Good morning.

Michael Berry
Michael Adcock? James Ellzy? Cynthia Fisher?

Cynthia Fisher
Good morning.

Michael Berry
Lisa Frey?

Lisa Frey
Good morning.

Michael Berry
I believe Valerie Grey will be joining us a little bit later. Adi Gundlapalli? Steven Hester? Ram Iyer? Jim Jirjis? John Kansky?

John Kansky
Good morning.

Michael Berry

Ken Kawamoto?

Kensaku Kawamoto
Good morning.

Michael Berry
Steven Lane?

Steven Lane
Good morning.

Michael Berry
Leslie Lenert?

Leslie Lenert
Good morning.

Michael Berry
Arien Malec?

Arien Malec
Good morning.

Michael Berry
Clem McDonald? Jonathan Nebeker?

Jonathan Nebeker
Hey, good morning.

Michael Berry
Brett Oliver?

Brett Oliver
Good morning.

Michael Berry
Terry O'Malley?

Terrence O'Malley
Good morning.

Michael Berry
James Pantelas? Carolyn Petersen?

Carolyn Petersen

Good morning.

Michael Berry
Raj Ratwani?

Raj Ratwani
Good morning.

Michael Berry
Michelle Schreiber will be absent today, but she'll be joining us next time. Abby Sears?

Abby Sears
Happy Thursday.

Michael Berry
Alexis Snyder?

Alexis Snyder
Good morning.

Michael Berry
Ram Sriram? Sasha TerMaat? Andrew Truscott?

Andrew Truscott
Good morning.

Michael Berry
Sheryl Turney?

Sheryl Turney
Good morning.

Michael Berry
And, Robert Wah?

Robert Wah
Present. Good morning, everyone.

Michael Berry
Okay. Good morning, everyone, and thank you, and now, please join me in welcoming Micky Tripathi for his opening remarks. Micky?

Welcome Remarks (00:03:12)

Micky Tripathi

Great. Good morning, everyone, and thanks so much for joining. I will be brief this morning, or I will try to be brief. We have got a really great meeting planned, and I just want to thank everyone for attending. As usual, your National Coordinator's office has been very busy. We have a number of things going on. First off, I just want to thank the HITAC again, and the Public Health Task Force, for all of the work that you did on the input on public health. That executive order workgroup continues to process the recommendations that came from the HITAC, as well as other inputs, so we just want to let you know that we found that incredibly valuable, and we refer to it very often as we are going through that process.

So, thank you again for that. There will be more to come as we continue to process all of that and turn it into a report. We are also doing a lot of work, as many of you may be seeing, on TEFCA with our partner, the RCE Sequoia Project, so there are a number of engagement opportunities driven by the Sequoia Project for providing input to various artifacts related to TEFCA, and staying on track with the projected availability of the contract vehicles for participation in the TEFCA network in Q1 of 2022. So, that work continues apace. There are plenty of opportunities for providing input through the Sequoia Project, and I think you can find that on the Sequoia Project website.

So, we are gearing up also for the ONC tech forum, which will be held virtually starting tomorrow, September 10th, and again next Friday, September 17th, from noon to 5:00 p.m. There are a lot of great speakers. I think we have well over a thousand people registered, and it should be a great event, and we welcome your participation and engagement, including and featuring a one-on-one session between me and Eric Lander. So, come to see ONC and stay to see Eric Lander. So, I think that will be a great opportunity for us to really engage with Dr. Lander and get his thoughts from the White House perspective on OSCP and the intersection between what OSCP is doing and what ONC is doing.

I am also really looking forward to receiving the HITAC recommendations on USCDI Version 3 and on the EHR Reporting Program draft developer measures. I want to thank Steven Lane and Leslie Kelly Hall for serving as co-chairs on the USCDI Task Force, which is always a tremendous amount of work, and I want to thank all the task force members for all their work over the past several months. I know Leslie would have wanted to be here today to help present today's recommendations, but she had to step down as a co-chair a couple of weeks ago, as some of you may know. Her contribution to the task force has just been invaluable, and I think we all agree, and our thoughts are with her going forward. I also want to thank Raj Ratwani and Jill Shuemaker for serving as co-chairs on the EHR Reporting Program Task Force, and thank all the members as well for the hard work over the past few months on that.

I have just a couple of administrative reminders. The public can also provide feedback to all of this. The public comment period on the EHR Reporting Program ends on September 14th. Information on how to submit comments is on HealthIT.gov, and similarly, the public comment period on USCDI Version 3 ends on September 30th, so there are lots of opportunities there to be able to provide that, and the public can also comment on the ISA, the Interoperability Standards Advisory, as well as the SVAP, Standards Version Advancement Process. The opportunities and vehicles for providing comments for all three of those are on HealthIT.gov.

Regarding TEFCA, coming ack to that just for a second, in July, we announced a timeline for implementation, as I said, for early 2022, which we are still on track for. To help prepare for that, HITAC
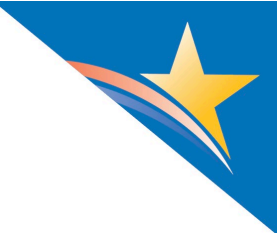
members should have received an invitation for an added HITAC meeting on October 13th, and this will be the opportunity for us to be able to get HITAC input to inform the TEFCA implementation. This meeting, as always, is open to the public, and everyone is welcome to attend. As with HITAC meetings, there will be an opportunity for public comment as well, and we very much thank you in advance for your participation on that and look forward to a great meeting on that.

In addition, I think as I mentioned, but it is worth reiterating, the Sequoia Project/RCE is planning several public webinars to inform stakeholders and to get feedback, so you can stay up to date on their website. I think it is RCE.SequoiaProject.org, and we will also email you the link for that, but that is very, very dynamic. There are lots of upcoming things, so if you are interested in that, please stay on top of the events on that, but there are lots of great information and engagement opportunities there.

So, in addition, after this, Elise Sweeney-Anthony, our Executive Director of Policy, is going to be sharing a few updates on our work. The Office of Policy, as always, has been really hard at work on a range of projects and activities, many activities, including TEFCA, CURES Act final rules implementation, and the advancement of social determinants of health data. We will have more to share on that going forward. We have a lot of work going on related to the inclusion of SDOH and SOGI data in USCDI Version 2 that was released over July, and what that means, how we try to make that real, make that concrete, and accelerate the availability of those kinds of data elements, as well as other health equity-related activities going forward. It is a top priority for us, and we have a number of things under way to help to push that forward.

For your awareness, mainly, we have two really important webinars planned for next week. The first is on the CURES Act regulation related to information sharing, also known as information blocking, and that is going to be held on September 14th at 1:00 p.m. It is going to be a provider-focused webinar. Obviously, anyone is welcome to attend, but it will be focused on questions that we are getting from providers in particular that deal with provider-specific use cases, so we are working really hard to make that as responsive as we possibly can to the questions and comments that we have been getting, and really look forward to your engagement there. Again, I think attendance is going to be really great, and you are welcome to attend, and we appreciate your attendance in advance.

Second, next week is going to be the outcomes of the training data for machine learning to enhance the Patient-Centered Outcomes Research Data Infrastructure Project. That is going to be on September 15th at 4:00 p.m. You can register for both of those if you go onto the HealthIT.gov website under "Upcoming Events," which are free, as always, and you can register for either or both of those on our website. So, before I conclude, let me again thank the task force co-chairs and the members for your contributions and let everyone know, again, we say it every time, but we mean it more and more each time how much we sincerely appreciate all the HITAC members' commitment to ONC's mission. So, let me turn now to Elise, who is going to provide an update on our policy work.

ONC Policy Update (00:10:35)

Elise Sweeney-Anthony
There we go. Hi, everyone. Hopefully everyone can hear me okay. We thought we would do a brief update on some of the projects under way in the Office of Policy. As Micky talks a lot about, we are not just about the development of, but also the awareness, education, and sharing of information as we are developing certain projects and opportunities for engagement. So, that is some of what I am going to talk about today,

some projects that are under way here at ONC, particularly in the Office of Policy, but because we all work so closely together across the different offices, the Office of Technology, the clinician team, and across all of ONC, you will hear some of their work in here as well. Next slide. So, here is the disclaimer. You guys have the slides just as a heads up in terms of scope of presentation, et cetera. Next slide.

So, one of the things I like to start many presentations with is a reference back to the strategic plan. So, the federal health IT strategic plan's most recent iteration, released at the end of 2020, focuses on four main goals: Promoting health and wellness, enhancing delivery and experience of care, building a secure, data-driven ecosystem, as well as connecting healthcare with health data, and a lot of the health IT aspects exist in Goal 4, but really benefit all of the goals overall. And, this is just something to keep in mind for many reasons, one, because it is really the opportunity that the federal government uses to coordinate and think about health IT on the scale of the federal government, not just ONC. There are more than 25 federal organizations that work with us on the development of the federal health IT strategic plan, but it also is an opportunity for stakeholders to see what the federal government is thinking, what our needs may be, where we are focused on aligning resources related to health IT overall.

And, on the top slide, you will see that some of the stakeholders we identified benefit from being engaged and aware of the strategic plan, as well as what we will be focusing on as the federal government. We noted when we released the strategic plan that our goal is to discuss and highlight the progress that we have been making on it through the HITEC annual report, not the HITAC, which is a report that ONC provides to Congress, so we will be sharing more about some of the updates that the federal government overall has been doing in advancement of the strategic plan, so I just wanted to highlight that. Next slide.

So, there are a couple other things. When we think about health IT, ONC thinks about health IT from the perspective of the domestic landscape and what our needs may be, but we also recognize that from a global perspective, health IT needs exist, and where there is standardization, where opportunities may exist for interoperability on the international stage as well. A lot of that work happens through the Global Digital Health Partnership, which we refer to as GDHP. ONC chairs the interoperability workstream, and with our co-chair from Canada, we also are the vice chair of GDHP overall.

With the Advancing Interoperabilities Together Globally, which is the whitepaper you see here, there are a number of areas that were identified by GDHP members as being of interest, particularly, as you can imagine, around interoperability standards, around thinking about the maturity levels that may exist in different countries around interoperability and standards as it relates to health IT, so those are some of the things that we are now exploring as GDHP, and you can see particularly the Global Master Standards Guide, the Global Interoperability Measurement Model, as well as the International Patient Summary. Those are three projects that GDHP is looking at in terms of what opportunities may exist to advance a measurement model to advance a standards guide.

Now, many of you may be aware of the Interoperability Standards Advisory that exists from ONC stateside, so you can think of something similar, perhaps, in terms of opportunities to identify standards that are agreed to across GDHP nations. So, there is more to come on our work there, but I just wanted to highlight some of not only the domestic work that we are doing, but also some of the international work. Next slide.

Another aspect I wanted to focus on, which is something that is really dear to my heart, as many of you know, is the opportunities we have for education, outreach, and awareness, and that is across all of our projects here at ONC. When we think of release, for example, as Micky noted, of USCDI Version 2 and the important components that it includes as it relates to social determinants of health, sexual orientation and gender identity, as well as a number of other updates in the standards and data class form as well, it is really important that we are sharing that information with stakeholders. Some of the ways that we do that are through workshops, through resources and fact sheets, through materials that may be helpful to different audiences, as well as what you all have become quite familiar with at this point, our webinar series. So, I wanted to talk a little bit and just highlight some of the work that we have done recently. One is the Get It, Check It, Use It, as we refer to it, and that is a resource that is available to patients. It is something that we developed with the Office of Civil Rights here at HHS related to highlighting the importance of patients being able to access their data and how to go about doing that, so that is a resource that is available on HHS's website.

Also, Micky talked about social determinants of health, and this is something that we continue to examine. We included elements in USCDI Version 2, which I also note in this slide, but there are also additional areas that we want to continue to engage in, we want to understand, and where we want to know what is happening in the field in relation to where the needs may be, as well as what is happening on the standards side and on the technology side related to SDOH. So, if there are issues that are developing, if there are new standards that are in the works, if there are concerns that may exist, all of those are elements that really help us think through what the policy component should be to our work around SDOH, as well as the technology aspects.

And then, I did want to highlight what Micky talked about. We are starting a new webinar series starting this month, and it will start next week on the 14th, and it is focused on providers and on identifying some of the questions that we have heard from providers in particular around implementation of the CURES Act final rule and their goals to support information sharing. So, tune in for that. We hope to answer as many questions as we can. I do note, of course, as I always have to say, that we cannot answer specific scenario questions, but I think there is a lot we can provide in terms of supporting implementation of the rule, so, we are looking forward to folks joining in. We have a great registration list so far in terms of number of folks, so we are looking forward to more to come. Next slide.

So, one thing I want to highlight is something that just came out, and the next is something that we are working on updating. So, on the left side, you have the standards bulletin that we released in May that focuses on race and ethnicity standards, and as we all know, it is extremely important to be able to capture this information in an interoperable way and in a standardized way. We highlight this in the 2015 edition final rule that we released some years ago, but through this standards bulletin, we highlight the benefits of race/ethnicity data being standardized and using the standards that we have identified, but we also want to provide a quick resource to the community where they can clearly see the standards that are identified by ONC. We know that this is helpful in all sectors of supporting care continuum, we know it is helpful in terms of addressing health disparities, and of course, we know it is helpful in thinking about where these disparities may exist in terms of COVID-19 response. So, we wanted to release this, and many thanks to the Office of Technology, who led this initiative under Avinash Shanbhag.

Now, on the right side of the slide is something to come. So, the EHR Contracts Untangled, or the EHR Contracts Guide, as we usually call it, is a resource that came out some years ago, and many may be familiar with this. And, the EHR Contract Guide is really an opportunity to provide education on both sides of the negotiation table, as it were, so whether you are purchasing a technology, an EHR, for example, or whether you are providing it, having an understanding about what the other side across from you may be interested in, what their needs may be is extremely important. And, that was the purpose of the EHR Contracts Guide. We have gotten great feedback on its benefits to stakeholders in terms of understanding what questions they may need to ask regarding purchasing of the technology, as well as from the other side of the table, from developers, in terms of thinking about "Hey, I need to be aware that my user groups may need this type of information or may need to be aware of or have technology that supports certain components."

As you can imagine, since it was released, a lot has happened, including the CURES Act final rule being released. We are in the process now of updating this document, so, look out for that. I just wanted to give folks a heads up. And, this is part of our ongoing engagement of supporting the entire landscape, thinking about what the needs may be, and how we might be able to help provide more information, more resources, more opportunities to dig deeper and identify "Oh, I am particularly interested in knowing about this requirement, and here is where I can go to find out more there." So, we are hoping that this, like its first iteration, will be a great opportunity for stakeholders to engage to increase conversations amongst each other as they are thinking about purchasing technology and offering technology as well. Next slide.

All right. So, you guys know this by heart by now, I am sure, but just a note on the information-blocking dates to know. Here is the date that we have, and this slide is pretty much what you have seen before. What I really wanted to focus on is the following slide, just to make folks aware of the number of resources that we have available. So, can we just bounce to the next slide? Here, you will see what types of resources we have and where you can find them. Now, I usually call this a put-through slide because I know it is not as fun-looking as some of the other ones, but this is really designed so that you can immediately link to where you might be interested in finding some more information.

As we move forward with CURES Act final rule implementation, and you have seen this across ONC, and you have seen this in some of the work we have done so far, we are really committed to stakeholders and providing as many opportunities for engagement and education as we can, and we do that through the webinars that are available on our website and the one that we are starting up this month as well, but we also do that in terms of the fact sheets and the FAQs that we have on our website. We have a number of FAQs that range in topics, everything from the scope of information blocking regulations to the definitions that exist under the rule, as well as exceptions and other areas as well.

We are continuing to update that. We will continue to update the FAQs, where a number of FAQs are in the works now that we plan to release, and that is part of our effort to support implementation. We know that the CURES Act final rule is under way in terms of implementation, and questions will continue to come up, and part of our commitment to stakeholders is to continue to engage. So, look out for that as well. There are some great blogs on there from a number of ONCers related to the rule as well. I noted the webinars. Let me just highlight the feedback and inquiry portal as well. So, if there is a complaint or concern from stakeholders regarding whether information blocking has occurred, you can submit that complaint on our

website, and there is information about how that has happened as well and what you need to fill out on the website.

There is also a way for you to ask questions, and that is a really important mechanism for us because those questions help us to identify common threads in questions across what is being submitted that help us to identify whether an FAQ might be helpful or whether a fact sheet might be helpful to pull from the components of the rule and just put it in one place for stakeholders as well. So, those are some of the resources we have, and of course, the speaker request: Myself and my team have been doing a number of different presentations to stakeholders on different aspects of the rule where there has been interest, and we are happy to continue to engage on those as well. So, that is just a note on some of the activities we have under way in terms of education and outreach. Next slide.

And, I also wanted to mention the Public Health Informatics and Technology Workforce Development Program, or the PHIT Program. The PHIT Program is a wonderful opportunity for us to work to train at least 4,000 individuals in public health informatics and technology. This is responsive to President Biden's executive order related to workforce development in the public health sector. We are really excited about this program. We are in the process of going through the applications we have received, and we really look forward to kicking this off, so just a heads up to keep on looking out for the PHIT Program as well. Next slide. And, this highlights a little bit about the program itself if you are interested, and we have a page on our website that focuses specifically on PHIT. Next slide.

And then, Micky covered most of this, but I just want to note again a note of appreciation for all of the work that the HITAC does. It is just a pleasure to work with the chairs, as well as the entire HITAC memberships and all of the task force members, to engage. It provides us so much input and so much of a perspective on what is happening in the field, where considerations may be from both the policy and technology side. Throughout the years as we have worked on TEFCA, the HITAC has been extremely valuable for that input in getting us to where we are now. So, as Mike noted in the chat, for the public, if you are interested in engaging, you can find information on RCE.SequioaProject.org, which I believe is the website that is in the chat, and then, as Micky noted, we will have a specific TEFCA meeting focused where the HITAC can engage on TEFCA, and the RCE will be engaged with that as well. So, we are looking forward to that. October 13th is the date. Next slide. I think that is all I have for today. Again, a quick update on some of the activities under way.

Denise Webb
Elise, this is Denise. I have one quick question for you before we transition. On the EHR Contracts Untangled that was published in 2016, and you mentioned that you are working on an update to that, I know there are some provider organizations that are probably going through renegotiating contracts or selecting a new EHR, such as the center that I am at. Do you have a tentative timeframe just so we kind of know when that might be coming out?

Elise Sweeney-Anthony
Yeah. We are aiming for 2022. I do not have the date for certain, but it would not be this year, but it would be 2022. That also gives us an opportunity as we are developing, as you can imagine, there are a number of things that would have to be updated in it, but also, as we are hearing more about the implementation

and some questions that are arising, it helps to inform that document as well, so we are aiming for 2022 for a release.

Denise Webb
Would you advise not using the 2016 version? Are we going to see that come down off the site while you are working on the new version, or is it still useful information?

Elise Sweeney-Anthony
We are not taking it down at this point. We do have it up. There is some utility in it for certain stakeholders. Once we update it, we can look at whether it makes sense to leave both versions up, or most likely, just to have the updated version up and available.

Denise Webb
All right, thank you.

Elise Sweeney-Anthony
Absolutely. Thanks for the question.

Remarks, Review of Agenda and Approval of July 14, 2021 Meeting Minutes (00:26:41)

Denise Webb
And, before we kick off, do any of the other committee members have any burning questions for Elise before we continue with the meeting? I do not see any hands. All right, thank you so much, Elise. We really appreciate the updates, and also, all the updates from Micky. I want to welcome all of the committee members to our September meeting. I hope everybody had a nice summer and enjoyed our month's break in August, although many members were working on a couple task forces, so I know not everybody had a break, and I also want to thank our co-chairs and all the members who were working on the two task forces over the summer. So, we have a busy agenda coming up and a couple items to vote on, and I am going to turn it over to Aaron to make his remarks and review the agenda.

Aaron Miri
Absolutely. So, good morning, everybody, and welcome. As Denise was saying, as the school year kicks off, it is one of those things that for all of us, especially in the provider organizations, my hat goes off to all of you, especially the clinicians on this call. I know you are torn between having to do patient care and being here, so, thank you for your time of day. It has been a tremendous work effort on the ground. I give a lot of credit to the ONC and their coordinating entities, the duties they have been doing behind the scenes to grab folks, have discussions, help us overcome mountains, being proactive, and pulling listener groups together, so, Micky, Elise, your whole team has just done amazing work. I have seen that firsthand with my CIO hat on, and it is so appreciated how proactive the agencies are being, which is kind of not what you normally would think, that you could just listen to the media, but I really appreciate what the ONC does by being proactive and trying to move the ball forward, so, thank you for that.

So, as Denise said, we have a pretty decent agenda today. Hopefully, it will not take up too much of your time, but for the first part of this, we are going to be talking about the Electronic Healthcare Reporting Task Force recommendations, and that will go to the HITAC for a vote. There is some really good work there. We will give an update with the annual report workgroup, which I hold near and dear to my heart. Carolyn

and I will give an update on that one and some of the good work there. Then, we will have a short break, and then we will come back for what I know all of you are eagerly looking forward to and what I have to give a lot of credit to Dr. Lane and others for leading, which is the USCDI Task Force recommendations for the USCDI Version 3 submission cycle, and that will go in front of the HITAC, along with some good discussions and some questions there from the HITAC to think through as we make those votes. Of course, we will go to public comment, and then we will adjourn with final remarks. So, with that, Denise, I will turn it over to you so you can introduce our first group.

Denise Webb
Well, before we do that, we need to take a vote to approve our July 14th meeting minutes, so, if I could have a motion for approval.

Aaron Miri
Motion.

Denise Webb
A second?

Robert Wah
Second.

Denise Webb
All right. All those in favor of approving the July 14th minutes, say aye.

Multiple Speakers
Aye.

Denise Webb
And, anyone who is not approving, no. Abstentions? All right, that order of business is finished, and our July 14th meeting minutes are approved. So, we will now turn over the presentation to the EHR Reporting Program Task Force with Raj and Jill.

Electronic Health Record (EHR) Reporting Program Task Force Recommendations – HITAC Vote (00:30:38)

Raj Ratwani
Thank you, Denise and Aaron. And, Jill, are you on?

Jill Shuemaker
I am, Raj.

Raj Ratwani
Great. Well, thank you, everybody. We certainly have a lot to cover. First, really quickly, for introductions, I think everybody knows me from the HITAC. I am Raj Ratwani from MedStar Health, joined by co-chair Jill. Jill, do you want to take a minute to introduce yourself?

Jill Shuemaker

Sure, that sounds great. I am Jill Shuemaker, the Director of Clinician Measures at the American Board of Family Medicine. I am also a registered nurse and a clinical informaticist, and just thrilled to be part of this team, and thank you, Raj, for being a great co-chair.

Raj Ratwani

Great. So, we are going to jump in because we do have a lot to cover, so if we can go to the next slide, please, I will just give you the quick agenda for what we are going to be covering today. So, Jill will cover the task force charge, membership, and process so everybody has an understanding of what this task force has been up to. I will give a very high-level summary of the measures that we have reviewed, and then we will get into the specific recommendations that the task force has put together, leave plenty of time for discussion, and of course, the vote.

I want to just begin by thanking the task force for the incredible work here. There is a lot of content to cover in a very short amount of time, and all of this took place over the summer, so I really appreciate the incredible work of this task force. And also, I just want to say at the outset of this that we are not going to read all the recommendations on these slides. There is a lot of content here and a short amount of time. Everybody should have had access to both this presentation and the 13-page written report. If you are still looking for that, it is in your emails, and also, if you are on the Adobe platform here, you can still download those materials from the bottom left window, at least on my screen, so hopefully, everybody can pull those up. Can we please jump to the next slide? So, Jill, I will pass it over to you, and if you want to cover the task force charge, membership, and process, that would be great.

Jill Shuemaker

Sounds great. Next slide, please. So, as you recall, our vision was to address information gaps in the health IT marketplace and provide insight on how certified health IT is being used, so our overarching charge was to make recommendations to prioritize and improve the draft set of developer-reported and interoperability-focused measures. So, to inform our analysis, we considered background research, reports, established an emerging measurement practices and capabilities, as well as technical, legal, and policy requirements. We examined the use, the feasibility, and potential policy impacts, and prioritized draft measures to elevate those with the most potential for addressing gaps and providing insights into the certified health IT marketplace. And then, finally, we suggest additional measures and measure categories to prioritize for subsequent iterations for developer-reported measures. Next slide, please.

So, we accomplished our charge thanks to these incredible collaborative, diverse, and experienced task force members, and I would like to thank them for their engagement and their excellent work during this very rapid timeframe, even during the summer, so, thank you, guys. Next slide, please. Due to our short timeline, we quickly established an agreed-upon process that would allow for a thorough analysis of each draft measure. So, two task force members led the discussion of each set of measures, and just as a heads up, during our discussion at the end of this presentation, if there are specific questions about the recommendations, Raj and I may call upon certain task force members that led the topics associated with these recommendations. Next slide, please. These are the cross-cutting issues that shaped our discussion for the measures, and these are the issues that you will find are embedded in the recommendations that we are going to review. Next slide, please. And, I will hand it back to Raj.

Raj Ratwani

Great. Thank you, Jill. So, just to give you a high-level summary of the measures that were reviewed, I believe Urban Institute presented this all to the HITAC several months ago, so you have to jog your memory to pull those, and I will just give a quick snapshot of these if we can go to the next slide. The measures are broken down into five different domains, and each domain has a handful of measures that are proposed. So, the first one is around patient access. This entails the use of different methods to access electronic health information, use of third-party patient-facing apps, and collection of app privacy policy. The second domain is public health information exchange, focusing on immunization information systems and querying of immunization information systems using certified health IT. The third domain is around clinical care information exchange. This is viewing of summary-of-care records in third-party clinician-facing apps.

And, the fourth domain, which is a nice, meaty one, is standards adoption and conformance, use of FHIR profiles for clinician-facing apps, use of FHIR profiles for patient-facing apps, and use of FHIR bulk data. On to the next slide, please, where standards adoption and conformance continues with EHR electronic health information export metrics, vendor availability of apps, and cost of API use. And then, the final domain and the measure concept is data quality and completeness by data element and percentages of data complete.

And, as Jill highlighted, the way the task force operated was there were at least two people that led the discussion of each one of these areas, which led to proposed recommendations, and then, the entire task force worked through those proposed recommendations to reach consensus, and that is what we are going to be presenting to you here today. So, if we can go to the next slide and start jumping into the task force recommendations, again, we are not going to read all these slides. What we are going to do is just pause for about 30 seconds so that you can read over the slide and refresh your memory from hopefully what you reviewed previously in the written report and in this presentation.

So, at the highest level across the five domains, the task force came up with 20 different recommendations. One of those recommendations is a cross-cutting recommendation, which we will jump into first. The remaining 19 recommendations are aligned with one of the specific five domains that I just reviewed. So, if we can go to the next slide, please, and go to the first recommendation, this is the high-level cross-cutting recommendation. Again, we will just pause here for 30 seconds and let you review. Okay, if we can go to the next slide, I am going to pass this over to Jill to cover the patient access recommendations.

Jill Shuemaker

Great. So, the task force has one recommendation for each of the three measure concepts under the patient access domain. You will notice that we consider this measure, the use of different methods for access to electronic health information, to be the highest priority in the patient access set of measures, and I will give you a few seconds to review these recommendations. And, next slide, please. And, this is the next recommendation under patient access for the use of third-party patient apps. And, next slide, please. And, this is the final recommendation under patient access. And then, next slide, and back to Raj.

Raj Ratwani

Thank you, Jill. We are going to jump into the recommendations for the public health information exchange. There were two measures under this domain, and there are two recommendations under this domain. Here is the first, relating to sending vaccination data to IIS. And, we can jump to the next slide. Here is the second

one, relating to querying of IIS by healthcare providers using EHRs. And, you can see that for both of these, it is largely updating denominator and numerator information. Okay, over to the next slide, and I will pass to Jill to cover the next domain.

Jill Shuemaker
Great. So, under the clinical care information exchange, there are two measures, and we have three recommendations. So, there are two recommendations under viewing summary-of-care records, and here is the first. And, next slide, please. And, this is the next recommendation under viewing summary-of-care records. Next slide, please. There is one recommendation under the use of third-party clinician-facing apps. Next slide, please. Back to Raj.

Raj Ratwani
Thanks, Jill. That takes us to the nice, meaty topic of recommendations for standards adoption and conformance. This is where several recommendations lie. There are six measures under this domain. There are two recommendations for this first one. So, this is use of FHIR APIs and resources by clinician-facing apps. I will pause here briefly. And, we can go to the next slide. This is the second recommendation under use of FHIR APIs and resources by clinician-facing apps. Okay, next slide, please.

There are two recommendations for FHIR APIs and patient-facing apps. Here is the first one, Recommendation 12. Next slide, please. Here is the next one, Recommendation 13, under use of FHIR APIs and resources by patient-facing apps. Next slide. This is the next measure. There are two recommendations under use of FHIR bulk data. This is the first. Next slide, please. Here is the next, under use of FHIR bulk data. Next slide. There is one recommendation under EHR electronic health information export metrics. Next slide, please. And, there is one recommendation under availability of apps. And then, to the next slide, which is the final one, under standards adoption and conformance, one recommendation under cost of API use. Okay. Jill, I will pass it back to you. Next slide, please.

Jill Shuemaker
Great, thanks. There are two recommendations in the data quality and completeness domain, and this is our first recommendation. And, next slide, please. And, this is our second recommendation. And, next slide, please. So, that was a lot. Thanks again to our task force members for the incredible work, and we appreciate their expertise, time, and commitment. Now, we will turn it back to the HITAC chairs for discussion, and Raj and I are happy to take your questions.

Denise Webb
All right, thank you. Those were very comprehensive and detailed recommendations. So, we probably do have a few questions here. I do see that Alexis Snyder has her hand up.

Alexis Snyder
Hi, good morning. On Recommendation 2, I do not know if you can pull the slide back up, halfway through, there is a bullet that does not read correctly, so it is confusing to see what the bullet point is under that recommendation. It looks like there needs to be some rewording.

Denise Webb
Can we go back to that slide?

Raj Ratwani

Sure, maybe we can pull that one up. I believe that is Slide 13. I spent a lot of time memorizing these last night.

Alexis Snyder

Let's see. It is the third bullet down, "Consider app usage should be examined."

Raj Ratwani

Okay. So, a little bit of word modification there.

Denise Webb

Are you suggesting that should say, "Consider examining app usage for patients"?

Alexis Snyder

Yeah, the wording is just off. "Consider" and then "usage" is just not making sense.

Denise Webb

Raj, I think if this was changed to "Consider examining app usage for patients that have an encounter in the reporting period…"

Alexis Snyder

Correct, that sounds good.

Raj Ratwani

Correct, yeah. Great catch. I think everybody got the gist of the recommendations, so maybe we can just do a quick word modification, either live right here or just have it noted.

Denise Webb

Well, if we could have it noted that that change is going to be made, and when we get to the vote, we will vote with that editorial modification.

Raj Ratwani

Perfect.

Denise Webb

And, if we could have whomever is taking notes on this make sure that is captured… So, that is Recommendation 2. All right. The next person in the queue is Sasha TerMaat.

Sasha TerMaat

Hi, folks. Just another editorial suggestion. I think it is on Recommendation 7, one of the ones about the clinical document measurement. The task force had had some discussion and a suggestion about whether we should measure valid C-CDA documents or all C-CDA documents, and I had done some follow-up with the suggesters, and we agreed that this receiving measure was not the right place to measure document

validity, so I suggest that we remove the word "valid" in the first bullet, per that follow-up. I would suggest that as an editorial amendment for when we vote.

Steven Lane

This is Steven. I am unable to raise my hand, I apologize, but I was part of that discussion regarding the validity of the documents, and there did seem to be some confusion about clarifying document validity, so I support Sasha's recommendation to strike that one word.

Denise Webb

And, I would ask that on each of these where there is some modification, if there are any committee members that have concerns about the requested editorial change, they speak up at the time of the discussion for the change. It will make the vote go a lot smoother in the end. Okay, so, I think we are ready to move on to Clem McDonald. Your hand is up.

Clem McDonald

Thank you. I have two questions/comments. The first one is that the recording of the number of incorporated CDAs could be problematic because CDAs cannot be distinguished yet. In other words, if you get the same data from five different places, you are going to be incorporating a whole bunch of clobbering stuff, so I do not really know if that is a good thing to have in there, that count of incorporation at the current stage, when you cannot distinguish what is already there from another CDA. That is one thing.

Denise Webb

Clem, let's take one thing at a time. So, what recommendation number was that?

Clem McDonald

I think it was Slide 36. I do not know if I have a recommendation number. There were a couple places where it said they were counting the incorporation in the receiving record of the C-CDA, and it is just a challenge because if you get it from three places, you get triplicate information, and you really would not want to do that.

Denise Webb

So, Raj, if you know which recommendation number that is so that that could be pulled up for the committee, just see, and if you could respond…

Aaron Miri

That is Recommendation 7.

Raj Ratwani

I believe that is right, yeah.

Clem McDonald

So, it is the incorporation, as it says in the last bullet. I think it is very problematic. Going forward, I think it is anticipated there will be a unique ID for each drug, each test, or whatever is submitted so that one could eliminate duplicates on the incorporation side, but presently, I think it would be a mess. Maybe Sasha or those working with the systems could say more.

Sasha TerMaat

I agree, but I think in this context, we are talking about incorporation at the document level, so I do not know that we were getting into the level of nuance that you describe, Clem.

Clem McDonald

But, if you get six documents saying similar stuff, how are clinicians going to use it? Is it useful, even?

Steven Lane

I can respond. I apologize I am not on the Adobe. This is Steven Lane. But, we thought long and hard about this, Clem, including in the workgroup that put the initial recommendations together, and it was felt to be very important to be able to measure the ability of a system to incorporate both whole documents, which is to say, receive them, but also to parse out discrete data elements and incorporate that data. I think you are right that sometimes, you will get the same discrete data elements or a new version of a document from multiple sources or multiple versions from the same source, but I do not believe that is a reason not to measure this. I think that is a nuance of this measurement, but being able to measure this from the standpoint of purchasers of these systems to be able to know that you are looking at a system that has that ability is important, so while I agree that there is a challenge in nuance in interpreting this in the case of the same data coming either multiple times or from multiple sources, I do not think that is a reason not to measure this.

Clem McDonald

I have heard that in some systems, the clinicians do not ever look at it because of that clobbering stuff, so I just think we have to careful because this could convert into physicians having to read through all these things that are not well coordinated. I know that in some places, they never look at it because of this problem.

Raj Ratwani

Clem, do you have a suggested modification to this bullet point?

Clem McDonald

Well, I think we should put off the "incorporated" until next round. I think it is anticipated, especially with FHIR, that the problem would be solved. FHIR creates a unique ID for each item, and whether it is the item or the whole C-CDA, it is really a problem. That is my understanding. I do not know if anyone else has any experience with it, but it implies that people should be looking at it, and they are not.

Denise Webb

So, it sounds like you are suggesting, Clem, that that measure should not exist in this round.

Clem McDonald

Not… Well, maybe there is a way to compromise it. It is just that it ties together with usage in a way that I think is not workable at the present time because everybody is supposed to send them for each visit, and then they send the same thing. It is hard to digest, and it is really just a problem. It is like snowflakes blowing in a big storm. I would put it off. I think we will get it fixed, and then insist on it.

Steven Lane

So, I will just jump in again, Clem, and I am sorry, I hate disagreeing with you because I respect you so much, but we have been trying to measure this for a long time, and some EHRs do provide the ability to measure the number of documents exchanged/received to looking at the volume of the data parsed. This can be done, and it is meaningful. It is important when we are looking at exchange across a community or across the country. It is sort of a CDA-based measure. It sort of presumes a CDA-based exchange of data and documents, and you are right that when we are talking about FHIR exclusively, it will be different, but again, I will just repeat myself: I think this is still worth measuring, I think it is valuable, and I think it can be done, and you pointed out some really important caveats about how to interpret the data.

Clem McDonald

Well, maybe you could count the number from different sources instead of the total number. You could inflate the numbers really well with the processes that go on now. I will stay silent. I have another issue, though, and I will let the committee decide what they want to do. I will not fall on my sword for it.

Denise Webb

Okay, Clem. Go ahead.

Raj Ratwani

Denise, this is Raj. I think it would be nice to get at least a little bit of closure on this bullet point before we jump to the next, so perhaps we can see if there are other HITAC members that have an opinion on this particular point here.

Denise Webb

Well, I will start by saying I agree with Steven that we need to measure this. While it may measure and provide a number of documents that are being exchanged, and those documents may have the issues that Clem describes, we are still seeing how much exchange is able to take place between entities, so that would be my comment on it. Arien, you are in the queue. Do you want to comment on this?

Arien Malec

Yeah, I just wanted to comment on this topic. I wanted to point out this is an existing measure, so by adding a metric for the measure, we are not altering what is actually out there in practice and is required by EHR vendors and EHR users. No. 2, as Steven Lane said, incorporation of the document meets the criteria of the measure, and this metric re-points to the actual measure definition. So, if there is anything problematic here, it is something problematic that is from a decade ago, when the "incorporate" measure first got adopted, and not something problematic with this recommendation here, so I would contemplate moving forward with the recommendation as it stands. Thank you.

Clem McDonald

Let me retract what I **[inaudible] [00:59:05]**, but the issue about "incorporate" meaning "put in a structured form" is doubly problematic. You are going to end up with duplicates and triplicates in the place where physicians already work.

Denise Webb

But, I really think that is a separate issue from measuring the exchange.

Clem McDonald

Yeah, that is not my…

Denise Webb

I appreciate your clarification that the measure was already in existence, thank you. Alexis, did you also want to comment on this item?

Alexis Snyder

Yes, just quickly, I do not want us to spend too much time on here, Clem, but I would agree that this is a very important measure, and oftentimes, when you are talking about multiple healthcare systems and incorporating outside data from one to another, it does not get done, and so, measuring it is extremely important because that important data gets missed, and it really can be detrimental to patient care. In lieu of what Les Lenert is saying, I am wondering if there is a place to measure in the incorporation of duplicate data, and if that would help with what he is speaking of, if there is a place to add a measure looking at how often that becomes a duplicative process, and then, how that would be averted.

Clem McDonald

Well, I will retract that first complaint, but I think the issue of getting it incorporated in structured form is more problematic because then you are possibly going to get it in the physician's face, six prescriptions of the same thing, and it will interfere with their digestion of the information.

Alexis Snyder

Right, so would it not be important to measure whether it is happening once or six times so that it can get improved upon?

Clem McDonald

The problem is you cannot tell easily automatically.

Denise Webb

I think that would be very complicated for the developers to measure in their systems.

Alexis Snyder

Okay. So then, I think the way that it is written is important to keep.

Denise Webb

I think you were just cut off a little bit there, Alexis, so I am not sure. What did you say?

Alexis Snyder

I was just saying that that is fine, and I would just say that I am in agreement that keeping the recommendation for the measure the way it is is important.

Denise Webb

Okay. So, Clem, on the note that you did decide to withdraw on this change, you said you had a second item.

Clem McDonald

Well, I still worry about defining "incorporated" as embedding in the structured data. It faces all those problems.

Denise Webb

So, are you suggesting an amendment to this?

Clem McDonald

Well, the problem is I do not think it can be done well. Maybe Sasha or someone from the computer system can say it can be. I think if they have to achieve that, I think they may end up messing up the presentation of the data because you will have these duplicate pizza-pizza things all over. No? Well, again I will add another thing that may be more important. In the discussion of this… Doing all the standardization in that bunch of slides, never was it mentioned trying to measure whether they were coding achieved data elements, and that seemed funny unless it did not belong in their scope. That is a big problem right now.

Steven Lane

One of the things to point out about this whole process is that it is meant to be iterative. What we are trying to define is very much the first iteration of this measurement process in the hopes that it will be successful and that we will be able to build on it over time, so I think that is worth remembering as we consider other good ideas.

Clem McDonald

But, they have been required for 10 years in the earliest level, and I think it is a major problem right now. You have local codes, you are not able to integrate stuff really well, researchers certainly will not be able to find the same stuff, and if you want to look for duplicates, it would become more and more impossible. But, I just do not know what is out of scope for this committee. USCDI is sort of a big spread about standard codes, and there is no mention of keeping track of any of that.

Denise Webb

Raj or Jill, did you want to comment on that?

Raj Ratwani

I was going to say, Clem, that I may need you to elaborate a little bit more, but from what I am hearing, I am wondering if it is out of scope for the focus of these particular measures.

Clem McDonald

Well, there is no measure of it, so at least it is not related, but the question is… I do not know what your whole scope was. Is some other group going to worry about that?

Steven Lane

I think it is related, Clem, because you cannot parse and incorporate the data unless you have it coded. I think that was subsumed in that one that we were discussing earlier.

Clem McDonald

Exactly. Well, I do not want to keep this thing all hung up on this issue, but I do think it is a big gap.

Denise Webb

Clem, if you think there is something to suggest…

Sasha TerMaat

Sorry, this is Sasha. I think the coding piece fits in the data quality section later, actually, because there, we were proposing specific measures related to priority data elements, and I would expect that if you were measuring the capture there, it would be appropriate to also measure the availability of the codes.

Clem McDonald

Okay, that is what I was hoping, actually, that it was somewhere else. So, we will wait.

Denise Webb

Okay. So, Clem, if you are okay, can we move to the next person who has a question?

Clem McDonald

Yeah, you have to.

Raj Ratwani

Sorry, Denise, this is Raj. I just want to make sure we are getting closure to each of these comments and not leaving a lot of loose ends here. So, I think from Sasha, what I heard is that perhaps this fits under Recommendation 20, Slide 31, if we can jump to that. Is there a suggestion that this be modified at this point?

Clem McDonald

I did not see any coding requirements on any of the slides.

Denise Webb

Can we pull that up, please? Recommendation 20, Slide 31.

Raj Ratwani

Recommendation 20, Slide 31. So, Sasha, it sounds like what you are saying…

Sasha TerMaat

Yeah, we could amend this one to say… Since we are saying that this should be considered regarding the future measure, we could add a bullet that says we recommend including a segment of code usage as part of the data quality and completeness measures.

Clem McDonald

Yeah. If you just change it to "USCDI code usage," I think it would be perfect.

Raj Ratwani

Do any other HITAC members want to chime in here in terms of the suggestion on the table to add that as part of Recommendation 20?

Denise Webb

Let me check. Ken has his hand up. Ken, is your comment something different, or is it related to this discussion?

Kensaku Kawamoto

It is related. Clem, are you getting at the fact that we might have unintended consequences for basically… I guess I like the idea of just measuring to see what is going on in the field, and certainly, helping address where certain sites might not be sharing data as much as we would like, et cetera. I would also hate for this to be like what a lot of measures tend to do, which is encourage behavior that, because it is technically easier to just overload the provider, it just becomes… I am just imagining something where now, it is part of the workflow that you have to click through things that are meaningless, duplicative, or useless because that is what is being measured, and it has now been incentivized.

Clem McDonald

Well, that is what I was worried about on the previous one, but what I am also worried about is if they could count… If a given code is supposed to be used in a given field, like a lab test, you just count the ones that do not have compliant codes. That is easy technically, and there are going to be some, but it should not be most because we are not going to be able to join this stuff in a coherent fashion without them. That is the point of this last issue.

Kensaku Kawamoto

I guess my suggestion for something specific is to… I think it is known, but maybe just making it explicit that as a general comment, when implementing these measures, the way that it is used or a way it is likely to be used should consider what is going to cause undue burden on vendors and providers that does not really get to what we are really seeking. You can definitely see where there could be unintended consequences flowing from things like this.

Denise Webb

I think I recall that was captured in the earlier recommendations about burden, correct, Raj?

Raj Ratwani

There was a cross-cutting recommendation about that, and this was a hot topic of conversation throughout the work of the task force, which included clinicians and vendors, so I think these are topics that we have thought through carefully as we have considered each of the recommendations.

Kensaku Kawamoto

Yeah, and to the extent that you want to go past these considerations that come up as individual ones, I personally am okay as long as it really is emphasized, "Hey, we may not have completely…" There may still be unintended consequences embedded within these items because what we are really after is relevant information that is as seamlessly provided to providers and patients as possible, and these are crude metrics to try to get at that.

Clem McDonald

Well, Ken, the last bullet that Sasha suggested would make it easy to connect it together, so we are just talking about some kind of count on the uses of the appropriate codes for major fields. Did I get it right?

Denise Webb

Well, I actually heard two proposals here, and I think Aaron modified Sasha's. "ONC should consider evaluating terminology and code use in future data quality and completeness measures" as an added bullet, and Aaron, I think you were…

Aaron Miri

Yeah, certification standard. What I was saying is certification standard, not things like USCDI V.3 or whatever, just to be clear, because some folks conflate proposed USCDI that is still sitting out there for comment with what has been approved and what is actually built in the system, so that is all. I was just being precise.

Clem McDonald

Well, I think that is perfect. I would support that.

Denise Webb

I got what you said, okay. So, add the word "adopted" or "mandated."

Aaron Miri

Yes, ma'am.

Denise Webb

Okay. "USCDI terminology and code use." Okay. So, that is a proposed added bullet to Recommendation 20, and then, I heard Ken. I wrote down to add a general comment that when implementing, avoid unintended consequences as the measures are specified to ensure we are getting relevant information.

Kensaku Kawamoto

Sounds good.

Denise Webb

Did I capture that correctly, Ken?

Kensaku Kawamoto

Yeah, perfect. We are never going to get the perfect thing we want, which might require surveying every provider. "Are you happy with the data you get and how it is presented to you?" That might actually go down if you start bombarding them with useless stuff over and over again to increase the measure and that kind of thing. But, just considering what we are really going after, which is not necessarily quantity of data, it is meaningfulness of the data.

Denise Webb

Okay. Hopefully, I can summarize all these as we go to the vote. Other questions? All right, that is a no. Other questions or comments? Raj, let me try to summarize what I wrote down as the changes before we ask for a motion to approve and take a vote.

Raj Ratwani

Sounds good.

Denise Webb

Okay. So, we are going to be asking for a motion to approve with these amendments: In Recommendation 2, Bullet 3, reword the bullet to start with "Consider examining app usage for patients." Recommendation No. 7, first bullet, remove the word "valid." Recommendation 7…excuse me, that one was withdrawn. That was Clem's discussion. Recommendation No. 20, add an additional bullet to say, "ONC should consider evaluating adopted/mandated USCDI terminology and code use and future data quality and completeness measures." And then, add an additional comment to your cross-cutting recommendations that when implementing, avoid unintended consequences as the measures are specified to ensure we are getting relevant information. Those are the amendments I captured. Are there any adjustments or corrections to what I captured? Sasha, you have your hand up.

Raj Ratwani

This is Raj. I believe that captures it.

Sasha TerMaat

I just had a question, which was if we… I know there were some areas where the task force had extensive discussion, particularly about some of the later measures that I know we did not have as much time on, and I do not know that all of the nuance of our discussion was reflected in end recommendations. For example, I know we talked extensively about the trickiness of defining what a site was for measuring FHIR activity, and I do not know that we ever came to consensus, but I know that is still in there. Should we consider that type of ambiguity to be addressed by the "unintended consequences" recommendation that Ken suggested, or is something further necessary to reflect that we have **[inaudible] [01:15:06]** challenges when our discussion had to come to a close for time reasons?

Denise Webb

Raj?

Sasha TerMaat

Maybe we consider it a reason to support the "unintended consequences" recommendation because, of course, there were many areas where further consideration will be needed.

Raj Ratwani

Yeah, agreed. I think there are two components that would cover that: The recommendation that you just articulated, Sasha, around unintended consequences, and then, on the cross-cutting recommendation, Recommendation 1, there is a last bullet point that states, "More precise definitions should be developed for the following terms and list of terms," and so, if there are specific terms that folks believe should be added to that list, then we can certainly do that.

Denise Webb

I am not seeing any hands or further discussion, so I think we are at a point to request a motion with the amendments I articulated, and if I could have a motion for a vote…

Steven Lane
I would like to move that. This is Steven Lane.

Denise Webb
Thank you, Steven. And, a second?

Arien Malec
Second. This is Arien.

Denise Webb
A second, Arien. All those in favor of the recommendations as amended, say aye.

Multiple Speakers
Aye.

Denise Webb
Any noes, say no. Any abstentions? All right, I want to thank Jill and Raj for taking us through these recommendations of your task force, and I appreciate everybody's input and dialogue. Thank you very much.

Raj Ratwani
Thanks, everybody.

Denise Webb
And now, we turn this over to Aaron and Carolyn to present an update on the annual report workgroup.

Annual Report Workgroup Update (01:17:31)

Aaron Miri
Thank you, all right. Let's see. I will make sure Carolyn is ready to go.

Carolyn Petersen
I am here, Aaron. Thank you.

Aaron Miri
All right, fabulous. So, I figured today, we would go through the workgroup presentation here and talk today about the HITAC. We are going to be looking for some feedback and comments on these recommendations, and just some thoughts. We are trying to really get down to the meat of this as we start preparing to really go through the report. Again, up front, I want to thank Michelle, the ONC team, and the supporting staff around that. They are just phenomenal. Carolyn, do you have anything you want to add to that?

Carolyn Petersen
No, they do an awesome job of supporting us and helping with the research for the ideas and concepts that HITAC members bring forward for us. It really helps us put together a very complete product.

Aaron Miri

Absolutely, all right. So, if we can go into the next screen, please? All right. So, again, next screen. This is the membership of the workgroup. Again, if there are any HITAC members that wish to join us on our crusade, please let us know. We are happy to have you as part of the team there. Next slide. All right, next. All right, this is where we are with our meeting schedules for the workgroup itself. Obviously, we are going to take our feedback from today and continue to really refine that and keep going in the next meeting on the 29th. Next slide.

All right, and so, today, we are obviously talking to you all, and in October, we hope to bring back another iterative touchpoint there, and then, in November as well before we go for review and final approval in the late winter/early springtime. Next slide. All right. So, as we said, we are going through and really taking/soliciting your feedback. I hope that you all had a chance to look through what was coming out ahead of time, and if not, please take a look, send us emails. We are collecting feedback all the time, and as you all have learned over the past several years, every single comment and question is considered and addressed in one way or the other. Next slide. All right, next slide.

All right, so, draft crosswalks: Obviously, we have a crosswalk developed to build a really cross-cutting, comprehensive way to talk about some of these subjects. Again, some of them are about awareness, some of them are proposals, some of them are things that were proposed last year that were brought over to this year because they are more pertinent, so again, I have grouped the topics into several target areas, as defined by the CURES Act: Use of technology to support public health, interoperability, privacy and security, and patient access to information, which are the four headings of the group these are under. Next slide.

So, what we are going to do is go through each of these. I will do the public health ones, and then turn it over to Carolyn to carry us through the remaining three sections and the questions and answering, but we are going to go through these really quickly, and then we can come back with questions at the very end just to make sure the HITAC members have any questions answered, and they can comment further. So, around public health data systems infrastructure, obviously, the gap there is public health infrastructure that does not allow pop-out reporting, and improvement of updated normalization and standardization is needed. I think we even talked about that today on this call.

So, again, these are all proposed recommendations of what we are thinking: Defining a core set of data elements to support patient matching across healthcare and public health data systems, including demographic info, and of course, there is also the patient-matching topic and interoperability target area below. What you are going to see is also that a lot of these recommendations that tie back to various task forces. In this case, with the task force that Carolyn and team led on the public health data reporting that Micky alluded to earlier, you are going to see a lot of themes in this resonate, so there is a natural tie to each of them.

And, the next section here with incentives: There needs to be an incentive and funding structure that aligns incentives for public health data sharing, similar to the EHR incentive program. The recommended activity is to continue to explore ways that the ONC health IT certification program can support that data exchange between public health organizations and clinicians. And then, a third one on this is the public health data system's funding silos. There needs to be an encouragement for more interaction between public health and the clinical data set to show a broader picture across diseases and conditions.

And then, there are proposals here. This is going to be a question that we have for the group at the end here: Partner with the NCVHS to identify barriers and potential opportunities for public health with the use of HIEs, where available and affordable. Again, we are going to come back at the end, so hold questions just for right now so we can get through these. Next slide.

All right, other public health items here. So, topic here: Electronic lab reporting and electronic case reporting. The gap is ECR, electronic case reporting, and electronic lab reporting are more widespread. However, their use can be optimized. So, the recommended activity here is to learn about the experiences the government agencies see at state health departments in developing tools and sharing tools and sharing data for electronic case reporting and to assess what gaps remain, and then, of course, partnering with the NCVHS to identify gaps for standards needed to support electronic data reporting.
Next item here is information exchange to facilitate care in monitoring patients with long COVID, and identifying patients with long COVID is not straightforward and can be challenging with population-level analysis. I know we are doing that here at UT, and it is difficult. So, the recommended activity here is to explore the data needs and assess existing approaches for documenting long COVID cases among patients and populations, including standards registries and electronic patient-reported outcomes, PROs.

Public health data systems is a topic here. The gap is, obviously, existing public health data systems need improvement. I think we all see that with our own two eyes. So, convening a listening session to better understand the barriers in applying the HIPAA minimum necessary standard to information sharing with public health authorities. We have had to combat that here even locally in Texas with people who just simply say, "HIPAA does not let me tell you this." That is not true. So, how do we figure out what the real issue here is so we can get to the meat of it and educate people appropriately?

Topic: Public health workforce. The gap that exists is the struggle to attract and retain public health professionals skilled in informatics, data science, and health IT. So, the recommended activity here is suggesting ways to attract, retain, and train public health professionals in skills with informatics, data science, and health IT, in addition to the ONC public health information technology workforce development program, the dollars there, and the opportunities there. Next slide. All right. So, this next area is interoperability, where I will turn it over to Carolyn, please.

Carolyn Petersen
Thanks, Aaron. So, we will now head into looking at some key topics in our three standing target areas, starting with interoperability. Under the topic of patient matching, we have a gap in that patient matching when sharing data needs to be improved, and a potential recommended activity is to define a core standard set of data elements to support patient matching across healthcare and public health data systems, including demographic information. We also mentioned that in our public health target area. Another topic is to look at increased health equity across populations, locations, and situations. The gap there is ensuring the health equity topic includes both health and healthcare initiatives. And, a proposed recommended activity is to convene a listening session to identify barriers and opportunities related to standards for consistent collection of this health equity data element.

Another topic is increased health equity across populations, locations, and situations. Here, we are looking at the algorithm bias. The challenge is that efforts are needed to better understand and reduce racial and

ethnic bias in algorithms, and a proposed activity is to convene a listening session to identify sources of algorithmic bias in healthcare and public health data systems, as well as some potential solutions. Another topic has to do with interoperability standards priority uses, closed-loop referrals. We see that there is a lack of cross-organization support for closed-loop referrals, and a proposed activity would be to review the recent and planned activities of CMS and payers regarding standards needed for closed-loop referrals and prior authorizations.

Information blocking, of course, is a perpetual topic for us, with the gap being that information blocking interferes with seamless and secure access, exchange, and use of electronic health information. The proposed activity here would be for the HITAC to convene a listening session to assess the establishment of measures of the impact of the information blocking requirements of ONC CURES final rule across the industry in conjunction with ONC's measurement efforts. Next slide, please.

Now, we will come to the privacy and security target area, and here, we have two topics. First, the topic of public opinion about the impact of use of health IT on consumers. The gap here is really this question of whether public opinion data exists that encapsulates user and consumer opinions about certain uses of health IT, for example, contact tracing or ransomware/malware attacks. The proposed activity here would be to assess recent literature and suggest areas for more investigation to get a better sense of what we need to understand as we work at creating recommendations for policy and future activities for ONC and related bodies.

Our second topic is the alignment of innovation and regulation. Here, the gap is innovation sometimes gets ahead of the regulatory environment…never seen that…and here, the proposed activity would be to learn about federal regulatory activities for areas of health IT innovation and assess the fit and the remaining gaps. Next slide, please.

Moving on to the target area of patient access to their information, we also have two topics. First, safety and impact of mobile health apps. The gap is that as third-party apps continue to be introduced, there is concern about the clinical accuracy of these apps and the potential for patient harm. Our proposed activity for this topic would be to define updates to past ONC patient access guides and educational materials needed since the start of the pandemic.

And, our second topic is increased health equity across populations, locations, and situations, particularly with regard to accessibility of health IT. The gap is the pandemic has highlighted the ongoing digital divide around access to health IT by consumers for purposes of testing, vaccine appointment, booking, telehealth, and others. So, a proposed HITAC activity is to explore barriers to the delivery of relevant public-health-related information through APIs, patient portals, mobile device apps, and other digital distribution channels, and to identify some opportunities. Next slide, please.

And then, finally, we have one topic in the emerging issues to think about, and that would be robotics. We see as a gap the regulatory framework is lacking for the use of robotics in healthcare, for example, in areas with medication delivery, support for sterile environments, and isolation units in hospitals. A proposed recommended activity would be to explore the health IT use cases for robotics and suggest elements for a regulatory framework. Next slide, please.

Then, we have quite a number of topics that are carried over from last year's annual report. I will not read them all, but I think you are familiar with some of them because they do come up in our discussions throughout the year. Some of these things, of course, will be covered in other areas like TEFCA and the EHR Reporting Program, and then, there are also areas that we have talked about in various activities like SDOH, beyond HIPAA, privacy and security, and so forth. Next slide, please.

So, today, we have three particular questions that we would like to discuss. Certainly, we are open to taking additional feedback about some of the other things we have presented, but these are three questions we really want to get at today. First, the public health data systems incentives: What are some specific suggestions for certification criteria? Second, with regard also to the public health data systems' funding silos, what are some joint efforts for the HITAC and NCVHS to undertake to encourage broad evolution of those concerns? And finally, this topic area of public opinion about the impact of the use of health IT on consumers: What are your specific ideas for further investigation? So, with that, let's launch the discussion. Let's start with the very first question. What are some specific suggestions for certification criteria?

Aaron Miri
And, I see Steven Lane with his hand raised.

Steven Lane
I apologize. That was probably from earlier.

Aaron Miri
All right, no problem. Then, next up is Arien Malec.

Arien Malec
Hello. So, No. 1, as a meta-framework, we should tie certification of EHRs coupled with certification programs for public health data systems. So, as an obvious case, if we have an EHR certification program for immunization reporting, we should also have an immunization registry certification program for immunization registries. So, let's make sure that we are tying the emitters of data to the receivers of data and vice versa with coupled certification programs. No. 2 is we should contemplate certification programs for intermediaries in the chain. As an example, for electronic lab reporting, it is important to have a certification program that is on the labs as well as certifications programs that are on EHRs and public health data systems, so let's make sure that we capture intermediaries along the way with certification.

No. 3 is let's make sure that we are tying incentives, programmatics, funding opportunities, and the like to certification programs. So, again, as an example, to the extent that we have federal public funding opportunities for shoring up public health data systems, which we pretty obviously should, let's make sure that those funding opportunities come along with requirements to achieve certification for the appropriate certification method.

And then, I forget what number I am up to, but let's make sure that we address optionality and constrain optionality in our certification programs, and this is sort of a touchy subject for our states, localities, travel authorities, et cetera. Public health in this country 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 make sure that we have a national floor for interoperability so that all actors can exchange data. And,

use of local mandates relative to certification that constrain or add data that is optional at the national level actually impedes interoperability, so let's make sure our certification programs are designed to create a national floor for interoperability while preserving the ability of local actors, including health systems, providers, public health data system providers, and public health authorities to raise the ceiling. Thank you.

Aaron Miri

I appreciate the comments. Good feedback there. Next up the in the queue, actually, was myself, so let me just bring up two comments in consideration when looking at incentives. First of all, I would say on the lab reporting piece, looking at the potential partner with CMS or other agencies to incorporate data sharing criteria or minimum thresholds of electronic data sharing thresholds, e.g., non-facts, into the CLIA lab certification process. In our case here at UT, we set up two CLIA-certified labs that both could process up to 5,000 samples a day. Those certifications were done, but I will tell you, behind the scenes, sharing that data with public health authorities is often done on fax machines and on Excel spreadsheets, and it is a very sad situation, so maybe there is an opportunity there.

The second item would be the consideration point of moving to future ICD code sets faster, making sure that there is a widespread adoption of ICD 11 and/or future ICD codes, seeing if that could be built into some minimum thresholds, figuring out what is appropriate so that we are not too laggard behind the rest of the world. I would say those are two comments I have. And then, next in the queue, I see Steven. You have re-raised your hand, sir?

Steven Lane

Yes, indeed. Thank you, Aaron. I just really thought Arien's comments were right on, and I think it is very important if or when ONC develops additional certification programs, such as 1-4 public health data systems, that there is careful alignment between each of those programs. Clearly, the exchange of data between providers and public health will be facilitated if their certifications on both sides are aligned and coordinated, and over time, there may yet be additional certification programs for long-term post-acute care, potentially, for research, or patient-facing applications, or services, and I think ONC really is in the perfect position to coordinate those programs or those different vendor systems in a way that they can function together seamlessly.

My original comment and the reason I had raised my hand earlier, but which I had forgotten, was back on Slide 10, just a specific comment on the public health data systems incentives, where the recommended activity was to explore ways for the ONC health IT certification program to support data exchange between public health and clinicians, as we were just discussing, but I think it is important in that recommendation to remember that there are other stakeholders, and this has come up in a number of our task force discussions, that being sure that labs, that payers, that individuals are also considered as we are building out the interoperability functionality, especially for public health systems. So, I just thought that those additional stakeholders should be added to the text of that recommendation.

Aaron Miri

Good comments. Next in queue, Mr. Les Lenert.

Leslie Lenert

Thank you, and it is "doctor," but I will take what I can get. The comment I want to make is that I think there needs to be another bullet here, this focus on ONC's responsibilities, and that is to say that there needs to be alignment between public health data systems and health information exchange, particularly TEFCA, and that we need to understand or to map out how we can align the rules of the road for health information exchange so that it is as valuable as possible to public health and interoperable with public health data systems.

Aaron Miri
Good points, got it, from the Dr. Les Lenert. Got it. Thank you, sir. I appreciate that. Carolyn, back to you.

Carolyn Petersen
All right, let's address the second question here, the question about funding silos for public health data systems. That is, what are some joint efforts for the HITAC and the National Committee on Vital and Health Statistics to undertake to encourage broad evolution of this concern?

Aaron Miri
Dr. Lenert, I saw you raise your hand.

Leslie Lenert
No, I just… That was just me playing with my interface. Sorry.

Aaron Miri
Okay. Clem?

Clem McDonald
It has been expressed a number of times, but we cannot just discourage… We should abolish those walls somehow in public health that came about because of uninsightful funding mechanisms that people can only build a system for TB or only a system for HIV, which is ridiculous, and it is very problematic in this day, where we want to merge data together for lots of purposes. So, I think we should find some stronger words and knock down those walls, sort of like Berlin 35 years ago.

Aaron Miri
So, you are saying doing some more research to define those walls per se, and then go specifically…

Clem McDonald
No, I think… There is no justification for the walls. There never has been. It is an accident of funding, and I think we should do the strongest verbiage we can to say, "Stop it." I do not know if that is legal.

Aaron Miri
Yeah. Carolyn, I think you were about to say something. I apologize, I just cut you off.

Carolyn Petersen
No, that is fine. I was just going to concur that wall abolishment is perhaps a bit beyond the realm of the HITAC. We certainly do support that, and we can ensure that that is emphasized in the annual report.

Clem McDonald

Thank you for modulating my wild speculation.

Aaron Miri

No, it is a good comment that we all agree with. Arien, I see you are next in the queue.

Arien Malec

Thank you. So, as a meta-comment here, I have been an advocate for administratively combining NCVHS and the HITAC. We cannot literally combine them into one. I do not think we can literally combine them into one super advisory committee, as Elise might know, because they are named in legislation in different places, but we should co-meet, co-deliberate, and co-report. The time for separation of administrative functions and health information technology clinical interoperability functions is long past, and so, one easy way to meet the terms of this particular topic area would be to administratively marry the NCVHS and the HITAC, co-meet, and co-deliberate so that we can create combined recommendations, both to the National Coordinator and to the Secretary of HHS. Thanks.

Aaron Miri

Yeah, and on an aside, we can always meet as individual people or members of our respective health systems to be part of the committee, so if you cannot do it because of statute, you can always just meet.

Arien Malec

Some of us do.

Aaron Miri

Yup, exactly. All right, Dr. Lenert, are you still playing with the interface, or are you raising your hand?

Leslie Lenert

No, I raised my hand. So, I think that the activity should be cataloguing program-specific funding or requiring agencies to report on program-specific versus cross-program funding across HHS. So, CDC, give us a list of informatics investment activities which are program-specific and which are not, and report on that, and then, what we can do is based on those reports, we can start to make recommendations as to how these programs might be combined. But, without putting some sunlight on this issue, we are not going to get anywhere, so let's ask FDA to catalogue their program-specific investments, let's ask CDC to do this, let's ask CMS to do it, and to find out wherever there is a program that involves public health that only talks about one disease, let's look at the rationale for that.

Aaron Miri

Good comments. And, I know they have done that individually. I have seen it in various presentations, all the things that they are individually working on, but you are right, if there was one master list, like air traffic control, of all the things going on across all of them… That is a good point. All right, Carolyn, back to you. No other hands on that one.

Carolyn Petersen

All right. Seeing no more hands, let's tackle the third topic. This has to do with public opinion about the impact of use of health IT on consumers. The question here is what are some specific ideas for further

investigation? This topic came about from our discussion and recognition that it is very hard to find a centralized source of truth, or even just a lot of decentralized sources of truth, about what consumers' opinions are that are also developed or gathered using valid measurements. I think for those of you who have been involved in qualitative research, you know that the answers that come out of a study that involves some kind of survey, whether that is an automated survey, or an electronic tool, or interviews, what you get out of it really is a function of the way that you phrase the questions that you ask people, and the way that you phrase those questions can slant the output.

So, we are interested in getting a sense of what suggestions the HITAC members have about ways we can get some feedback, some public opinion about the kind of work that we do in health IT, how that affects the public, patients, and consumers, that is perhaps more valid or less subject to some of these kinds of biases that we can find underlying surveys and other reports that get put out into the environment.

Aaron Miri
Very good points, Carolyn. Denise?

Denise Webb
So, I apologize because I thought this was going to be a different question. I have a comment to make related to consumers, patients, and consumers' access to their health information in the public health data system realm, if I could just suggest that related to funding and federal funding of immunization systems implemented or built and implemented at the state level, that there appears to be an inconsistency across states about patients having electronic access to their immunization data, and I think that should be universally available to patients, just like a patient being able to go to their healthcare provider and get their information electronically. The same should apply for any information housed by public health data systems that is patient health information, that the patient should be able to access that information and receive it electronically. I apologize that that is not directly related to our third question here, but I wanted to make that comment.

Aaron Miri
No, it is an important point. I think it is an important point, Denise, and one **[inaudible] [01:48:12]**.

Denise Webb
Just to illustrate, with Wisconsin's immunization registry, the same system is used by Minnesota. They got their system from us, and Wisconsin provides public access to individuals and parents for children's records, and you can get it instantaneously electronically, but in Minnesota, you have to fill out a form and wait 21 days to get your immunization information, and we are using the same system.

Aaron Miri
So, your mileage will vary, that is for sure. Next in queue, I see…

Denise Webb
So, that relates to funding and time, and it states back to needing a floor on interoperability for public health data systems where consumer **[inaudible – crosstalk]** where appropriate.

Aaron Miri

Right, makes sense. Clem, you are in the queue.

Clem McDonald
I want to reinforce what Denise said. Not only should they give the immunization data, they should provide test data that they may have run because they often are the only place you can run certain tests, so what is good for the goose is good for the gander, or whatever they say, and we should be symmetrical in this business of healthcare systems and public health. So, I really like Denise's suggestion, but I do not know if she would go along with my wider one.

Denise Webb
Sure!

Aaron Miri
I think those are all good points. Abby Sears, you are next.

Abby Sears
Thank you. I just have a couple of thoughts. One of the things that worries me about the app world is that patients for whom English is a second language, or who maybe have educational challenges related to the complexity of what they are reading when they are accepting and agreeing to the terms when they turn on an app, and/or they are agreeing to take $5.00 or $20.00 to sell their data, it might mean something different to somebody that makes $20,000.00 a year versus somebody that makes $120,000.00 a year. It is that protection of if they really understand what they are agreeing to, and how we help them with that.

So, getting back to your question around how the ONC can help with that, I am just wondering if there is any way… Steven put "yellow card" in the cloud. Is there some way that is a consumer protection process, kind of like what Denise was saying, where you are not giving me my data, which is just as bad as you selling my data in a way that I did not understand, and you did not really explain it to me when I hit the accept button. How many of us read that two pages of the accept when we turn on an app or do something? So, I am wondering if there is some sort of a consumer protection or some sort of a system that can be put into place where somebody could look up bad actors or something like that. And so, I am just throwing that out there as an idea to explore.

Carolyn Petersen
And, what do you see as the specific HITAC activity around that? What do you think an appropriate activity would be?

Abby Sears
Maybe asking to build some sort of a program like that or working across agencies to build something like that.

Carolyn Petersen
So, are you then thinking about a listening session, or a task force, or what? I am trying to get at something more concrete that the HITAC itself could do rather than something that regulatory bodies would have to undertake, or something that would require changes in regulations, or laws, or other things. I agree that the

activity and the concerns are very valid and important. I am just trying to get a sense of what it is that the HITAC itself could take on.

Abby Sears
I am thinking.

Carolyn Petersen
No, that is fine, and you are welcome to email ideas to Aaron and me as well. I know it is a leap from what should happen to what we can specifically do, but we are really interested in this area and interested in your ideas.

Aaron Miri
Absolutely, please dig through them. Next in the queue is Sheryl Turney.

Sheryl Turney
Thank you. I did want to pile onto the prior comment because I did put in the chat also the potential for HITAC to take on certifying third-party apps, and also, for those on HITAC, there are… The CARIN organization does have a code of conduct, there is training also that HHS has for consumers, and I do think that maybe requiring a link in the EULA that everybody has to sign up for to the education materials that are available from HHS might be helpful because we worked on those…I do not think it was last year, but it might have been the year before.

But, the other thing is educating people on what analytics and statistics mean, because I think the use of terms like that makes it very confusing, and those terms are not defined, and so, often, when your data is exchanged, it is because the terms that are being used are not defined anywhere, and then, the individual reading it does not really know what you are talking about. And, I have said this in all my subcommittee meetings too: I like definitions of things so that I know we are all in agreement for what we are talking about. But, I think something along those lines could be helpful.

Aaron Miri
Okay.

Carolyn Petersen
Thanks, Sheryl.

Aaron Miri
All right. Dr. Jirjis, you are next. Jim?

Jim Jirjis
Hey, quick question about the public health piece. Being in 20 states, as I have said in prior calls, we have been pretty close to some of the variations. When I think about what HITAC and ONC have "dominion" over, which is our charge, it strikes me that unless public health departments have to be certified and ONC manages that, then the problem has been that the EMR vendors for the clinicians have to be certified to do this, but the public health departments do not, and I think that seems more legislative. I am not sure that we have levers on incentives, but maybe we do, so that is one question. The second one is around all this

money that is going into public health, and it could end up that we all end up with far more sophisticated silos where each state does it differently and we are all back in the same place, right?

So, we have been working with the U.S. Digital Service on a record report stream, for example, to try to pilot how we could actually have a third-party intermediary that actually takes on some of the very…where we would all report to one. So, maybe the task force could make recommendations for what the standards ought to be, but ONC and our legislative body would have to figure out how to incentivize states that just are not interested and want to do it their way so that they adhere to the standard that we point to. So, what standards do we have a role in, and do we have a role in defining the standards for how it ought to work nationally?

Aaron Miri
Those are good points, and Jim, it is interesting that there are health systems such as yours that share public health data regardless, across multi-state lines, and do a good job of it, and try to rally a coalition of the willing in an area, so perhaps there is always a way to consider incentivizing organizations to be those key Sherpas in various locales of the country. If respective states cannot do it, organizations sure can if there are standards and incentive for it and driving the ball forward. You can only do what you can do, but CMS is a great lever to get all of us to go do things.

Jim Jirjis
Well, that is what I would be curious about. Is it within the HITAC's scope to recommend approaches for incentives, and is it within our scope to begin to define what standards and approaches should look like, but then, someone else would need to figure out how to incentivize the public health departments that are state-run?

Aaron Miri
Yeah, and we can definitely look at that to make sure that if we want to write something that has that language, how we can write it so that it is appropriate, but has that intent. So, what we will do is take this comment, run with it, and look and see if there is something we could propose around it that matches HITAC language, but I want to say it right, so we will look at that. Okay, we are right at time here, so, really quickly, I do want to ask… We also did send a crosswalk out, but we are not going to look at it today. If there are any questions folks who looked at it have, please let us know right now by raising your hand. Otherwise, what I would ask you to do is take these topics that Carolyn just walked you through, we are going to resend out the crosswalk, take a look at them, email us back your questions, pop in with a question, call me, call Carolyn, or call one of the task force members. We are happy to walk through it, consider it, put it down, work through it, and try to get there. But, great discussion. Carolyn, I will turn it over to you for final thoughts.

Carolyn Petersen
Just, again, to reiterate Aaron's sincere request that you send us thoughts and ideas so we can be sure to incorporate them. This is our opportunity to put something on the table for ONC to consider in terms of its 2022 work plan, so please help us do the best that we can with that. Thanks.

Aaron Miri
Yup, you got it. All right, Denise, with that, unless you have any comments, I think we can go to the next item, which is a break, if you are good with that.

Denise Webb

Yeah, I think we are ready to take a break. It looks like we are right on schedule, and we are going to resume at 12:15 Eastern time for our final presentation with the USCDI Task Force recommendations.

Aaron Miri

All right, everybody. We will see you in a few minutes, then. Thank you.

Break (01:59:21)

Operator

All lines are now bridged.

United States Core Data for Interoperability (USCDI) Task Force Recommendations on ONC Priorities for the USCDI Version 3 Submission Cycle – HITAC Vote (02:13:11)

Michael Berry

Thank you very much, and welcome back, everybody, to the September HITAC meeting. I hope you enjoyed that short break. I am going to now turn it over to our co-chairs, Aaron, and Denise, to kick off our next section. Aaron?

Aaron Miri

All right. Denise, any opening comments?

Denise Webb

Actually, no. I think we can launch right into the USCDI presentation. Steven Lane is going to be leading that solo, as we do not have Leslie with us any longer, and unless you have any other comments, I think we can get started.

Aaron Miri

No, I just want to thank the USCDI team and all the community up front for the hard work. Steven and the team make this look effortless, but there is a whole lot behind the scenes. I just wanted to echo that before I say thanks because there is a lot to work through and synthesize. So, Dr. Lane, it is your show, sir.

Steven Lane

Thank you so much, Denise and Aaron, and thank you for the opportunity to come before the HITAC today and present the incredible work of our task force. I want to remind everyone that this is the third iteration of the USCDI Task Force. I have had the honor to serve on all of the prior iterations, and it is really exciting to see the USCDI continue to evolve and grow to meet the needs of our country and our interoperability in particular. It has really been a pleasure to be a part of this and as you both said, the team at ONC that has been supporting this work has been incredible. They have been with us in lockstep every step along the way, informing our process, and it has really been bidirectional. There has definitely been a bidirectional exchange of information going on here between the task force and the ONC team, and I want to particularly tip my hat to the prior task force leaders, Christina Caraballo and Terry O'Malley, who did a wonderful job for a number of years setting us up to where we are today. So, a lot of people have done a lot of hard work on this, so, thank you all for that.

On the next slide, we will be doing the usual review of our membership, providing some background and what the specific charges to our task force were. I am going to quickly go over our prior recommendations that we have been making to this body in this cycle, cover our new recommendations, and then, after we have a had a chance to review and vote on those recommendations, our task force did have some other suggestions to the HITAC for additional issues for consideration, which I think really align with the discussion we just had about the annual report and future directions for HITAC, so we will take some time to discuss those after our vote.

On the next slide, you see the roster of members of the task force. Terry O'Malley was with us early on, but he, like Leslie subsequently, had to step down for other demands, but these are the rest of the task force members, many of whom have been really intimately involved, having multiple meetings outside of the task force to discuss topics. The task force has also done a lot of outreach to stakeholders, and we have had some unofficial meetings on the side, really running in parallel with many, many meetings that the ONC team has had with stakeholders and commenters that have been informing their work as we have gone along.

On the next slide, we will review our task force charges. This year, we had three specific charges. The first was to evaluate the draft USCDI Version 2 and provide input on that, the second was to review the USCDI expansion process, and the third, which we are going to be discussing today, is specific recommendations regarding the V.3 submission cycle. We did deliver to the HITAC back in April and June our first sets of recommendations, and I will just review those again at a high level, and in both cases, the HITAC received those, approved them, and transmitted them to the National Coordinator, and they really were effective in impacting the development of Version 2 and the definitions and guardrails around the V.3 submission cycle, so I think that the work that the task force has done and that HITAC has done has really been quite effective in impacting the USCDI process.

The next slide is a review of the cycle that we are part of. You will all recall that USCDI Version 1 came out last year, Version 2 came out earlier this year in draft, and then was finalized in the summer. We are now in the final month of the period for submission of items and input on the development of Version 3, and then, the ONC will go into a process of drafting Version 3 for release early next year. So, our USCDI Task Force will go on hiatus over the course of the fall and at least the beginning of the winter while the ONC team does their work, and then, there will be another task force stood up early next year to work on Version 3 and go through this cycle again.

And, as we commented earlier around the EHR Reporting Program, this is really a very positive paradigm that we have where we have an annual cycle of input and submissions, then comments, finalization, and then, the process keeps on going, so I think that you will see recommendations that we will have today regarding Version 3, and then, hopefully, next year, we will be back with another set of recommendations from a new task force focusing on the Version 3 finalization and the development of Version 4.

On the next slide, just a reminder of what was included in USCDI Version 2. There were three new data classes, clinical tests, diagnostic imaging, and encounter information, and a total of 22 new data elements. There was some merging of previous data elements. Specifically, diagnostic imaging and laboratory and

pathology report narratives were merged into those tests and results because we felt there was some confusion about separating out the narrative as a separate data element.

The really key changes in Version 2 were the addition of social determinants of health, assessments, problems, and interventions, which were incorporated into preexisting data classes. I think it was a very innovative way to approach that on the part of ONC. There is this new data class to incorporate test results beyond laboratory and imaging, which is very important to support clinical care. We included detailed encounter information that will support a lot of use cases, workflows, and reporting. We incorporated sexual orientation and gender identity into the demographic section, which is very important in terms of supporting equity and inclusion across the healthcare ecosystem. We also have the problem date of diagnosis and date of resolution, which will make problem lists somewhat more usable for especially some key public health use cases.

So, there were a lot of changes in Version 2, though I think on the whole, the community perceived these as rather modest changes. There is a thread in our world that says USCDI should be expanding very quickly and move towards inclusion of all electronic health information. I think that is a lively discussion with good thoughts on all sides. So, at this point, USCDI continues to be this annual thoughtful process of expansion.

So, on the next slide, I am just going to go ahead and give you a quick review of our recommendations from Phases 1 and 2 of this year. On the next slide, our Phase 1 recommendations primarily were to incorporate social-determinants-of-heath data, which was done, sexual orientation and gender identity, which was done, more detail around the care team, which was done, as well as encounters, so, again, the recommendations of the task force and the HITAC really did impact the finalization of Version 2. There were recommendations around assessment and plan of treatment, diagnostic imaging, and studies, which were also incorporated. As I mentioned, the removal of the narrative data elements and incorporation of those into the results.

And then, there were specific suggestions for ONC to work, as they have been doing, with HL7 to update specific implementation guides to support the inclusion of the new data elements, and I think that the SDOH data in particular there was recently finalized in the implementation guide for SDOH data, which really has supported the inclusion of those data elements in the USCDI and presumably will support the inclusion of those in the standards version advancement process and eventually in the certification criteria.

On the next slide, a quick review of our Phase 2 recommendations. These were really about the submission system and process, really wanting to improve the usability and accessibility to support the engagement of contributors from across the health and healthcare ecosystem, including in particular patients, patient advocates, and public health. We have had great representation on our task force representing these stakeholder groups and really made clear their needs, so, those were transmitted to the ONC. We wanted to promote awareness and development of high-priority data elements, as we will discuss further, and to accelerate the maturity and inclusion of those elements in future versions. We made specific suggestions about how the ONC should look at leveling items that are submitted to promote, in particular, data elements that have a high impact but potentially a narrower set of users across the ecosystem. ONC is still figuring out how to incorporate these suggestions and how to apply them in the V.3 cycle. And then, as mentioned, prioritizing health and health data equity, public health use cases, and others.

So now, I am going to transition into our Phase 3 recommendations after that lengthy review. We are going to be discussing on the next slide the high-priority use cases and stakeholder groups that we suggest ONC tend to in developing Version 3, high-priority data classes and elements, and then, some additional recommendations on the USCDI advancement process, which potentially could have been included in our Phase 2 recommendations, but they are here now, so, there you have it.

On the next slide, we will transition to the Phase 3 recommendations, focusing initially on high-priority use cases and stakeholder groups. On the next slide, again, the focus of our work in this Phase 3 was to make specific recommendations to inform ONC's work on the Version 3 submission cycle, how best to implement the new priorities that ONC had identified, and to select data classes and elements for inclusion in the next draft. So, again, in the standards bulletin that was published by ONC earlier this year and in response to our task force's input, the ONC did specifically call out addressing health and healthcare inequities and disparities, the needs of underserved communities, and public health use cases as priorities for Version 3.

So, on the next slide, the first recommendation that our task force has is really bravo and thank you for that, and there are more high-priority use cases and stakeholder groups that should also be a focus as we move forward. Whether these become a second-level focus for Version 3 or are considered for future versions remains to be seen, but on the next slide, our task force identified a very specific list, I think we have a baker's dozen here, of high priorities that we feel that the USCDI should be moving toward supporting. None of these will come as a big surprise to any of you, and I think a lot of this has been called out in the work of the HITAC annual report workgroup, but these in particular engendered a lot of discussion on the part of the task force, and we submit them as future areas of focus for USCDI.

I know that Terry O'Malley has a friendly amendment here. He pointed out very appropriately something that our task force failed to address, and maybe, if it is okay with you, Denise and Aaron, I will just ask Terry to speak up right now because this is kind of where it fits.

Aaron Miri
Sure.

Denise Webb
Sure, that sounds great.

Terrence O'Malley
Thank you very much. This is just an incredible amount of work by this task force, and kudos to Steven and Leslie and the rest of the group, a really remarkable body of work. I have two cents to put in, or maybe just one cent, and it is on this slide. So, where it says the third bullet down, "Shared care planning," my friendly amendment is to put in a slash and put "transitions of care" so that line reads "Shared care planning/transitions of care." And, the reason care transitions are so important is that they are really the glue that holds the healthcare system together, the clinical system. It is the way unrelated parties who are having a difficult time communicating with each other actually connect around the care of an individual. So, I would please put in a plug for transitions, and I hope that the HITAC will support that amendment. Thanks, Steven, for the opportunity.

Steven Lane

Thank you, Terry, and thanks for slipping that in right where it belongs. Individually, I think Terry's addition is excellent. I cannot speak for the rest of the task force, and it will be up to the HITAC to make a decision about that. I see some other task force members are chiming in in the public chat, so it sounds like that is going to be a winner.

On the next slide, we also focused on specific stakeholder groups that we felt should be particularly considered as ONC puts together the draft Version 3, particularly patients and caregivers, public health and associated registries, and pandemic-related use cases, as well as minority use cases generally. We discussed this earlier, that there are some use cases that have a very large impact to a relatively small population of either patients or users, and we feel that those should be considered expressly in ONC's process, so this is our Recommendation 2. Then, transitioning over to high-priority data classes and elements, again, these differentiations, use cases, stakeholder groups, classes, and elements may seem a little mundane, but I tell you, when you are living this stuff every day, these categories become very important.

On the next slide, we start in focusing on high-priority data classes and elements, with the suggestion that the ONC should prioritize specific data elements that have not heretofore been included in USCDI, specifically advance directives, including both durable power of attorney for healthcare and POLST and MOLST data regarding functional status and disability, cognitive status, pregnancy status, health insurance information, and a late addition from the task force was the DICOM image files. Of course, we include imaging reports, both free text and discrete data, but the image files, as we all know, have not been incorporated yet into USCDI, and there clearly would be benefits to having this data more broadly interoperable and standardized and a lot of not only use cases, but demonstration projects and vendors who are supporting this. This is really quite mature, and the task force recommends including all of these data elements for consideration for draft Version 3.

On the next slide, we make a very specific recommendation around clinical notes. Clinical notes were included in the earlier version of the USCDI and have had a big impact on the industry, on patient access to information, on the advancement of the use of FHIR, which is really a tremendous impact, but when ONC included clinical notes, they selected a very specific subset out of a large LOINC document ontology, and after much discussion, our task force recommends that the entire body, the entire ontology of clinical notes, be included in Version 3 so that all clinical notes can be exchanged regardless of how they are coded within a particular system.

There are subsets of notes that have been called out in the C-CDA implementation guide in the certification program. One in particular that the task force feels is very important is operative notes. While procedure notes were included in the earlier version, operative notes were not. Of course, these can be very important for care coordination, care transition, et cetera. But, because all these additional note types that have been documented by LOINC are not currently included in the existing implementation guides, we felt that ONC should work with HL7 to assure that there is guidance for how these additional note types should be included in C-CDA in particular in the absence of fully defined templates. So, there is a lot of discussion around that informed by people who know the technology and the standards well.

On the next slide is our Recommendation 5, that ONC should specifically consider and prioritize the data required to support a robust API and app ecosystem, and in our written report, there is some background

material about this, but the key thing here is that until data elements are included in USCDI, they really cannot be exchanged reliably between systems, and in this body, we have discussed for years the importance and potential value of building out an ecosystem of APIs and apps that utilize those, and here again, this should be a specific consideration as ONC looks at what to include in Version 3 and other future versions. There are data elements that were included in Version 2, such as social-determinants-of-health data, that, now that they are included, will really support the development of apps around that sort of data, and that is a key outcome of the addition of new classes and elements to the USCDI that we feel should be considered.

On the next slide is our Recommendation No. 6, that ONC should prioritize the inclusion in USCDI of the data elements that are being requested by public health stakeholders despite the fact that there is still a lot of work to be done on infrastructure and interoperability for public health. We discussed at length the notion that we should not wait to fix public health data and interoperability before we include public-health-related data elements in the USCDI, so this is a statement of enthusiasm and support for public health, and there have been extensive submissions that CDC has helped to coordinate across the public health community and have brought forward through the ONDEC system, and this is simply a note that we believe that those should be looked at carefully and prioritized as soon as they are applicable and ready to go.

So, the next and last set of recommendations or subset of recommendations has to do with the USCDI advancement process, and there are just a couple of these, but they are really quite meaty. On the next slide, our Recommendation 7 was really born out of thoughtful discussion amongst task force members about how ONC has defined data classes of their constituent data elements and how understandable and consistent or not that has been to date. So, there is a desire, and this is really coming from people who are deep in the weeds in data definitions, data models, and standards process, but there is a recommendation to improve the precision of the specifications, data classes, elements, and definitions, and to align that with the current exchange specifications and existing data models.

And, there was a very specific and detailed proposal submitted by one of our task force members, Dan Vreeman, who is currently at RTI, previously at LOINC and Regenstrief, which goes through this, and we discussed this at length, made very specific comments about this in our written recommendations, and recommend this report and its recommendations to the ONC as a way to clean up the current definitions of data classes and elements and how those are structured. Whether there is time to do this in the V.3 cycle or whether this is something that might take a couple of cycles to accomplish I think we will leave up to ONC, but this is really a recommendation to tidy up the structure of USCDI in a way that will make it more valuable to our industry.

On the next slide, our Recommendation No. 8 is also very, very important, and really is related to No. 7, which is to say that within USCDI, what ONC has endeavored to do is to thoughtfully add data classes and constituent data elements as they are really ready for exchange. What you see if you spend a lot of time in the ONDEC system on the USCDI website is that there are a lot of data elements that are down-leveled at the level of comment or Level 1 that really logically would belong inside of some of the data classes that have already been included. So, this is really a recommendation to develop a third layer within USCDI. You have the class, you have the element, but then, inside those elements, those are buckets that can be used to hold a lot of additional data.

One in particular is this new data class for non-lab, non-imaging test results, and there are a number of tests that we do for patients which are not lab or imaging, but they are tests that are done routinely, they are well codified, they can be exchanged, and what we are proposing, for example, is that ONC provides a starter set of values of what the tests are that would go inside of this new test results section, and we spent a lot of time, and thank you to Dr. Clem McDonald and the work that they have been doing. He put together a list of specific recommendations, which we included in an appendix to our report, and these are all clinical tests that are routinely codified and exchangeable between systems, and what we are saying is if these tests are obtained, if this data is collected, that they would be exchanged under this data category of clinical tests. And, the idea is that these lists of applicable value sets should grow over time as new tests in this case are matured, as the standards are clarified, as exchange happens, as is so often the case with these test results, that this list of values would grow over time. So, that is part of this.

Another example is the new data class of SDOH assessments, and here again, there are a number of established assessment instruments that are well codified and can be exchanged, and if we are going to be exchanging those, USCDI should not only say, "Oh yes, you can exchange SDOH assessments," but should say, "And, these are a particular set of assessments that would fit under this data class and data element when they are ready to be exchanged." And, this could be applied to other data elements as well, and we have made some recommendations about where ONC might put these lists, keeping them in established locations within the ONC infrastructure as it exists today, but this is a recommendation to expand USCDI into this dimension of data elements.

And then, our last recommendation, No. 9, on the next slide, is that ONC should change the requirement for advancement of a proposed data class or element to Level 2 from exchange between four health IT vendors to exchange between two health IT vendors. The idea here is that there are a lot of data that can be exchanged through connectathons and real-world use between multiple vendors that ONC set the bar at four vendors, which we felt in our deliberations was setting the bar too high, that given the process of USCDI expansion, given the timing, we felt that once a data class or element could be exchanged between two disparate vendors that that was enough for it to be advanced to Level 2. That does not necessarily mean that it will go into USCDI, but really, when we are building each draft version of USCDI, we build it out of Level 2 data elements, so we want things to be able to be in Level 2 if they have been clearly shown to be exchangeable between multiple vendors, not waiting for four different vendors to be participants in that exchange before it moves to Level 2.

So, those are our nine recommendations for our Phase 3 work. I am happy to entertain any questions. We have a number of task force members on the call today. I have not been monitoring the chat as we have been going along, so I will leave it to you, Denise and Aaron, to bring up the questions as appropriate.

Aaron Miri
Given that, first of all, great job. Excellent discussion there in explaining each of those bullet points. There are raised hands, but in the interest here that we have to make a vote at the end of all of this, I thought it may be helpful, Steven, and Denise, I will welcome your opinion here, from a process or procedural perspective, what we will do is go back through each of the suggestions and the recommendations and ask for any questions so that folks can focus their question on that specific recommendation, and we will just flip through each of them, including the amendment that Terry offered, and then, by the end of it, hopefully

we have answered all the questions for the respective suggestions, and then we can make a comprehensive vote at the end for thumbs up or thumbs down. Does that sound good to you, Steven?

Steven Lane
Sounds great, I love it. It is nice that we have nine suggestions so we can do that, right?

Aaron Miri
Exactly right.

Denise Webb
Yeah, that sounds like a good process.

Aaron Miri
All right, so, if we can go back to the first suggestion, Excel team.

Steven Lane
Recommendation 1 on Slide 13.

Aaron Miri
Yeah, recommendation 1.

Steven Lane
So really, again, I would go to the next slide, 14. This was our list of recommended high-priority use cases for future prioritization, and we do have Terry's amendment that we add transitions of care to shared care planning, the fourth item down on the left.

Aaron Miri
Yeah. So, that was the item here, to add the care planning item, transitions of care.

Steven Lane
Yes.

Aaron Miri
All right. Any questions on this? Please use the hand-raise functions. Again, we are adding that item on here. All right, I see no hands raised, so it seems pretty clear. Just like you said, a slam dunk. All right, next item.

Steven Lane
All right. So, Recommendation 2, again, was high-priority stakeholder groups.

Aaron Miri
Any questions here, HITAC members? Okay, I see none.

Steven Lane
Slide 17 is our Recommendation 3, specific high-priority data elements.

Aaron Miri
Alexis, I think I see your hand raised. It has gone up and down twice.

Alexis Snyder
Yeah, I am trying to raise it. On my end, it is not being raised, so I am glad you see it. I had it up initially, and then I took it down when you said we would go through it one by one. In any event, I had a suggestion for one small change, where it says "functional status/disability." That kind of implies that if you live with a disability that you are not a functioning member of society, and I think "functional status" in general is a little ambiguous. So, I would suggest either splitting up the lines or having one line that has "disability status and/or any functional limitations."

Steven Lane
Thank you, Alexis. The reason those are lumped like that is not to suggest, as you did, that people with disabilities are not fully functional, rather, that disability was included by the ONC under the data class of "functional status," and that is where it sits in the hierarchy, and our suggestion is simply to take this and move it forward into USCDI, so this has previously been submitted, there are all sorts of opportunities for you and other stakeholders to provide input right now through the ONDEC website for how this is structured or phrased, et cetera, but this is simply a recommendation that it be moved forward and made a part of USCDI in the next round.

Alexis Snyder
I understand that, and I can understand the need to lump them together or why they are already lumped together. What I am saying is that if they remain lumped together, you should change the wording. It should say "disability status and functional limitations."

Steven Lane
Yeah, and that is a great suggestion for ONC for the ONDEC process, but I do not think it specifically impacts our recommendation. That was my point.

Aaron Miri
That is true. Maybe on the slide deck, we can make that modification from a specificity perspective. I can see that. We can work through that. Okay, next in the queue is Clem. Clem, you may be on mute. There you are.

Clem McDonald
The first two are really assessments, and so is the SDOH. Many of those are assessments. I really wish we had a more general class to accommodate those. And, there are two assessment questionnaires that were proposed by NIH more than 14 months ago, one for alcohol abuse, the other for drug abuse. That might be the exact pattern. These are very widely used surveys that were proposed, and they kind of got lost, and I would like at least to get some… We had specific ones requested by NIH which are not rare or unusual special research. They are common surveys. But, those are two very important dimensions, especially considering the high death rates from drug abuse lately. I would like to get those two on the list of potential advancement for high priority. They are simple, they are done, they are cooked, they are used widely, and they fell out after they got proposed last fall.

Steven Lane

I think you make a really good point, Clem, and when you look in the USCDI site, there are a number of items listed, specific assessments under substance use that are down at Level 1. Our task force did not specifically discuss those. We did not have a chance to review those generally. Since they are at Level 1, they would need to advance to Level 2 before they can be considered for addition into Version 3.

I think we all anticipate that ONC will be looking at individual data items like that and determining whether they are ready to be releveled to a Level 2 where they could be included, but I think your point also goes to your other point about the test results, non-lab, non-imaging, and we did this with SDOH assessments, which did make their way into Version 2, but potentially, these various assessment tools, such as the AUDIT-C, et cetera, et cetera, could be a list of data items that would fit within an existing data class or element. Within V.2, we have SDOH assessments, and we have made suggestions about which specific ones might be included there, but there is not a data element in Version 2 for other assessment or questionnaire instruments.

Those have been submitted as individual items as opposed to promoted as a data class, and I think it would be a very useful data class to consider to capture patient-generated health data as a set of assessments like the ones you mentioned that could be incorporated. Again, we did not discuss it as a task force. You were part of the task force, so if we want to raise that as a whole new recommendation here at HITAC, that is up to the chairs, but I think that there are a lot of opportunities for ONC to consider that.

Clem McDonald

Well, you have hit on the head what I think would be good. I do not know how to get it further along.

Steven Lane

The good news is just having it here in the minutes of our meeting is enough for ONC to know that we are interested in this.

Aaron Miri

Yeah, we should definitely follow up.

Clem McDonald

The other side of it is dividing up the assessments into tiny categories. I **[inaudible] [02:52:04]** starting out with just SDOH assessments that have a bigger category, of which that would be a subset, of which there could be many important components. But, you sort of said that, Steve, so I do not think **[inaudible – crosstalk]**.

Aaron Miri

Yeah, good stuff, good comment, and we can definitely follow up. Let me go along here for time purposes, if that is okay. The next person with their hand raised is Carolyn Petersen.

Carolyn Petersen

Thanks, Aaron. I just wanted to circle back to some comments made by Alexis regarding the functional status/disability point here in Recommendation 3. I appreciate that this is at a stage, perhaps, where you

are not looking to define that specifically. However, I do remind the group that health equity and the elimination of disparities are also very important goals that ONC is pursuing through its work. Much of what we have today in our health IT 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 the more accepted way of looking at information in terms of our health and how we can perceive.

And, I know also that we have an opportunity here, much in the way that we have taken an opportunity to try to address systemic racism, but an opportunity also to address systemic ableism. I suggest 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 particular activities in daily living rather than this more blanketing descriptor of an individual. Perhaps that is something that is best done through an addition recommendation or through a sub-point in this recommendation, but I do think it is an important distinction that is supported through other ONC work around health equity and disparities, and that we need to move that forward here as well.

Aaron Miri
Good points, Carolyn. Steven, is there anything you want to say?

Steven Lane
I agree. Those are great things to move forward, absolutely, and great opportunities for a deeper dive, perhaps, by the USCDI Task Force in the next cycle.

Aaron Miri
All right. Clem, one second, my friend. Your hand is raised, but let me get Terry in front of you. He has been waiting. Terry?

Terrence O'Malley
This actually is a comment on Clem's comment about a larger bucket. I propose that maybe we need a bucket for just assessments, period, because if you look at the data element library that CMS has stood up for all the post-acute-care assessment instruments combined, it is one large agglomeration of assessment data, and there are so many well-established, standardized assessment tools that we would never get around to including each one individually, but providing a really big bucket for assessments as opposed to treatment and assessment plans might be helpful. Thanks.

Aaron Miri
I think that is a great suggestion, Terry.

Clem McDonald
I do not know if I am up, yet, but…

Aaron Miri
You are up, Clem. Go ahead.

Clem McDonald

Terry, of course, you have a great idea there, but if we did functional status or whatever we are calling it now, there really are a whole bunch of specific assessments that are well defined, and they are not judgmental, they are actually mechanically measured, and that is another reason to get this assessment world more explicitly thought about. That is all.

Aaron Miri
Clem, what I heard Terry saying was to be more specific, so the specificity of the mechanics are called out specifically from an assessment section, so there is no…

Clem McDonald
Yeah, I agree 100%.

Aaron Miri
Yeah, that is a smart way to address it and also be very clear, as Carolyn and Alexis were saying, that this is to promote equitable care and treatment and really focus on, to your point, the mechanics and specificity of these well-defined assessments. There is no inadvertent or implied anything, other than we want people to get better quickly and be equitable in care. I think it is a great idea. So, since there are no other hands raised, in the interests of time, Steven, do you feel comfortable that we have answered the questions? Do you feel good on this one?

Steven Lane
I do. Again, I think there are lots of opportunities to dig deeper and expand this, and the task force gets to do this every year, and I really invite people not only to submit these suggestions individually through the ONDEC process, but that also that they join the task force, and we can dig deep and come back with specific recommendations.

Aaron Miri
Got it, all right. Let's keep going because we are getting close to when we have to call public comment here. Let's go to the next recommendation. Any questions here from HITAC members? I think it is pretty straightforward. Steven, there are no hands raised. You can go to the next one.

Steven Lane
Great. I will not restate these. People can read them.

Aaron Miri
Yeah, in the interest of time. Again, this one seems pretty straightforward. No hands raised. Okay, next. "Prioritize inclusion of USCDI data elements."

Steven Lane
Public health. Do not wait to fix the underlying problems before focusing on their data.

Aaron Miri
Yup, proactiveness. I like it. No hands raised. It seems pretty straightforward. Next?

Steven Lane

No. 7.

Aaron Miri
No. 7, "Clear and extensible structure," yes. Any questions from HITAC members? No, nothing thus far. Okay, Recommendation 8?

Steven Lane
Again, this is where that list of assessments would come in. Some of those certainly… Substance use is a social determinant of health. We could include relevant assessments under the existing SDOH assessments element and/or add a general health assessment element in Version 3.

Aaron Miri
So, are you proposing a modification to this, Steven, or does it stand as is?

Steven Lane
I am not. Again, I think we should approve this body of work, and ONC, again, is on the line, they are listening in, and they will be drafting Version 3. And then, we will have another chance when draft Version 3 comes out to push for what goes into final Version 3, so all this is good work.

Aaron Miri
That is right, and again, I am just going to carry the torch of what Carolyn and Alexis were saying, to promote equitable care, health equity, and that level-setting of care. I think that is such an important definition to include in this, so this is great. Okay, any hands? No hands? All right, No. 9. "Change the requirement for advancing proposed data sets to Level 2 from exchange between four health IT vendors to exchange between two health IT vendors." Any consternation or questions here?

Steven Lane
Obviously, another option would be to split the difference and go with three, but this is what the task force recommended. And, I will point out that David McCallie, who has been very involved in our work and very involved in a lot of interoperability work when he was at Cerner, brought this suggestion forward to the task force and the task force embraced it and is bringing it forward to HITAC.

Aaron Miri
I can tell you, living at the nexus of hundreds and hundreds health IT vendors, this does make it more readily achievable than negotiating business associate agreements, data terminology, and specifications with all four, so this makes sense. Okay, I do not see any hands raised here, so with that, correct me if I am wrong, but I think we are ready for a vote across all the HITAC on the body of all nine recommendations, including the amendment from Terry.

Steven Lane
And, just a reminder that there is a document that has the fully fleshed out information, including to the appendix, which includes the list of specific items that we are recommending for inclusions within test results and SDOH assessments.

Aaron Miri

Yeah, so I would definitely look at that, but your slide that compared the two did a really good job of trying to sum it up. All right, so, with that, I am going to look for a motion for a vote. May I have a motion, please?

Terrence O'Malley
So moved.

Jim Jirjis
Second, Jim Jirjis.

Aaron Miri
All right, Jim.

Steven Lane
I think the motion was from Dr. O'Malley, which would include his amendment for the inclusion of transitions of care, just so we are clear what we are voting on.

Aaron Miri
You are exactly right, correct. So, we are voting on all nine of those recommendations, plus the addition of that transitions-of-care item to…I think it was the first or second one, if I recall.

Steven Lane
It was Recommendation 1.

Aaron Miri
Yeah, 1. And so, I want the HITAC to go ahead and open a vote for this. So, with that, all those in favor of approving the recommendations, including that addition from Terry O'Malley, please signal by saying aye.

Multiple Speakers
Aye.

Aaron Miri
All those opposed, say nay.

Alexis Snyder
Nay

Carolyn Petersen
Nay

Aaron Miri
May I have the names of those who said nay, please?

Alexis Snyder
Alexis Snyder.

Aaron Miri

Alexis and…?

Carolyn Petersen

Carolyn Petersen.

Aaron Miri

Carolyn Petersen, thank you very much. Okay, any abstentions? Okay, I see the majority of ayes have it. This recommendation set is approved. All right, so, Dr. Lane, I will turn it over to you for any closing remarks.

Steven Lane

Well, when we come back from public comment, which I think is now, I will be really interested to hear why there were nays when the recommendation was to advance data elements related to functional status and disability. I appreciate the issue regarding the wording and categorization, but the recommendation was to advance that data to USCDI Version 3, so maybe we can come back and revisit that.

Aaron Miri

Yeah, let's definitely get to public comment, though. So, Mike, please, if you are good with it.

Michael Berry

Yeah, I wanted to see if you wanted to give Steven an opportunity to cover the additional considerations before we go to public comment.

Steven Lane

Okay. In deference to the public, I would sort of rather let them do their thing because it is their time, and then I will be happy to come back and cover the last three considerations.

Public Comment (03:04:09)

Michael Berry

Okay, sounds great. Operator, can we open up the line to the public?

Operator

Yes. If you would like to make a comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *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 handset before pressing *. One moment while we poll for comments.

Michael Berry

Okay. While we are waiting, I just want to remind everybody that the next HITAC meeting will be held on October 13th, and a lot of our agenda will be the Sequoia Project, a TEFCA-recognized coordinating entity. It will be presenting information on TEFCA to get the HITAC members' feedback, which is really important to them. Also, I want to remind everybody that all HITAC materials can always be found on HealthIT.gov. Operator, do we have any comments?

Operator

There are no comments at this time.

Michael Berry
All right, thank you. Aaron, Denise?

Aaron Miri
All right, good deal. So, we will let that percolate in case anyone speaks up late.

Steven Lane
Aaron, I can jump back into my slides.

Aaron Miri
Yeah, I was going to turn it back over to you.

Steven Lane
I can go through these rather quickly.

Aaron Miri
Go for it. Steven, we will do your three, and then, we will come back if there is time and ask some questions quickly so you can get clarity if you need it for going forward.

Steven Lane
Perfect, thank you. So, our task force was very engaged, as I said earlier. Our discussions were far reaching, and a number of them went beyond the specific tasks that we were asked to address, but we wanted to bring back the fruits of our discussion to the HITAC for additional consideration as we continue our work. So, on the next slide, the first one really had to do with considering the value of additional ONC guidance to support providers and other stakeholders in compliance with the coming requirements to be able to exchange all electronic health information. This is something that is obviously in the final rule, and those of use who are engaged in complying with information-sharing requirements are deep into this, and as I have had a chance to discuss with the ONC team, our task force does believe that additional guidance on what constitutes all EHIs, specifically what should or should not be included in a stakeholder's designated record set policy, would be very helpful. So, this is something that we recommend to the HITAC for future consideration.

I will just go through these quickly. The next on is about API write access, where we all spent a lot of time thinking about APIs, the ability to query for data, and the ability to use them to write data back to systems. There is nothing in the current rule or certification as far as I know that really requires vendors to support API write access or from which APIs there should be the ability to write back to the database. Our task force thinks that this is another area where ONC could provide useful input to industry about how and when this write access should be supported and enabled.

And then, the last slide actually lumps three additional considerations together. One is encouraging the use of FHIR questionnaires to address USCDI data collection gaps, especially around patient-generated health data, social determinants of health, and data utilized in research. Again, we did not have a specific recommendation, but the discussion today really spoke to the collection of patient-generated data using

various instruments, and I think there is an opportunity for ONC to focus on this. Consider the value of an ONC process to review and document and validate non-certified health IT systems that share USCDI data. This really goes back to our discussion earlier of certification programs for public health, for long-term post-acute care, et cetera. There are systems that are not certified, and yet are participating in the exchange of USCDI data, and we think that if ONC does not have a certification program, they should at least have a process for validating that those systems are receiving and utilizing that data appropriately.

And then, the last one came up in our discussions of public health: Items for USCDI that there really should be additional support for implementation guides to support the exchange of these data and that ONC is in a position to promote and support the development of those implementation guides. So, these are not formal task force recommendations because they fall outside our scope, but they are items that we recommend to the HITAC for future consideration as we go forward.

Aaron Miri
And, Steven, these additional task force considerations are actually part of the transmittal letter as an addendum or an appendix, correct?

Steven Lane
They are. We included them in the letter, and you two co-chairs can decide what you want to do with those when you repackage that letter to transmit it to the National Coordinator.

Aaron Miri
No, I think that is a good thing. I am just letting the HITAC know that that is in there, and I think it is great that the task force is willing to go above and beyond and say, "Hey, this is out of our charge, but food for thought, these are important things." So, I think this is good. Every bit is helpful.

Denise Webb
I think what we decided is that they would stay in the transmittal to have a record of that discussion, but they are not stated as recommendations, they were not voted on, and it is just input for any future task forces that are formed related to that material.

Aaron Miri
Supporting material, right. Steven, good job. I appreciate this.

Steven Lane
Can we slide back to Slide 17, Aaron? I think that…

Aaron Miri
Yeah, we can go to Slide 17, but what I want to do is address…I want to take time to ensure that Carolyn and Alexis have a chance to discussion on this so we can talk about it.

Steven Lane
Exactly.

Aaron Miri

I think it is important, and I think it is important… As we have said many times, this is part of the HITAC. This is the magic secret sauce part where we get to have some really constructive conversations and understand and really work through difficult topics, and this is one that is critical and important. Could we actually pull the letter of recommendation for that recommendation, versus the slides? I want to read the actual recommendation so that everybody knows what we are talking about. There we go.

Steven Lane

It is Recommendation 3.

Aaron Miri

Thank you. Just blow that up, if you do not mind.

Steven Lane

It is pretty much the same as what you saw on the slide. So, it was a recommendation that ONC should prioritize, among other things, the inclusion of data around functional status and disability in a future version of USCDI.

Aaron Miri

Okay. I do not know if Carolyn or Alexis want to chime in with any observations or suggestions.

Alexis Snyder

Go ahead, Carolyn.

Carolyn Petersen

As I mentioned previously, this language does not reflect the growing social model which is coming to be the dominant model in the real world, as opposed to just specifically in the doctor's office, of disability and how individuals with disabilities exist in the world. I appreciate that much of what the task force is dealing with comes from ONC, but this is an opportunity to add a recommendation or a sub-point in the recommendation to say this way of looking at the world, this embedding of the medical model as opposed to the social model needs to change, and in addition to the notion about prioritizing these elements and working to advance them, we also need to think about the way we think about disability: In support of health equity work, in support of reduction of disparities, and in advancing the experiences of people with disabilities as patients who must function in a medical system that they did not create. And, I do not see the point of having further discussion because I have said what I had to say. I would not support this because we had an opportunity today to adjust it, and we did not.

Steven Lane

Is there an amendment…? We do have a little bit of time. If there is an opportunity to adjust this, let's do it. I hate the idea of not being in agreement.

Aaron Miri

Yeah, as a matter of process, we can re-vote on this specific one since it has been approved at large. We can take this one and say, "Now, we want to look back at it and actually fix the wording." So, we can vote one more time on this if there is an amendment, but before we do that, Alexis, I want to give you a chance to also say something.

Alexis Snyder

I basically was going to say before what Carolyn just ended with. I think we were both pretty clear about our feelings around this recommendation and why we did not support it, and I would like to hear what Carolyn would think as far as wording and/or, as she suggested, an additional recommendation. For me, simply, at this point, like I had mentioned before, I think it is changing the language here and not saying "functional status/disability," not lumping that together, as if your functional status is contingent upon your disability or vice versa. And so, I would strongly suggest unbucketing it and taking in "disability status," and "functional status" can be separate.

However, if they need to stay bucketed, as I also said before, then I think it needs to be flipped. You can have disability status, and then any functional limitations, so that implies that maybe you do not have any functional limitations or you are not being viewed by society as because you have a disability, you are not functioning up to what the other ableists in the area believe should be the appropriate functional level. And, that is where adding "assessment" does not help either, to add into Carolyn's point. That is a medical model of how somebody is functioning with or without a disability versus a social model.

Aaron Miri

Got it.

Steven Lane

I think that is a great suggestion, and very concrete, and is very consistent with the wording of the recommendation, which is that ONC should prioritize and encourage the advancement. We lumped them simply because that is how they were lumped within ONDEC, and we wanted to make sure that it was clear to ONC what we were talking about. I am sure it is infinitely clear what we are talking about based off our discussion, but I think the recommendation to just separate this and say "functional status/limitations" with a separate bullet that says "disability status…" I am pretty sure we could vote on that and get approval within the remaining 12 minutes.

Aaron Miri

Yeah, I am sure. However, Steven, one more second. Clem has a comment that he wants to add to what Carolyn and Alexis were saying.

Clem McDonald

Let me clarify. Changing "functional status" to "functional limitation" really changes it very dramatically. "Functional status" may mean you can run a four-minute mile, and it is not necessarily a limitation. It covers the spectrum, just like "vital status" covers the spectrum of life and death. But, I think I heard what Steve said, which was that we would use both words, which would be okay.

Aaron Miri

Carolyn, is there more that you would like to suggest?

Carolyn Petersen

Yeah, I am just putting it in the chat.

Aaron Miri

Oh, you are typing it.

Carolyn Petersen

Yeah, I am typing. What it says is, "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

That is a separate recommendation, I think, beyond this one, and I think a good recommendation, and certainly one that HITAC could choose to tack on as an amendment or addendum to the recommendations we have already improved.

Carolyn Petersen

Alexis, what do you think about that proposed language?

Alexis Snyder

I like that language, and I thought you were proposing it as an additional recommendation. Were you not?

Carolyn Petersen

I am. I think fast with an 11-minute timeline here.

Alexis Snyder

In addition to changing language in Recommendation 3, Carolyn is suggesting that we use this wording for an additional recommendation, which with I also agree.

Carolyn Petersen

Affirmed.

Denise Webb

This is Denise. For my clarity, on changing Recommendation 3, are we listing two separate bullets, one saying "disability status" and the next saying "functional status and limitation"?

Aaron Miri

That is what I heard too.

Denise Webb

Okay, good. I just wanted to make sure.

Aaron Miri

No, it is a good point. Then, there is a second item now, which is this, which is what Carolyn just wrote, which is another separate recommendation altogether. So, before we go further on that, I want to make sure every HITAC member is heard. Arien, you have your hand raised, sir.

Arien Malec

I just think this is an area that is consequential enough that it might just be better process, better deliberation to bring this point back to the full task force. I might propose that we accept Alexis's amendment and then take the broader point back to the task force. As I noted in the chat, as somebody who is a parent of a son with thoroughly severe disabilities that do impede his functional status and require both social accommodation and medical treatment, I do not think this is a one-size-fits-all issue. I completely support the notion that as a nation and as health policy, we should be supporting people in the wide range of their abilities and functional status. I also just believe that there are many issues that are both medical issues and require appropriate accommodations to better support the best quality of life, and this is just a complex issue that we should be deliberating on, and not making recommendations on at the last minute.

Aaron Miri
Sure. Yeah, that is a great point. So, what I am thinking we are going to do is this. We are going to take a quick vote just for the item that Alexis brought up, which was to split the functional status and disability item into two separate items, and Denise, you could probably reread what your notes are, since you take better notes than I do, exactly what was stated there. And then, Carolyn's point, which is important, is exactly that. We are going to ask the task force to relook at that point and then bring back to the HITAC their recommendation on this totally new item because it could be substantive, and it is important that we get it right.

Denise Webb
So, Aaron, what is your thinking about the timeline of when they would bring it back?

Aaron Miri
By next meeting, I would hope. Steven, is that possible?

Steven Lane
If ONC is willing to support additional task force meetings. Our task force completed its three tasks. ONC would need to task us with taking up this item. As I put in the chat, I am not sure this needs to go to the task force. It seems like it is a HITAC question more than a USCDI Task Force question. It is really… Of course, USCDI would support HITAC recommending to the ONC that they take a look at this broadly, and its advancement of new proposed data elements and classes could be adjusted, but I just guess I do not see it as a USCDI-focused issue. It is a big issue, and worth HITAC consideration.

Aaron Miri
Yeah, but with respect to your task force, Steven, I would think there is consideration there. But, I do not want HITAC creating net new recommendations on the fly that potentially… There are members of your task force who are not here today to speak to that. Those experts and those positions are not here, so I do think that there is consideration here offline to figure out how to spin up a quick meeting to talk about this, have experts really work through it, and think whether this is something for the full HITAC to consider. You are exactly right, but we have to be respectful and deferential to those specific task forces. So, Denise, would you remind rereading again Alexis's item just so I have it straight as I repeat it for the vote?

Denise Webb

Yes. So, on Recommendation 3, we are going to take out the bullet "functional status/disability" and replace it with two bullets. The first one will say "disability status" and the second will be "functional status and limitations."

Steven Lane
That is right. That is what I understand. Alexis, did we have it correct?

Alexis Snyder
Yes, except I would not say "functional status and limitations," I would say "functional status/limitations." You may have just limitations, or you may have more significant functional **[inaudible] [03:23:07]**.

Denise Webb
Okay.

Steven Lane
Got it. Again, this is part of a recommendation that reads, "ONC should prioritize and encourage the advancement of the following high-priority data elements," so it is quite broad.

Aaron Miri
Right. I think what Alexis is doing, though, is making sure that there is little room for misinterpretation, and so, to me, I can appreciate the specificity. So, HITAC, we are going to modify that point we just spoke towards. First of all, may I have a motion to make the amendment?

Steven Lane
This is Steven. I will move.

Aaron Miri
Okay. May I have a second, please?

Unidentified Speaker
Second.

Aaron Miri
Thank you. HITAC members, all those in favor, say aye, please.

Multiple Speakers
Aye.

Aaron Miri
Any opposed, say nay. Any abstentions? Okay. So, that specificity is now approved as part of it.

Steven Lane
Wait, but Aaron, I think we need to revote on the whole thing because recall that we had two nays on the whole thing.

Denise Webb

Yes, I was just about to say that, that we have one more step to take here, because right now, Alexis and Carolyn are standing as voting down all the recommendations, so we do need to revote on the entire package.

Aaron Miri

Okay, that is a great process of order. Okay, thank you. So, this vote addressed the concerns that were there specifically. Now, we revote on the entire, big package of everything, correct?

Denise Webb

Yes, and the big package now has two amendments, Terry's and this one.

Aaron Miri

Got it, all right.

Carolyn Petersen

Could you repeat it, please, just to be sure we are all clear? Because we have had quite a bit of discussion. Thank you.

Denise Webb

Pardon, Carolyn?

Carolyn Petersen

Could you restate what we are voting on? Because we have had a lot of back and forth. Thank you.

Denise Webb

Yes. We are voting on all eight recommendations with the two amendments, the one Terry offered on transitions of care in Recommendation 1 and the one we just all deliberated on in Recommendation 3, to separate out "functional status/disability" into two bullets.

Carolyn Petersen

So then, there is nothing actually binding us to revisit the recommendation I suggested. Is that correct?

Denise Webb

I think we can take that separately. I do not know that there was agreement for the HITAC to go ahead and vote on that and include it in the task force's report.

Steven Lane

And, I think that all you could do is the HITAC can request that ONC recharter the task force to take up the question. That is going to…we can recommend that separately from this document.

Clem McDonald

But, it is not literally a USCDI item, I do not think. It is a philosophic overall change.

Steven Lane

I agree, Clem, but I am happy to entertain it in the task force before it comes back here if that seems valuable.

Denise Webb

Carolyn, is there a specific order that you are seeing that this should go? You have had the benefit of chairing this committee before, so I just want to ask for your input.

Carolyn Petersen

I appreciate that. It is always complicated when we get amendments on amendments on different votes. What I am trying to ascertain is whether we are actually going to do anything with regard to the language that I suggested, which we all agreed is an additional recommendation. Are we going to say we are voting that there will be another task force meeting to discuss this and determine whether it goes in the report, or are we adding those two amendments but not touching this, and so, basically, it is another vote on an amended report that does not address the point that I brought up?

Aaron Miri

I would say the former, where we are recommending to ONC to reconstitute the task force to address this recommendation that you brought up, including with the other two amendments.

Denise Webb

We should vote on that first, then, so we can take care of that point of order, and then revote on the entire eight recommendations with the two amendments.

Aaron Miri

Okay, I am good with that process. Carolyn, are you good with that?

Carolyn Petersen

Yup.

Aaron Miri

All right. So, there will be two votes, then, HITAC, not just the full package, which we will do secondarily, but just the first part, which is we are voting to ask ONC to reconstitute the task force to address the specific item that Carolyn brought up and wrote out for us. Thank you, Carolyn, for doing that. Is that clear for everybody before we – and then, we are going to vote separately on the letter as it stands with the two amendments, Terry's item and Alexis's item included. Does that make sense to everybody on the call?

Steven Lane

It makes sense. Can I just ask a clarifying question? Carolyn and Alexis, will you come to that task force meeting, please?

Alexis Snyder

Sure.

Carolyn Petersen

I absolutely will if we can find a time.

Steven Lane
Okay, then I will vote for it.

Aaron Miri
That is fair. All right. So, two votes, HITAC. So, first part, on the item Carolyn wrote out for us. Please reread it if you need to for clarity's sake. May I have a motion to approve asking ONC to reconstitute a task force to address that recommendation? May I have a motion to approve the vote for that?

Steven Lane
So moved. Steven.

Aaron Miri
All right. Second?

Denise Webb
I second.

Aaron Miri
Okay. All those in favor, say aye.

Multiple Speakers
Aye.

Aaron Miri
All those opposed, say nay. Any abstentions? Okay, that item…

Clem McDonald
I abstain.

Aaron Miri
Okay, Clem is abstaining. Thank you. So, on that item, that is moving forward. On the second item, this is the approval of the body of work here with two additions. That is the item that Les brought up and the item that Alexis brought up. You are seeing in front of you that we split that in half. May I have a motion to approve?

Terrence O'Malley
So moved. This is Terry.

Aaron Miri
May I have a second please?

Unidentified Speaker
Second.

Aaron Miri

Okay, all those in favor, say aye.

Multiple Speakers

Aye.

Aaron Miri

All those opposed, say nay. All right, any abstentions? Okay, good. All right, excellent. So, ONC, I am sure we thoroughly confused you. I am just kidding. So, hopefully, we got the clarity there. Good discussion, great things. I know we are about two minutes over here before we adjourn. Mike, are we on track here, sir, or do we need to hurry up and wrap this up?

Michael Berry

Oh, no, you can finish up your final remarks, Aaron and Denise, and we will close out.

Aaron Miri

Okay. Denise, do you want to start off with the finals?

Final Remarks (03:30:29)

Denise Webb

Well, I want to thank the committee and ONC for their support, not only for this meeting, but for our task force meetings that we have had over the past few months. Thank you, everyone, for your participation today and your thoughtful contributions, and I am glad that we were able to work through the items of concern for various members on the committee. Thank you very much.

Aaron Miri

Yeah, I agree with that. I compliment this committee, as always, for what it has done over the years. It is this type of debate that makes this body of folks the best of the best to have these very important conversations, and thank you, Alexis and Carolyn, for carrying the torch there and really being very clear and prescriptive with suggestions. That is exactly what we look for, so, thank you for that, as always, with your excellent work. With that, I know we are at three minutes of time, but I just want to thank everybody. I appreciate all the hard work going on out there. Keep going with what you are doing, and please stay safe for all of you, and by golly, if you have not gotten your vaccines, please get them, and if you know people who have not, please encourage them to do so. All right, with that, Mike and Denise?

Denise Webb

Thank you.

Michael Berry

Have a good one, everybody.

Adjourn (03:32:00)