

# Meeting Notes

## HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC)

October 13, 2021, 10:00 a.m. – 1:00 p.m. ET

VIRTUAL



## EXECUTIVE SUMMARY

**Micky Tripathi**, the National Coordinator for Health IT, welcomed everyone to the October 13, 2021, virtual meeting of the HITAC, provided opening remarks, and explained that the meeting would be focused on the Trusted Exchange Framework and Common Agreement (TEFCA). The co-chairs of the HITAC, **Denise Webb** and **Aaron Miri**, welcomed members, reviewed the meeting agenda and the minutes from the September 9, 2021 HITAC meeting, which were approved by voice vote. Several presenters gave two presentations about TEFCA and the Qualified Health Information Network (QHIN) Technical Framework (QTF) on behalf of ONC's Recognized Coordinating Entity (RCE), The Sequoia Project. HITAC members discussed the presentations and submitted feedback. There were no public comments submitted by phone during the meeting, but there was a robust discussion in the public meeting chat via Adobe.

## AGENDA

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Welcome Remarks
10:15 a.m.	Remarks, Review of Agenda and Approval of September 9, 2021, Meeting Minutes
10:20 a.m.	Trusted Exchange Framework and Common Agreement (TEFCA) Recognized Coordinating Entity (RCE) – Presentation on Key Elements of Common Agreement & Discussion
11:30 a.m.	Break
11:35 a.m.	TEFCA RCE – Presentation on Key Elements of the Qualified Health Information Network (QHIN) Technical Framework (QTF) & Discussion
12:30 p.m.	Public Comment
12:45 p.m.	Final Remarks
1:00 p.m.	Adjourn

## CALL TO ORDER/ ROLL CALL

**Mike Berry**, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the October 13, 2021, meeting to order at 10:00 a.m.

## ROLL CALL

**Aaron Miri, Baptist Health, Co-Chair**  
**Denise Webb, Indiana Hemophilia and Thrombosis Center, Co-Chair**  
Lisa Frey, St. Elizabeth Healthcare  
Valerie Grey, New York eHealth Collaborative  
Steven Hester, Norton Healthcare  
Jim Jirjis, HCA Healthcare  
John Kansky, Indiana Health Information Exchange  
Ken Kawamoto, University of Utah Health  
Steven Lane, Sutter Health  
Leslie Lenert, Medical University of South Carolina  
Arien Malec, Change Healthcare  
Brett Oliver, Baptist Health  
Terrence O'Malley, Individual  
James Pantelas, Individual  
Carolyn Petersen, Individual  
Raj Ratwani, MedStar Health  
Alexis Snyder, Individual  
Sasha TerMaat, Epic  
Andrew Truscott, Accenture  
Sheryl Turney, Anthem, Inc.





Robert Wah, Individual

## HITAC MEMBERS NOT IN ATTENDANCE

Michael Adcock, Magnolia Health  
Cynthia A. Fisher, PatientRightsAdvocate.org  
Clem McDonald, National Library of Medicine  
Abby Sears, OCHIN

## FEDERAL REPRESENTATIVES

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

## ONC STAFF

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

## PRESENTERS

Mariann Yeager, The Sequoia Project  
Alan Swenson, Carequality  
Steve Gravely, Gravely Group

## WELCOME REMARKS & ONC POLICY UPDATE

**Micky Tripathi**, the National Coordinator for Health IT, welcomed everyone to the October 13, 2021 virtual meeting of the HITAC and explained that it would be entirely focused on the Trusted Exchange Framework and Common Agreement (TEFCA). He provided an overview of the development of TEFCA, which ONC developed in response to the 21<sup>st</sup> Century Cures Act (the Cures Act). He stated that ONC still supports moving forward with the TEFCA model, despite the current use of nationwide networks and Fast Healthcare Interoperability Resource (FHIR) application programming interfaces (APIs). He described current challenges and opportunities for these networks and emphasized that they would be important in the future, in addition to the use of FHIR APIs.

In July 2021, ONC announced the timeline for the availability of the TEFCA-backed exchange, which will open for participation in the first quarter of 2022. **Micky** stated that this announcement will hold government stakeholders responsible for meeting obligations and their responsibility to the market; then, the market can set expectations for interoperability accordingly. ONC aligned TEFCA more directly with the market and with HIPAA to not stifle innovation and to complement work that is currently underway. Additionally, ONC included a FHIR roadmap to set expectations for a FHIR-based exchange and to get nationwide coordination. He explained that ONC is also giving more operational leeway to its Recognized Coordinating Entity (RCE), [The Sequoia Project](#), and described the balance in the roles of the RCE and the federal government, including federal partners, will play in this work. ONC started having dedicated discussions with some of the potential federal partners, including their first partners – the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS), and more information on partnerships will be announced in the future. **Micky** thanked The Sequoia Project team and all partners for their hard work and noted that TEFCA will continue to evolve.





**Micky** explained that ONC looks forward to beginning its work with the awardees of the Public Health Informatics and Technology Workforce Development Program, where ONC awarded \$73 million to strengthen US public health information technology (IT) efforts, improve COVID-19 data collection, and to increase representation of underrepresented communities within the public health workforce. Also, he directed meeting participants to a [new post on ONC's Buzz Blog about the new USCDI+ Initiative](#), which will support the identification and establishment of domain or program-specific data sets that will operate as extensions to the existing United States Core Data for Interoperability (USCDI). ONC will provide this service to its federal partners who have a need to establish, harmonize, and advance the use of interoperable data sets that extend beyond the core data and USCDI to meet agency-specific programmatic requirements. **Micky** thanked CMS and CDC for their work thus far and explained that the HITAC and the USCDI Task Force (USCDI TF) would be leveraged in the future.

## REMARKS, REVIEW OF AGENDA, AND APPROVAL OF SEPTEMBER 9, 2021, MEETING MINUTES

**Aaron Miri** and **Denise Webb**, HITAC co-chairs, welcomed members and presenters from the RCE. **Aaron** thanked ONC, the RCE, and all support staff for their proactive work. **Denise** reviewed the agenda and list of planned presentations.

**Denise** invited members to examine the minutes from the September 9, 2021, meeting of the HITAC and called for a motion to approve the minutes. The motion was made by **Andy Truscott** and was seconded by **Jim Jirjis**.

**The HITAC approved the September 9, 2021, meeting minutes by voice vote. No members opposed, and no members abstained.**

**Aaron** gave a brief update on the recent work of the Annual Report Workgroup (AR WG) and requested that HITAC members provide feedback on the draft Annual Report via email. He thanked his co-chair, **Carolyn Petersen**, and the other members of the AR WG and supporting ONC staff. The AR WG will bring a full draft of the report to the HITAC in the winter of 2021-2022.

## TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT (TEFCA) RECOGNIZED COORDINATING ENTITY (RCE) PRESENTATION

**Mariann Yeager**, CEO of The Sequoia Project, introduced herself and the RCE team and presented an overview of the agenda for the RCE's presentations to the HITAC. This information was detailed in the RCE's presentation materials posted on <https://www.healthit.gov/hitac/events/health-it-advisory-committee-40>. As an awardee of a cooperative agreement between ONC and The Sequoia Project, she highlighted the disclaimer that the information presented by the RCE would not be an official position of the federal government and emphasized that the RCE looks forward to receiving feedback from the HITAC.

### Common Agreement Presentation

**Mariann** provided an overview of the history of the Cures Act, the need for the TEFCA, and the complexity of the proliferation of agreements healthcare organizations have made when joining multiple Health Information Networks (HINs), which often do not share data with each other. She presented the tentative timeline the RCE and ONC have set for operationalizing TEFCA, which was included on slide #8 in the presentation deck, and she described milestones between the first quarter of 2021 through early 2023. She described the benefits of TEFCA for various stakeholders and reiterated TEFCA's three goals, which included:

- Establish a floor of universal interoperability across the country





- Create simplified nationwide connectivity
- Provide infrastructure to allow individuals to gather their data

**Mariann** explained that the RCE conducted interviews with over 100 subject matter experts (SMEs) across stakeholder communities to understand the value proposition for TEFCA. The Sequoia Project published the resulting fact sheets at <https://rce.sequoiaproject.org/tefca-and-rce-resources/>. She described how TEFCA will work and the responsibilities of the RCE to oversee and govern the exchange, which were detailed on slides #12 and #13 of the presentation deck.

**Steve Gravely**, Founder and CEO of Gravely Group, and Legal Counsel of The Sequoia Project, explained that the TEFCA elements included the Common Agreement, Standard Operating Procedures, QHIN Technical Framework, QHIN Onboarding, Metrics, and Governing Approach. He presented the elements of the Common Agreement, detailed on slide #16. He explained that his overview would be brisk to allow for the HITAC to submit feedback. He likened the Common Agreement to a contract that established the legal infrastructure for the exchange of the information and explained that the Common Agreement would specify expectations of QHINs, Participants, and Subparticipants to ensure that all parties cooperate in certain aspects of exchange. He emphasized the importance of the value of cooperation and nondiscrimination for the TEFCA and added that QHINs, Participants, and Subparticipants would be prohibited from limiting interoperability with any other QHIN, Participant, Subparticipant, or Individual in a discriminatory manner.

**Steve** defined some of the core concepts from the Common Agreement, including the term “Exchange Purposes,” and described the six Exchange Purposes that would be allowed under the Common Agreement, which included treatment, payment, healthcare operations, public health, benefits determination, and Individual Access Services. These match the HIPAA Privacy Rule’s processing role definitions, which will apply in most cases across the ecosystem. He explained that QHINs must support all Exchange Purposes, which were detailed on slides #18 and #19. He described how TEFCA will promote strong privacy protections and described the high bar that QHINs will be expected to meet in terms of security. He reviewed the TEFCA requests, uses and disclosures, and responses for QHINs, which were described on slide #22, and highlighted key elements of the QHIN Designation and Eligibility Criteria on slides #23 through #26.

**Steve** explained that ONC and the RCE envision a robust cybersecurity information sharing framework and that a signatory shall provide evidence of cybersecurity insurance. For example, QHINs will undergo annual security assessments that go beyond certification. He described the cybersecurity council the RCE will stand up and support. The RCE will also maintain an RCE Directory Service to support the exchange of information between and among QHINs, Participants, and Subparticipants and the Common Agreement would identify the rights and limit of use to the directory. **Steve** described the Individual Access Services (IAS) that would be provided to satisfy an individual’s request to access, inspect, obtain a copy of their personal information, and he discussed the IAS Privacy and Security Requirements, detailed on slides #29 and #30. Before concluding the presentation, he reminded HITAC members that the Common Agreement is expected to include a provision that prohibits a QHIN from charging fees to other QHINs and that QHINs would not be prohibited from charging fees to Participants. However, the RCE seeks input from the HITAC on the topic of fees.

**Aaron** thanked the presenters and invited HITAC members to share comments and questions.

## Discussion:

- **John Kansky** thanked the presenters and inquired about potential constraints on the reuse of data accumulated or received through TEFCA transactions.





- **Steve Gravely** responded that whatever applicable law an entity is subject to would be used. Data may be reused if it is obtained legally and if the entity has not agreed in another contract to constrain it.
- **Arien Malec** stated that, in many cases, a QHIN will be covered by a business associate agreement, which is applied to a third-party organization serving as a covered entity under HIPAA. This places a specific obligation on the QHIN's data use, and he supported the balance that has been struck by constraining QHINs by contract law, adding that grounding legal agreements in contract law is appropriate and frequently used. He commended the RCE for grounding their work on the flow-down framework commonly used for health information exchanges across the US healthcare system.
- **Jim Jirjis** thanked the presenters and submitted several questions:
  - He directed HITAC members to the several questions and comments he submitted in the public chat via Adobe.
  - He asked for clarification on how the six exchange purposes are applied to instances of health data exchange. How are they enforced and executed upon?
  - **Marian Yeager** responded that this is part of the assertions that accompany the message and within the agreement itself.
  - **Alan Swenson** stated that the presenters would share additional details during the second RCE presentation on the QTF. He explained that the contractual piece that defines the exchange purposes and that there is a security assertion markup language (SAML) assertion within the message that provides the information necessary to make an appropriate determination. These details are defined in the Common Agreement.
  - **Aaron Miri** inquired if common impermissible/prohibited purposes activities have been defined, and **Mariann** responded that the prohibited purposes are not laid out.
  - **Steve Gravely** said that instead of listing ways interoperability cannot be used, they have identified what can be used to support exchanges in conformance with the standard operating procedures and QTF.
- **Aaron Miri** thanked ONC for their recent work on Information Blocking FAQs and encouraged ONC and the RCE to create something similar for TEFCA, even if it is not exhaustive.
- **Sasha TerMaat** inquired about the plan for ensuring that supporting tools, like information guides (IGs), are ready to support the less common purposes as they are rolled out in the future.
  - **Mariann** responded that the initial version of the QTF does not define these specifics. Stakeholder feedback will be used to develop these tools further.
  - **Alan** explained that this will be covered in greater depth in the QTF, which will, itself, be an IG that defines the constraints for how to use connectivity services for exchange. Additional work may be needed.
- **Andy Truscott** thanked the presenters for their efforts and for clearly articulating complicated issues. He asked for more clarification on expressions around SAML insertions and if the RCE has considered using a broader set of implementations to enable greater integration within existing HIEs/exchanges.
  - **Alan** confirmed that this would be the process, which the RCE would cover in the second presentation on the QTF. The exchange in the initial Version 1 integrates the healthcare enterprise (IHE) profiles using SAML assertions, and the use of OAuth would come in following the move to FHIR in a future version.



- **Andy** requested feedback from ONC on what profiles will be constrained and expressed his support for blacklisting to provide direct instruction and clarification around permissive uses. He stated that an implementation for existing exchanges (beyond IHE profiles) is necessary and inquired about how the incremental approach would be used. He stated that mandates defined in the presentation would change the technical characteristics of some exchanges, so ONC and the RCE should work to identify intended and unintended consequences. They can also learn about related experiences from their global partners.
- **Alan** responded that the QTF review will address his points and will look at where the IHE profiles are required and other forms of connectivity that will be used.
- **John Kansky** voiced his support for the work the RCE has completed and thanked the presenters for the clear explanations. He asked ONC to consider gathering input from the healthcare field to ensure that the roll-out/roles of TEFCA are in compliance with specific aspects of the Cures Act.
- **Aaron Miri** supported John's inquiries from a provider perspective, and he thanked The Sequoia Project for their work. He asked the presenters to share any additional information on general education for providers or potential cooperative partners around TEFCA.
  - **Mariann** described the stakeholder engagement and education strategy that the RCE is preparing for the roll-out, which would include public sessions targeted by stakeholder groups. They will also provide technical assistance for networks, and she described the rigorous vetting process for applicants.
  - **Aaron** invited HITAC members who are patient advocates to focus on future work around consumer education.

## BREAK

The HITAC took a short break. **Mike Berry** reconvened the meeting at 11:35 a.m., and **Aaron** and **Denise** welcomed HITAC members, presenters, and the public back to the meeting.

## TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT (TEFCA) RECOGNIZED COORDINATING ENTITY (RCE) PRESENTATION – CONTINUED

**Alan Swenson**, Executive Director of Carequality, introduced himself and presented an overview of the QHIN Technical Framework.

### Presentation on Key Elements of the Qualified Health Information Network (QHIN) Technical Framework (QTF)

**Alan** defined several acronyms relevant to the presentation and described the QHIN Technical Framework (QTF), which outlines the specifications and other technical requirements necessary for QHINs to accomplish exchange. The QTF primarily addresses QHIN-to-QHIN transactions, and where possible we propose to be silent on how the necessary functional outcomes are achieved within a QHIN. He explained that the RCE published a draft of the QTF for public feedback. He described the elements of the QTF, including supported information flows and functions/technology to support exchange, which were listed on slide #36 in the RCE presentation deck.



**Alan** explained that the goal for the current QTF is to build on current capabilities in the industry by starting with widely used standards and then looking at additional approaches in the future. He encouraged participants to review the QTF, noting that bullets on the slide align with sections of the QTF. He described the topics, highlighting certificates, communication, requirements, directory services (contractual and technical requirements), confidentiality of information, the RCE directory, and the eventual result of a FHIR R4 organization and endpoint directory, like the current Carequality framework. As an example, he discussed the topic of patient identity resolution, which has some requirements in the QTF, and described how they will work with stakeholders to improve demographics-based patient matching.

**Alan** referenced the similarities to the query-based documentation IG used by Carequality as he presented the exchange modalities for QHINs to accomplish exchange via query and message delivery (also known in the industry as “push” and “pull”). He described typical uses of “push and pull” and some of the applicable technical requirements that flow down to Participants and Subparticipants. He discussed the depiction of the QTF information exchange modalities between QHINs provided on slide #38 and described the functioning of the exchange. He described how this process would work in terms of “hops” for different QHINs in terms of passing messages or translating/converting them, using record locator services, and other elements of the process of responding to/follow-up on queries and subsequent data exchange. He briefly discussed several concrete examples of use cases, which were detailed in the QTF.

In response to a previous question, he explained that Participants and Subparticipants could be any types of organizations that meet the definitions to participate, including individuals themselves through Individual Access Services. He stated that there may be some HIEs where it is appropriate for them to become a QHIN, and they may desire that functionality. Meanwhile, others could be a Participant within a QHIN or even, potentially, a Subparticipant, and the differences are defined in terms of relationships.

**Alan** described the FHIR Roadmap, which is planned for release with the final QTF Version 1, and related concerns that the RCE needs to address. For example, OAuth is not designed for multi-hop use because the originating user is unknown to the responder. The RCE then invited HITAC members to submit feedback on how to support FHIR-based exchange in the future.

**Alan** and **Mariann** presented a variety of opportunities for stakeholders to share feedback on elements of the Common Agreement, which included a webinar series (and recorded webinars), general sessions, and a form to submit comments on the RCE website, located at <https://rce.sequoiaproject.org/common-agreement-elements-feedback-form/> or via email.

## Discussion:

- **Arien Malec** thanked the presenters. He submitted several comments:
  - He described how standards used for information exchanges are affected by legacy environments and described several examples. Programming languages used are due to legacy constraints rather than choice.
  - He emphasized the need to work through technology issues related to using OAuth transactions in multi-hop environments. He suggested building profiles and beginning testing while encouraging healthcare participants to use a more aggressive timeline.
  - He asked for clarification on the record locator service flow and whose responsibility it is to assemble information when the receiving QHIN does not have the ability to respond with a record locator and multi-tasks in their network.







- **Alan Swenson** responded that the answer depends on the flow and who is being queried and described various situations in which a QHIN may respond with a patient identifier or may need to aggregate multiple pieces of data/multiple responses into a single response.
- **Jim Jirjis** asked for clarification on how to vet actors who claim to be requesting information under one of the six covered exchange purposes before they can connect and request information. How can they identify bad actors?
  - **Alan** responded that, currently, they trust that the actors do not have malicious intentions and that contractual terms are also used to vet actors. There are specific requirements from the Common Agreement, and these are clearly called out as being flow-down terms to Participants and Subparticipants, including the appropriate use of exchange purposes. A governing body would oversee non-compliance or other issues.
  - **Jim** asked if there would be fines, termination, or legal action for those found to be in violation.
  - **Mariann Yeager** responded that the process would be facilitated through a dispute resolution process with a panel to hear, oversee, and address the matter. Repercussions (suspension, termination) would follow if the matter is not resolved.
  - **Jim** asked if third-party app developers will be able to connect to QHINs, as they are already connecting to other exchanges. How does OAuth fit into this process?
  - **Alan** responded that OAuth would come in with an eventual move to a FHIR-based exchange. If an individual Participant of a QHIN is using a FHIR-based exchange for their connectivity, it would be acceptable if the QHIN can handle the incoming information and translate it appropriately.
  - **Jim** discussed the authentication processes involved with OAuth2 and asked for clarification around third-party apps that are not authenticated could try to get information on behalf of a patient.
  - **Alan** responded that there would not be an authentication all the way to the source system and that this would require the multi-hop of the OAuth flow through the QHINs. This is a consideration that still must be addressed regarding the FHIR Roadmap.
  - **Jim** and **Alan** discussed the example of Health Gorilla (or others with FHIR-based capabilities) connecting through a QHIN as a Participant. They could also become a QHIN.
- **Denise** and **Aaron** thanked the presenters from the RCE, and **Mariann** reiterated The Sequoia Project's invitation for HITAC members to submit further feedback.

## PUBLIC COMMENT

**Mike Berry** opened the meeting for public comment and reminded attendees that written comments could be submitted at [ONC-HITAC@accelsolutionsllc.com](mailto:ONC-HITAC@accelsolutionsllc.com).

### Questions and Comments Received via Telephone

There were no public comments received via telephone.

### Questions and Comments Received via Adobe Connect





Mike Berry (ONC): Good morning, and welcome to the HITAC meeting. We will be starting soon!

Jim Jirjis: Jim Jirjis Joined

Raj Ratwani: Raj Ratwani is on.

Leslie Lenert: Leslie Lenert is also here

Steven Lane, MD, MPH (he/him): ONC has spent a lot of time considering how best to measure interoperability. The plan to collect TEFCA Metrics seems a great opportunity to test out some of the proposed approaches.

Chantal Worzala: Elements of the Common Agreement and instructions for feedback can be found here: <https://rce.sequoiaproject.org/common-agreement-elements/>

Jim Jirjis: Several provisions of the Common Agreement will be considered "Required Flow-Down Provisions" that will be required in other Framework Agreements.

- According to the Elements document, Required Flow-Down Provisions would include "cooperation and nondiscrimination; confidentiality; utilization of the RCE Directory Service; Uses, Disclosures, and responses; Individual Access Services; privacy; security; and other general obligations." (p. 6 of Elements document)
- It is unclear what are the specifics of these required provisions and how they will be enforced under TEFCA.

Chantal Worzala: Factsheets on the value proposition for TEFCA can be found here: <https://rce.sequoiaproject.org/tefca-and-rce-resources/>

Mark Savage: Perhaps this will help with thinking through measures and metrics? <https://www.healthaffairs.org/doi/10.1377/hblog20200701.58142/full/>

Jeff Coughlin: There's always an applicable Health Affairs blog.....

Jim Jirjis: Will there be clarity on what information will be required in specific responses for each exchange purpose to validate that the requestor has the right to access? And how will this be enforced

Jim Jirjis: Also: It is unclear which pieces of the HIPAA Privacy Rule would be tied to TEFCA participation (for non covered entities too) [*sic*] and how violation of these requirements under TEFCA would be enforced.

Sasha TerMaat: What is the plan for supporting tools such as Implementation Guides to support all of the proposed exchange purposes for consistent and efficient implementation?

Brett Oliver: Great question - Implementation Guides will be vital for efficient [*sic*] implementation and to avoid duplicative efforts. Is that in the works?

Robert Wah: To the HITAC-Instead of taking up airtime on TEFCA, I did want to add about Health Network Interoperability [*sic*] and our work in the area of Vaccine and test status in COVID. As you all know, I have been working at the Commons Project (as Chair of the Board) and the VCI.org (Steering Committee member) to help make a free, open source, privacy protecting way for citizens to have a digital vaccination card that they control in a SMART Health Card (SHC) format. As I reported last month, there is an expanding number of states that are issuing SHCs from the IIS along with major Pharmacy and Health systems (via EHR platforms), so about 150 Million citizens can now get a SHC with their vaccination status. The rest of the ecosystem of the Common Trust Network of issuer and the free SHC





Verifier app are up and running to make all this work. We have also developed and released the SHC Verifier API to help scale and automate verification.

Steven Lane, MD, MPH (he/him): We have the benefit of years of IG development and ongoing iteration within the Carequality Framework, which we can leverage in support of TEFCA.

Robert Wah: To continue the momentum and widespread use and acceptance of SHCs in the US and Globally, we are convening the Forum below, see the details of this exciting discussion on SHCs. I hope many of you will be able to join us.

#### SMART Health Cards Global Forum

Leveraging SMART Health Cards to Reopen and Recover from COVID and Enable Health Data Interoperability SMART Health Cards have quickly become the de facto standard for presenting and verifying health information in the United States and are increasingly being adopted by other countries around the world. Their usage will be essential for the safe reopening of the communities where they are being issued, and elsewhere across the globe as international travel resumes. As the SMART Health Card ecosystem evolves, ensuring a secure and trustworthy process from issuance to verification is key.

Featuring keynote speakers Andy Slavitt and Governor Mike Leavitt and other industry leaders, this Global Forum will cover:

Robert Wah: Featuring keynote speakers Andy Slavitt and Governor Mike Leavitt and other industry leaders, this Global Forum will cover:

- U.S. Government perspectives on the evolution of the SMART Health Card standard
- Deep dives on SMART Health Cards and the trust networks that ensure their validity
- Perspectives from issuers, verifiers, and technology companies contributing to the global SMART Health Card ecosystem. Date: October 28, 2021 Time: 10:00 AM to 12:00 PM Eastern

Shannah Koss 2: To what extent will The RCE and QHINs be supporting initial and ongoing consumer/individuals outreach, education and engagement?

Robert Wah: Also, this morning Politico reported on how travel is opening up for Vaccinated travelers and made this observation: "Officials have yet to set a specific date for when the policies take effect. Also unclear is what vaccination paperwork will be required and what will qualify as "fully vaccinated" — questions the CDC is expected to answer in the coming days."

@Adi, I assume the recent CDC RFI on Vaccine verification will be informing these coming CDC guidelines. As you know, the VCI submitted SHCs as part of our response to the CDC RFI

Kiri Bagley: @Robert Wah: Are you able to share a link with further info / registration for the SMART Health Cards Global Forum? (Sorry if I missed this in your previously shared text!)

Carolyn Petersen: It is very important to flesh out the issues around "other" non-HIPAA entities sooner than later, given the growing use of person-generated health data created via non-healthcare entity-based tools. Self-monitoring with PGHD is becoming common among people with long COVID (among others), and they and their providers will need private, secure data exchange to support care.

Ann Phillips: yes, please Robert - can you link to the event above?

Chantal Worzala: The QTF can be found here: <https://rce.sequoiaproject.org/qhin-technical-framework->





feedback/

Jim Jirjis: will all of those data fields you are describing be spelled out and standardized Robert Wah: Thanks for the interest in the Global Forum, the registration link will go live tomorrow on VCI.org, use the "Events" tab.

Steven Lane, MD, MPH (he/him): Excellent presentations!

Steven Lane, MD, MPH (he/him): Should we give Dr. Wah a chance to provide an update?

Micky Tripathi: Thank you Aaron and Denise and the HITAC for your leadership and very thoughtful input!!

Robert Wah: Thanks Steven!

## FINAL REMARKS

**Mike Berry** reminded members that the next meeting of the HITAC will be held on November 10, 2021, and explained that all materials from the current meeting would be made available at <https://www.healthit.gov/hitac/events/health-it-advisory-committee-40>.

**Denise** and **Aaron** thanked the HITAC, ONC, and the RCE for all of their dedication to recent projects and members for their participation.

## ADJOURN

The meeting was adjourned at 12:36 p.m. ET.

