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

October 15, 2021, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Aaron Miri	**Baptist Health**	**Co-Chair**
Carolyn Petersen	**Individual**	**Co-Chair**
Jim Jirjis	HCA Healthcare	Member
Steven Lane	Sutter Health	Member
Brett Oliver	Baptist Health	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michelle Murray	Office of the National Coordinator for Health Information Technology	Staff Lead

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

Operator
All lines are now bridged.

Michael Berry
All right, thank you very much, and hello, everyone, and welcome to the HITAC Annual Report Workgroup. I am Mike Berry with ONC, and we are glad that you can be with us today. I would like to welcome our co-chairs, Aaron Miri and Carolyn Petersen, along with our workgroup members, Steven Lane and Brett Oliver. Jim Jirjis, another workgroup member, is not able to join us today. But now, I would like to turn it over to Aaron and Carolyn to get us started. Aaron, Carolyn?

Opening Remarks, Meeting Schedules, and Next Steps (00:00:29)

Aaron Miri
Happy Friday, everybody. Welcome. I look forward to today's talk, and it is a Friday afternoon, so I will try not to drag on too much because a lot of people are wrapping up the day here, so let's get into it. Carolyn?

Carolyn Petersen
Good afternoon, everyone, and thanks for stopping by on a Friday afternoon.

Aaron Miri

All right. So, from an agenda perspective, obviously, will do a discussion of the draft crosswalk and the HITAC annual report, discussion of draft outline, and some story ideas. Gain, the stories are a way of trying to put a lot of technical jargon and comments into what this would mean for the patient, what it means for the provider, what it means for our hospital experience, and try to explain to folks the importance of the different facets and elements that make up each of the sections of the annual report. We will go to public comment, and then, of course, we will adjourn. Next slide.

All right. So, for meetings scheduled with the workgroup, obviously, we are at the October 15th, which surprises me every time I say the date. We are in October now. So, again, we are developing the draft crosswalk, and then, November 16th and December 17th, we will be drafting the report and then sending it to HITAC for review in December. Next slide.

Then, of course, meetings scheduled for the full committee for the HITAC: On November 10th, we will provide another update. We just did a miniature one. I did a brief overview two days ago for the group to just let them know it is in a flight and to solicit feedback. We will do another big one, hopefully, on the 10th, and then, of course, January will be the review. We will get some more comments. Usually, that is when we get some really good comments that end up on our to-do list, our investigate list, or on next year's list. And then, of course, in the February timeframe, we will approve the final FY '21 annual report. Next slide.

All right. So, next steps to development of the HITAC annual report is to review the draft report, and then present the draft report for discussion and approval at the HITAC meeting in '22. Next slide. So, discussion now of the draft crosswalk. Michelle, I am going to lean on you for what specifically you would like for us to go into.

Discussion of the Draft Crosswalk for the HITAC Annual Report for FY21 (00:02:38)

Michelle Murray
All right. So, you can go in order starting from the top, and we left in the blue text that were comments from HITAC members and added in red text, usually as recommended HITAC activity language, that was based on the workgroup feedback from our last meeting, so it is really the red text that you are reviewing today, and I left the blue text for context.

Aaron Miri
Got it. All right. So, I see red dots. Scroll over, please, so we can see what the comments are. So, Michelle, just to clarify, you want to talk about what is in red, right?

Michelle Murray
Right. And, I think we do see a couple extra comments that are showing up. Sometimes they do not on the screen, but they are. They can also reference… There are a couple places where I inserted the text you requested in the spot that we talked about it, but sometimes, maybe it belongs in another topic now that it has been written and you can see where it evolved, so there are a couple of comments like that to consider, and that does happen in this very first one, actually, whether we want to keep it here or put it in the incentives. I think I already put it in the incentives in this case.

Steven Lane

3

So, if we each go to full-screen display inside Adobe, it blows up what you are showing, and that would allow you to zoom out a little bit so we could get a little bit more context. I do not know if that made sense, but it is hard for me to sort of… Yeah, that is great. That works for me if it works for others.

Aaron Miri

Let's see. That is why we get copies of these in our inboxes, so we can read them ourselves on our size 25 font. So, here we go. That first one there is to "Identify rules of the road for operationalizing standards for and addressing implementation variation of public health data exchange." And, Michelle, these words in red came from HITAC members or ourselves as we walked through it, right?

Michelle Murray

Right. A lot of times, the red text is where you had a lot of discussion, so I tried to summarize and just synthesize what you all said. So, the wording is not literally from anybody specific. Usually, it is through a compilation of your discussion.

Aaron Miri

That is what I figured. You had listened to our conversation and tried to put it in plain English. So, really, for Steven's benefit, this is really a lot of us talking through it and working through the nuances in the last meeting with all of us with Jim on the call too, so what we are trying to figure out is if this encapsulates what we were talking about for each of these in red. So, again, from that, a proposed activity is to "Identify rules of the road for operationalizing standards and addressing implementation variation of public health data exchange." I think that is pretty much what we had talked about related to public health data systems and infrastructure. Any dissension to that? I recall our conversation was pretty much on par.

Steven Lane

Yeah. Are these rules of the road specific to patient matching, or more general?

Aaron Miri

This one was more general, about normalization of data elements and data standards and what could traverse. I remember this was a story that even Brett was talking a little bit about Kentucky and sharing data with the public health reporting agency, that sort of thing. I believe it was this one.

Brett Oliver

Yeah, it was electronic case reporting.

Aaron Miri

Yeah, that is it. It was ECR. I have no issues with this. Does anybody else?

Brett Oliver

No issues here.

Aaron Miri

Okay. Carolyn, anything?

Carolyn Petersen

I am good.

Aaron Miri

Okay. Next slide, incentives. I will just read the whole thing. "Continue to explore the ways that health IT certification programs that can support data exchange between public health organizations and stakeholders, including clinicians, payers, patients, and laboratories, and then explore how ONC certification programs can be aligned to other public health certification programs, electronic lab reporting certification, and certified immunization registries receiving data from EHRs." Yes, this was about the CLIA lab comment I brought up, if this can be inserted into CLIA lab certification and those sorts of things. I think this pretty much says it. What do you all think?

Carolyn Petersen

I am good with it.

Aaron Miri

Brett? Steven?

Brett Oliver

No issue from me.

Steven Lane

I am still just reviewing it here.

Aaron Miri

You are reviewing it and taking care of patients at the same time.

Steven Lane

And eating lunch.

Aaron Miri

And eating lunch. Well, that is being a physician. You have to multitask. That is part of the MD, right?

Steven Lane

Yeah, this looks good. Thank you.

Aaron Miri

Of course. Scroll down, please. All right, it is all blue, so we are going to keep going to the first red there. So, I see the first red as a public health… There we go. So, that public health data systems/funding silos column in red… So, I will read the proposed activity. I will just read it straight. "Partner with NCVHS to identify barriers to and potential opportunities for public health use of HIEs and health data utilities where available and affordable." I think this was Jim's comment, if I remember right. I do not know what health data utilities are.

Steven Lane

That is a term that has been coming up a lot, the idea that one of the… HIEs can perform a lot of services. Some of those are utilities, where they are helping with data transmission, data cleaning, normalization, et cetera, and then there is the traditional HIE role of collecting all the data they can and trying to normalize that and create longitudinal records, but they are sort of different things. I think in the public health case, it is really more about the data utility concept, where they are supporting connectivity and data flows unless they are core HIE services.

Aaron Miri
I see your point. Got it, that makes sense. I have to start using that nomenclature. I just call it all HIE, but you are right, it is not all HIE, it is a lot of other stuff. You are right. That is a good point. That is a great point, actually. I have no issues with this. Does anybody else?

Carolyn Petersen
Nope.

Aaron Miri
Okay. Brett, are you good?

Brett Oliver
I am good, thank you.

Aaron Miri
Next one: ELR and ECR. That is the favorite topic of the day. Again, proposed recommended HITAC activities. I am just going to read them straight because it makes it easier in my head as I read it all out. So, "Learn about this experience that government agencies like the CDC and state health departments to developing tools and sharing data for electronic case reporting and assess what gaps remain, partner with NCVHS to identify gaps, collaborate with convening groups across the federal government to encourage both adoption and advancement of the technology and standards supporting data exchange for public health purposes." I think this was Jim's comment about that White House task force or something that was together trying to convene folks and how we partner with them, if you recall.

Steven Lane
The one addition that I would have is in that red bullet. I would say "standards supporting bidirectional data exchange."

Aaron Miri
That is fair.

Steven Lane
Really trying to push on public health making their data available to other stakeholders, providers, patients, and potentially payers in addition to them just having the catcher's mitt.

Brett Oliver
One hundred percent, Steven.

Aaron Miri

Yeah, "bidirectional" makes sense.

Brett Oliver

Well, it becomes an asset. Instead of it being total cost on the provider of the data, you are actually going to get something out of it other than maybe decreased labor costs if you do things automated because right now, it is just a black box of cost and mandates.

Aaron Miri

That is true. Carolyn?

Steven Lane

Well, I think related to this, if I can jump in… A piece of this is getting the public health entities to accept the electronic case reporting in lieu of manual case reporting, to not continue to require duplicative reporting once we have ECR up and going, and I really do think that is worth calling out as a specific recommendation. The other thing that came out of ECR is that the ECR model that was put together through Digital Bridge includes the response back to the reporter that the report was received. It is called the reportability response. And, a lot of the EHR vendors are not really doing anything with that yet. They have not built the tools because one of the…

But, there is a real opportunity with APHL and the public health entities to actually send not only the "Yeah, I got your report," but also to send back specific recommendations related to the reportable disease in that reportability response, like "This is what we know about antibiotic susceptibilities in our area," or "This is the isolation period for this condition," or "You should do retesting." So, I think there is a specific need to encourage health IT vendors to really advance this bidirectional exchange and to build the functionality to take full advantage of that because again, Digital Bridge built that in, but Epic and others really are not doing much with that return receipt document. So, I do not know how to capture that here, but I do think both of those are key recommendations related to ECR.

Aaron Miri

So, it is both the bidirectional send and the acknowledgement of receipt.

Steven Lane

Well, yeah, and then, also, whether through certification or what have you, encouraging the EHRs to actually accept those receipts and filter and route them accordingly.

Aaron Miri

Yeah, I think so. So, what we had talked about either in the last meeting or the prior meeting, Steven, was that trying to understand all those little nuances and getting them documented was the whole point of partnership, collaborating, learning, and documenting, and then, how we can…I do not want to use the word "enforce," but strongly encourage folks to make the acknowledgement that they both can hook up and receive bidirectional, and then, of course, acknowledge and receive the data. That is exactly what you were saying. Part of the way our structure has been thus far has been to try to put it out there, convene the groups, learn, do working sessions, and then document, and then go towards action to figure out what

those bugaboos are. Why will they not do that? I think we all know why they will not, but why will they not do that?

Steven Lane

So, perhaps one of… Again, we collaborate across federal, but I think this also needs to go down to the state and local level, again, if we want to encourage/enforce them accepting the electronic reporting in lieu of manual reporting. That is the other point.

Aaron Miri

That makes sense. So, suggest convening groups across the federal, state, and local governments to encourage… And, kind of like we did in May with the giant public health meeting that we called with people all over the country to hear what was going on.

Steven Lane

Yeah, but I guess I am being a little bit more prescriptive, too, just saying that we need to figure out what levers we can pull to force the public health entities to… CMS is doing what they can to encourage hospitals, at least, to utilize ECR, which is great. But then, on the other side, we need to figure out how to force public health to receive that and evolve their processes so that the automated electronic reporting is sufficient because we need that carrot for providers of them being able to stop doing the manual reporting.

Aaron Miri

Wholeheartedly agreed. I can see that pain here in Florida now. So, I am going to propose something, Steven. Let me see if this makes sense to you. So, in this red text, we immediately address across the federal, state, and local governments, so we address the wide catcher's mitt across, and then, we have an opportunities section here, so we could put your more tactical look for… "Levers" is the wrong word, but Michelle, I am sure you can find the right word. But, find what is the **[inaudible] [00:16:45]** and the way to encourage people to take action. What is the carrot and stick to make that happen? That is an opportunity. So, it would not be an activity, it would be the opportunity to make this. So, these are the things we are going to do to make that opportunity occur. So, it takes it out of "HITAC, go do this," but HITAC needs to do this because of the things we are going to do to make this part happen. Does that make sense? So, we are going to capture what you are saying, I am just saying to put it in the opportunities section.

Steven Lane

Yeah, that is fine. Again, it is an opportunity to work with public health to encourage the receipt of and full utilization of the ECR, and to work with both public health and EHR vendors to more fully take full advantage of the return receipt or the reportability response.

Aaron Miri

Got it. I like that. That makes sense. Brett, Carolyn?

Brett Oliver

I agree with what you all are saying. I was just thinking through the cultural change that has to happen in public health, and I do not mean it in any disparaging way. As Steven is saying, getting these receipts back could essentially offer some clinical decision support at the point of care. That is not something that public health entities that I have been engaged with think about, and active engagement and active care. It is

more like we collect the data, we show trends, we report, and it is all 90 days, 120 days, 365 days later. This is kind of a change in mindset. If you believe you are part of active management and care, you have to have this bidirectional capability. Anyway, I do not mean to get off in a rabbit hole, but I agree with the way you have phrased it.

Aaron Miri

Yeah. Well, we now have one of the worst, deadliest pandemics in modern history that we have just gone through and continue to go through, 700,000-plus people that have perished, worse than the Spanish flu of the 1918-1919 timeframe, so I think now is the time to put these things on the table and say, "Listen, we want to avoid this ever happening again." This is what we have to get towards, this active surveillance model. That is what you are really talking about.

Brett Oliver

Yeah, that is fair, but that is why I think we started with the federal piece. I am a states' rights guy, but I think there has to be not even a mandate, but just some structure to it. If we are going to ask these local health departments and things to do this, I do not mean they could not, but you are going to end up with a bunch of different ways of doing it. If we could outline a suggestion at a federal level what the states…

Aaron Miri

If Eisenhower could envision an interstate system, and we go create it, and I know it took 50 years to build, but we finally did it, and every state adopted national highway standards, surely we can do this. It just took a lot of money and incentive to make it happen, so there has to be a way here. I am not saying that is the way, I am just saying there has to be a way. I tend to believe in the good of the spirit of this country, that we can figure it out. I believe there are enough brilliant people here that, though there is a lot of opposition, there is enough good will, especially when you have a precipitating event. I think it is the right thing to do to throw it out there and see what we can do.

Brett Oliver

Yeah, and I love that Steven is going down to the local level. You are 100 percent right.

Steven Lane

Yeah, and you cannot just say "state," by the way. You have to say "federal, state, tribal, territorial," or else the public health people get really upset.

Aaron Miri

Fair point, and that is where Michelle's magic comes in. She keeps us wordsmithing appropriately.

Steven Lane

There is a politically correct way to say that.

Aaron Miri

I 100 percent agree with you. I always tell people I am an engineer, not a wordsmith person, so I will say what is on my mind, but that is not what I really mean sometimes. All right.

Carolyn Petersen

Well, it is not politically correct, it is inclusive. We want to be sure we bring everybody on board with us.

Steven Lane

Yeah, absolutely. All of those folks are involved, for sure. All I am saying is that people get very sensitive about it. That is all.

Aaron Miri

So, are we all in agreement with the changes for that section?

Steven Lane

Yes, sir.

Aaron Miri

All right, perfect. Let's move on, then. Public health data systems is the next one, I think, if you scroll down. Is that right? Yeah, there we are.

Steven Lane

Actually, Carolyn, before we leave that, let me just comment on that because I think the use of the term "politically correct" can have different meanings to different people. When you grow up as a hippie on the West Coast, that is a positive thing. It is good to be politically correct. I know in other parts of the country, when you say "politically correct," it is a negative thing, just to be clear.

Carolyn Petersen

For clarity, I am thinking of the use where it is the way that we code that we are going to say something to make somebody else happy even though we have no intention of making a change.

Steven Lane

Yeah, that was not where I was going at all, just to be clear.

Aaron Miri

Good deal. All right. So, the next section here is public health data systems. In the red here, "Convene a listening session to better understand barriers to sharing minimum necessary data sets with public health authorities and assess public health activities and systems to understand what is needed to shift to using HL7 FHIR standards or another approach." I remember this discussion about minimum necessary data sets. We said it was not just HIPAA, it was minimum necessary data sets, so I think that was verbatim what we had said. And then, it was about a standard approach versus just using a flat file or fax machines. How do we encourage HL7 FHIR, APIs, or whatever? I remember that conversation. That seems to capture what we were talking about. Am I wrong?

Carolyn Petersen

No, I think it captures where we were.

Aaron Miri

Steven or Brett?

Steven Lane

There has been a lot of discussion about the whole minimum necessary challenge with nontreatment public health use cases, and the transition to FHIR would help to avoid a lot of problems we have today, where systems can either exchange bespoke data files that they have been asked to provide, or they have to build an HL7 interface, or they have to rely on a CCD when that is all that their system can exchange, and I think that is what we are trying to capture here.

Aaron Miri

Yup, I totally agree. Brett, any concerns?

Brett Oliver

No, nothing to add, thanks.

Aaron Miri

Okay. I think that is the last red text. Is that right, Michelle?

Michelle Murray

I think so. I think you have two larger issues down below to discuss in more depth. That is what we discussed last time.

Aaron Miri

Two larger… Is that where the bubbles are?

Michelle Murray

So, Page 6, the one that is based on that proposal from Terry O'Malley. The other one is to do…

Aaron Miri

Oh, that is right. I forgot about this. Thank you for pointing this out.

Michelle Murray

The comments and the little bit of research I pulled together for you **[inaudible] [00:24:32]** I also sent you a separate writeup from our contractor of what they were thinking would go in our landscape analysis and gap analysis around this topic as background information for you.

Aaron Miri

"ONC may present measurement efforts that never attend HITAC meeting…" All right. This one was an email that was sent by Terry. Carolyn, keep me honest here. It was three weeks ago, I believe.

Carolyn Petersen

I think it was probably five.

Aaron Miri

Five weeks ago? Okay. Sorry, time is blending for me right now, so it all seems consolidated. It was around transitions of care and a number of data points and data elements to capture and standardize on so that as a patient traverses care settings, they can easily be followed, there can be an easy handoff, and there can

be good quality reporting around it, all good stuff. I am not entirely sure where the research came from, but I found it fascinating and a pretty relevant topic. Steven, I do not know if you got a copy of that because I do not know if you were officially a part of the committee yet at that time, but basically, Michelle and team went back and researched and said, "Okay, are there any overlaps? Are we talking about this?" Because this has come up in several other conversations.

And so, it looks like we may find out more on November 10th from the HITAC, and the measures in the task force do not overlap, but that is the measurement task force that was put together by ONC. "The proposed measure around care summaries is generic and does not focus on the content needs of various care settings. For more information on the activities that need health exchange, the document of attached research…" All right. So, Michelle, basically, what you are saying is this is an idea. Is it something that… I guess my first question is does this fall in our scope of activities? Is this interoperability? Is this part of that sequence? I am not saying this is not important, but is HITAC charged to look at these things?

Michelle Murray
If it is that specific, Mike might need to weigh in. Generally, it is in your scope to talk about interoperability in various healthcare settings, but as far as a charge for a future task force, I cannot answer that myself.

Steven Lane
There has clearly been a lot of work done on transitions of care, and Terry has been involved especially in transitions in and out of long-term post-acute care. Holly Miller, of course, has been championing with the 360 Equity group, looking at care transitions. I think this notion of getting down to the data requirements to support safe and efficient care transitions is an idea that has been bubbling up. It does seem to me that it would fall within the scope of the Health IT Advisory Committee. It also may well be something that belongs in HL7. It is interesting that this has been called out as potentially something related to EHR reporting, but I think it is hard to ask them to report until we have a sense of the standards and requirements that they would be reporting against.

Aaron Miri
Right.

Carolyn Petersen
Is a proposed activity perhaps to have a… I think it would be a workgroup rather than a task force engaged with some small subset of HL7 to look at what is needed, the lay of the land, where we are, if we need to be thinking about standards and implementation guides, or if there is some stuff that needs to happen with EHRs first. Maybe it is just an exploratory thing. In thinking about Terry's comments over the past four years, my guess is that he is passionate enough about this that he might be really interested with another person or two in connecting with a small number of HL7 people for some very limited-duration meetings, one every month or three months or something, just to see where things are and what is the go-forward approach. It might be that that is a way of working that would be applicable for other kinds of interest inquiries that HITAC members identify as well, things that are not easily covered or managed today, but that have some application down the road or that support interoperability.

Aaron Miri

That is not a bad idea. It is a very important topic, do not get me wrong. I am just trying to figure out where the Lego piece fits in the puzzle. That was a great suggestion. Carolyn, what I was also thinking, which is maybe a little variation of what you were saying, is that this is potentially a USCDI Plus initiative. We lead some small task force as part of that, and it ties back to USCDI depending on what those elements are as a proposal and an extension of that.

Carolyn Petersen
Well, you have the guy right here in the meeting.

Steven Lane
This is defining subsets of data that are already largely called out in USCDI. Whether transitions of care require additions to USCDI or to a USCDI Plus sort of data set is an interesting question. I would think that transitions of care would be core data for interoperability. Now, USCDI Plus is really aimed at this point at federal partners such as CMS and CDC, so I would see it more as USCDI work, potentially, if there are data elements specific to transitions of care that are missing from USCDI. The other thing here is the whole term "transitions of care." This is talking about transitions of level of care within a hospital. That is not typically what we use that term for. "Transitions of care" came, I believe, out of the HITEC act, and had to do with discharges and referrals primarily, and then, there is the idea of transfers of care within ADT, admission, discharge, and transfer, which are more like these changing levels of care, changing units within a hospital. So, I think there is a need for a little bit of clarification of terminology, a transition versus a transfer, and where those terms show up in applicable law. Again, I think all those are things that a little workgroup could address.

Carolyn Petersen
And, I would argue that what is to be looked at is even broader and bigger from that. From the consumer/patient/caregiver perspective, the transition of care is an ongoing journey where your elderly parent goes from the home to the hospital, to the skilled nursing, perhaps to a nursing home, back home, perhaps back to skilled nursing, perhaps back to the hospital. It is this long period of changes from one place to another that are not necessarily in a particular order or predictable durations, and it is all of the documentation that needs to follow, and the care plans, and the pathways that the family needs to be given in terms of "Here are the physical therapists you can call to manage this aspect of the orders that were written, but we did not know who you would want to use or who could come to the house at the time when somebody can be there," all that stuff that is really important to the folks who have to actually manage the physical day-to-day outpatient stuff, but it is not necessarily what any particular provider or stakeholder is thinking about.

Steven Lane
And, I think to that end or in conjunction with that, one word that is missing from this whole discussion is "coordination." This is partially about transitions and transfers because it is about coordinating care across those transitions, which I think is part of what you were getting at there, Carolyn.

Aaron Miri
Is it worth inviting Terry to our next report workgroup meeting to just give an update of his perspective on this so we can focus on this and hear him exactly speak it out?

Steven Lane

I think that makes sense.

Aaron Miri

I think you brought up some excellent points, Steven. I completely agree: "Coordination." I just wonder if that is being lost in translation here somewhere that that is the intent. I do not know. It would be good to hear from him and just talk through this for a few minutes and just see what is going on. He is spot on; it is something that we should think about in some form or fashion.

Carolyn Petersen

And, to that, I would say I think that is a discussion point that should happen at the fall HITAC meeting because there are other stakeholders who might have input on that as well. I am thinking of payers, research, and potentially the VA if they are involved in the care chain. If we do it here, then people have to make room for one more meeting on their calendar, and we are already getting into the holiday season.

Aaron Miri

You are right. So, as a proposal, could we put this on a…I do not want to say "parking lot," but I want it to be an active parking lot so we are actually working through it on the side and figuring out the right venue to bring it forward, to talk about it, to work through it, and then, it potentially is an item that we should start talking about for next year's fiscal report because we're getting close to the end of the year here. Or, is this urgent enough that we need to do it now?

Carolyn Petersen

It is in the valet parking. We can make it a question on our slide at the next meeting in November and just ask him for a brief clarification, and anybody else who cares to comment can.

Aaron Miri

Steven, are you good with that?

Steven Lane

Yeah. Did you say it was in valet parking, Carolyn? Did I hear that right?

Carolyn Petersen

That is what I said. It is not in the parking lot, it is in valet parking.

Aaron Miri

Valet, like active.

Steven Lane

I have never heard that before. I love it.

Brett Oliver

It might be helpful to get Terry to clarify before the meeting, though he does not have to come to one of ours, because in hearing him speak before, I do think that he is talking more about transitions of care like LPACs, SNFs, and nursing homes, and back to something that Steven said, I think it is important to go

ahead and ferret out whether it is a question that there are data elements not included in USCDI that this particular area of care needs, though I am sure there are more needs than what we have, but that are beyond USCDI, or if it is a technology question for these facilities. At least, from a practical perspective, that is where I see it. They would be willing to do it, but they cannot. They are not going to upgrade their system. It is not an issue of disagreeing with a standard, and I wonder if that point needs to be clarified before we bring it to the HITAC.

Aaron Miri
We can ask him.

Brett Oliver
I would just like to get USCDI from any of those places. I would not need anything different. Sure, I would love some other things, but if I could get that, that would be a huge difference. It is a black hole.

Aaron Miri
Right.

Brett Oliver
We can argue about what is perfect, but I would just like some good.

Aaron Miri
Okay. So, I think we have our marching orders for this one. It is going into valet parking. That is becoming an official term for report workgroup going forward: "Valet parking," trademark Carolyn Petersen.

Carolyn Petersen
You deserve it, Aaron.

Aaron Miri
I like it. All right, I think we have one more. If everybody is good on this one, we will go to the last one here, and it is exchange, right? Am I doing that right? "Exchange of data for transitions of care." Is that right? No. Where are we? Here we are, health equity. So, the bubble is what we are going after on this one. "Annual report workgroup wants to discuss the topic and its ideas further, look for and prepare a catalog of efforts across the federal government the HITAC can learn from and collaborate with, discuss patient-facing third-party apps accessing provider EHR data APIs and public health systems, and discuss large-scale patient data capture via apps like All of Us from the NIH. So, this is all about health equity, balancing the right of access, and those sorts of things. Michelle, I guess you are asking if we should add these items in here as recommended activities. What exactly were you asking us besides cataloging what we were talking about?

Michelle Murray
I think this is when we ran out of time, so I logged what was discussed as ideas so we would not lose them, but we did not get far enough along to change any language.

Aaron Miri
I think these are all great ideas. They are all opportunities. What do you all think?

Carolyn Petersen

We just need those. Set up a task force to get moving.

Aaron Miri

And to do these things as part of it?

Carolyn Petersen

Yeah.

Aaron Miri

Okay. Steven or Brett?

Carolyn Petersen

You are the HITAC co-chair. You can do that.

Aaron Miri

Sure, I will just bang a gavel on the desk, and off we go, right? That is how it works?

Carolyn Petersen

It is!

Aaron Miri

Steven or Brett, any recommendations on this? I agree with Carolyn, by the way, but go ahead.

Steven Lane

Yeah, I think this is really important, and this keeps coming up. Again, I think we are speaking specifically about access to public health data, specifically through APIs or portals, and I assume we are talking about access both for patients and other stakeholders, as we were discussing earlier, right?

Aaron Miri

Right, all stakeholders, everybody. Right data, right place, right time.

Carolyn Petersen

Everybody who wants it and has it by law has access to it.

Steven Lane

Everyone who has a right to it.

Aaron Miri

Right, good clarification. We need to get going on this, but I keep hearing something is coming, so…

Steven Lane

I think the idea of creating a catalog of what is going on, what is out there, and what the applicable laws are… Because unlike providers and payers… I do not know how much law there is that says public health

data should be accessible to others. Again, public health has always been sort of a catcher's mitt, not a data source. There may be a need for legislation on this.

Carolyn Petersen

I cannot imagine that there would not be a need for legislation, if for no other reason than that states, territories, and tribal lands are different, and you would need something that would be an umbrella over all of them that lays out what is to be done, or you would be forever stuck in the incremental progress and unable to really make a big leap forward because you would be held back by various things. I cannot think of anything I have ever heard to imply that a patient or consumer can get any information about themselves that public health holds. I do not think you can even find out what they are holding about you. Even assuming they could figure out what they hold about you, I do not think…

Steven Lane

Even more important, yeah.

Carolyn Petersen

Do you have any right to that?

Aaron Miri

Brett, thoughts?

Brett Oliver

I agree with you guys. I think this is only growing in importance, and then, when you start talking about bidirectionality, you magnify the need for some guidance here.

Aaron Miri

All right. So, Michelle, we are encapsulating all of this by saying we need to convene some effort, though I do not want to call it a workgroup, to really focus on this and these items and ideas inclusive of a lot of others that need to be part of that. Is that clear? Does it make sense?

Michelle Murray

Yes.

Aaron Miri

Perfect, all right. I am trying to use the right syntax terminology. I do not want to say "task force," "tiger team," or whatever. So, whatever the right nomenclature is, I want to convene a group to go look at it. That was the last bubble I see on the list here. What other items do we need to clear up, Michelle, before we go to public comment?

Michelle Murray

We have three other things to do today before we go to public comment, if you get to them all. Otherwise, we will roll over to November. But, in prioritization, the column on the far right, there are only two choices, which are noted at the very bottom in a legend, so you have two tiers, immediate and longer-term. Immediate is the next year or two, and longer-term is out beyond that. You do not have to commit today. We have a couple more months to keep playing with that, but get started because it does affect the drafting

of the report, and where things end up in the structure of the report is based a bit on the tier, so the sooner I have that feedback, the faster we will move along on that.

Aaron Miri
And, what is the other item we have to look into?

Michelle Murray
In the back of the slides, there is a one-page outline that we have used in past years, so we are confirming that outline, and that helps me get started on the drafting. And then, your story ideas: We have some early ideas of one for each target area.

Aaron Miri
You already have early ideas?

Michelle Murray
Sorry.

Aaron Miri
Did you say you already have early ideas, or are you asking us for early ideas?

Michelle Murray
Yes, we included that in the materials. There is one paragraph for each target area that would go in the executive summary.

Aaron Miri
Perfect. Let's go to that. Let's do that.

Michelle Murray
All right. Could we touch on the other ones first? They are more urgent.

Aaron Miri
All right, I thought they were all the same urgency. I have it now.

Michelle Murray
Sorry, the tiers are most important, and the outlines next, and then the stories.

Aaron Miri
All right, so we'll go with tier.

Carolyn Petersen
I will start off the tier discussion by suggesting that we make all of the things in the public health target area immediate. They tend to work together in some respects and have some interdependencies, and HHS certainly is looking at what it is thinking about, and ONC just launched the public health initiative, so it seems like a good time to build on that momentum and support it.

Brett Oliver
I can support that.

Aaron Miri
Yup. I agree with it. Steven?

Steven Lane
Yup.

Aaron Miri
Okay.

Carolyn Petersen
That is the first three pages. The first three pages takes us through immediate. Well, the first four. My numbering looks odd for some reason. Yeah, the first four pages. That brings us to interoperability.

Aaron Miri
Looks like it.

Carolyn Petersen
So, topic: Patient matching.

Aaron Miri
The problem is that it goes hand in hand with public health. To me, that is critical. That has been such a big bugaboo.

Carolyn Petersen
And, if I recall, last year, on our first task, 80 percent of it was immediate.

Aaron Miri
I think it is urgent. I really do. I think it is there. Other comments?

Steven Lane
I would just say it is hard to argue with you, Aaron.

Aaron Miri
All right.

Brett Oliver
I would not want to argue with either one of them, frankly.

Aaron Miri
All right. Next one, Carolyn. Do you want me to take it, or do you have it?

Carolyn Petersen

Increased health equity across populations, locations, and situations, some definitions. This is a "convening a listening session" kind of proposed activity.

Steven Lane
When we say "definitions," what are we getting at there?

Carolyn Petersen
Standards for consistent collection of health equity data elements.

Steven Lane
Okay, separate from SDOH?

Carolyn Petersen
Yeah. To me, that does not need to be immediate. We know it is important, but I think some other things might need to happen first. Some of that will be dictated by public health or significantly influenced by what happens in public health.

Steven Lane
And, we are separating out the algorithm bias as its own thing.

Carolyn Petersen
So, the gap is to ensure public health equity topic includes healthcare, that is, the tracking and sharing of health information to support both health and healthcare equity initiatives. The challenge is that the collection of health equity data elements related to race, ethnicity, disability condition and resulting impacts, sexual orientation, preferred language, sexual orientation and gender identity, and data for SDOH is not consistent. Opportunities: More industry standards supporting the collection of health equity data elements could be agreed upon, and so, the proposed activity is to convene a listening session to identify barriers and opportunities related to standards. But again, I would think that there would be important influences from public health that maybe need to be clarified first that would help us make it an easier list, and also avoid creating a structure that is different from what comes out of the public health-centered discussions.

Aaron Miri
Okay. I do not want to say it is not important, because it is, and we cannot boil the ocean, but is it more important than everything else? That is the question we have to ask ourselves.

Carolyn Petersen
In general, I think those items that have dependencies or other things that need to happen first probably need to go in the "not immediate" category to create the time for the other things to happen, and also because, like you say, not everything can be immediate.

Aaron Miri
Okay. Were we saying it would be intermediate, or whatever that other category was?

Carolyn Petersen
No, the next one…

Aaron Miri
Sorry, longer-term.

Carolyn Petersen
Yeah, longer-term. So, the next issue is increased health equity across populations, locations, and situations, algorithm bias. Here, the gap is efforts needed to better understand and reduce racial and ethnic bias in algorithms. That supports decision-making, particularly in support of the public health needs. Opportunities: Screen healthcare and public health data systems for bias in algorithms to improve data use decision making, and again, the proposed activity is to convene a listening session to identify sources of algorithmic bias in healthcare and public health data systems, and potential solutions.

Aaron Miri
So, longer-term, I guess? It would be the same as the first one, the one before this, right?

Carolyn Petersen
I think it would be hard to do it without getting some of that groundwork on the public health data systems done first. So, that tells me it should be longer-term.

Aaron Miri
I see Steven had to step away to go take care of some patients, which is important. Brett, any concerns?

Brett Oliver
No, I am fine with longer-term.

Carolyn Petersen
Okay. Next topic: Interoperability standards priority uses, closed-loop referrals. There is a lack of cross-organization support in full closed-loop referrals. Challenges: Lack of standardized systems can make closed-loop referrals and prior authorizations an administrative burden to providers. Opportunities: To explore the opportunities to advance standards that can improve systems for closed-loop referrals and prior authorization. Suggested activity: We need to review the recent and planned activities of CMS and payers around standards needed for closed-loop referrals and prior auth. I will let you guys take the lead on figuring out where that fits in.

Aaron Miri
I think it is important, but is it more important than everything else, Brett?

Brett Oliver
I would go longer-term. I feel like there is a lot of movement there right now amongst organizations, payers, and even the EHR vendors to work on this process. It might make more sense to revisit it next fall to see where the industry is, so I guess I am saying I am fine with it being a longer-term.

Carolyn Petersen
Me too.

Aaron Miri

Agreed.

Carolyn Petersen

Okay. The next one is info blocking. We all know the gap standards opportunity. The proposed activity is to convene a listening session to assess the establishment of measures of the impact of the info blocking requirements of the CURES Act rule across the industry in conjunction with ONC's measurement efforts.

Brett Oliver

I think that one needs to be shorter-term. There is still a lot of angst and state legislation that is being proposed with things like pathology reports, and it would behoove us to have that earlier rather than later.

Aaron Miri

I would agree.

Carolyn Petersen

Okay. Then, we come to exchange of data for transitions of care. This gets at the discussion we just had about Terry's concern.

Aaron Miri

Yeah, so we are going to pause on that one to add some more clarity, right?

Carolyn Petersen

Yeah, that is in the valet parking. Maybe we will send it to the car wash before it comes back. Next one. Now we are getting into privacy and security. Public opinion about impact of use of health IT on consumers. The gap is does public opinion data already exist that encapsulates the user and consumer opinions about certain uses of health IT, like contact tracing? The challenge is that not much is known about certain uses of health IT. The opportunity is to research these uses and to review literature. Proposed activity would be to access recent literature and suggest areas for more investigation. I am feeling like in terms of all the other stuff that is here, I care about privacy, but I am feeling like this is not as urgent as some other things.

Brett Oliver

Aaron, come on. It is your wheelhouse.

Aaron Miri

I am reading it right now.

Brett Oliver

Okay. I am fine with the longer-term, Carolyn.

Aaron Miri

I think it is more longer-term, to be honest with you.

Carolyn Petersen

Okay, groovy. Next topic: Alignment of innovation and regulation. The gap is that innovation sometimes gets ahead of the regulatory environment. The challenge is that hospital systems are adapting APIs, but are concerned about unauthorized data exposure and added liability. The opportunity is to align the health IT industry to accelerate innovation where existing regulations are in place, and the proposed activity would be to learn about federal regulatory activities for areas of health IT innovation and assess the fit and gaps.

Aaron Miri

I do think this is a big bugaboo. I am hearing about so many health systems that were just stopped in their tracks because they were so confused about the rules, the rulemaking, and everything, but is this more important than, say, public health?

Carolyn Petersen

I guess one thing that I think about, too, is what the changes will be if we wait a year to do this. Will it really be significantly different? Are we missing a major yacht here if we hold on it, or are we…?

Aaron Miri

Probably not. 2022 is an election year. Probably not. I think we will be okay to wait a year.

Carolyn Petersen

It feels to me like something that would not change overnight, but you guys are closer to it than I am.

Brett Oliver

Oh, boy. I could go either way, but I think it could wait.

Aaron Miri

I think it could wait. All right.

Carolyn Petersen

Okay. So, now we are down to target area: Patient access. The first item is safety and impact of mobile health applications. The gap is that as third-party apps continue to be introduced, there is concern about the clinical accuracy of the apps and the potential for patient harm. The challenge is that apps that are built without using some clinical knowledge can produce incorrect conclusions or readings. The opportunities are to support initiatives that review and rank validity and safety of apps and to support awareness and education for patients around digital therapeutics. The proposed activity would be to define updates to past ONC patient access guides and educational materials needed since the start of the pandemic. To me, it feels like this is one of the few things where there is a direct impact on patients, and since there is a public health component to this around things people have been doing app-wise since the pandemic started and the possibility of vaccination passports, this one might be something that needs to happen sooner than later. I do not think we have two years to wait to get apps for vaccination, but I am open.

Brett Oliver

Just take it away from COVID. What was it, $20 billion in the first three quarters of this year on health IT? Yeah, we have to get ahead of this for the sake of patient safety.

Aaron Miri

Agreed.

Carolyn Petersen

Okay. And then, another one for patient access is the increased health equity across populations, locations, and situations, and the accessibility of health IT, and here, the gap is that the pandemic highlighted the digital divide regarding access to health IT by consumers. Barriers exist for the delivery of relevant public health-related information through APIs, portals, m-health, and other digital distribution channels. The opportunity is to ensure that the information is available to patients and consumers in the same ways that they access other relevant protective health information and facilitate the largest impacts and reach. So, the proposed activities are many here. It seems like they are exploring barriers to the delivery of relevant public-health-related information through APIs, portals, et cetera.

And, our HITAC members had a number of comments in favor of doing something around this that relates to supporting patient access to their data stored in public health systems, a consumer protection process for electronic data storage that is easy to understand, education that incorporates plain-language approaches, certification of third-party apps… There are a number of strategies pointed out here in this regard. Earlier, we noted the health equity items as being not immediate. I am wondering if the public health component here makes us think about this one differently, or if this is also longer-term.

Aaron Miri

I think this is important. We have such an issue right now reaching across and getting ahold. I think it is important that we do this urgently, immediately, or whatever it is.

Carolyn Petersen

Okay. I am comfortable with that just because there is so much information that needs to be pushed out right now, and things are changing, and we are in a period where there is a lot of innovation around tele-appointments, auditory appointments, and different ways of engaging with patients and getting needs met. I can see that. What are you thinking, Brett?

Brett Oliver

Yeah, I agree with you, particularly with that public health component.

Carolyn Petersen

Okay, let's call that one immediate. And then, we have our last item. This is in the emerging issues to investigate. The topic is robotics, Aaron's current favorite. The gap here is that there is no regulatory framework for the use of robotics in healthcare. The challenge is that there are opportunities and limits to what the federal government can regulate around applied robotics. The opportunity is to synthesize a list of health IT use cases for robotics and identify regulatory gaps that can hinder development. The proposed activity would be to explore the health IT use cases for robotics that suggest elements for a regulatory framework. As I think about that, it seems like this is almost the kind of a project that ONC could contract to another organization, something like AI. Maybe that is RTI or others.

Aaron Miri

It does need to be done and clarified. We are not done, and I do not think you can be done with it, but we need to get some traction on robotics. To be fully transparent, I talked to a company last week about using

robots here in Florida to help out nursing, to take away some of the burden given the influx. We had to set up 100 beds on a dime because of a surge of COVID patients last week, and we did not have the staffing for that, so how do we alleviate some of the more routine, mundane things they have to do so they can just focus on patient care? But, as I started digging into it, there are no applicable rules to follow to do this the right way. Everything from patient privacy, to safety, to quality… How does this tie in? What are the requirements there? Are there standards to robotics? Right now, it is kind of all over the map. People are just shooting from the hip, and I am all about it, but then it is like, "Well, crud, if I do this, and then the rules do come out and change, then what?" It is just one of those things.

Carolyn Petersen

There is also a component of which robots are medical devices that need to be regulated as medical devices versus robots that just do nice-to-have stuff or things that are not medical in nature. Moving bedpans around is not really a medical function. Certainly, there have to be some kinds of standards around the handling of potentially toxic materials, hygiene, and whatnot, but it is not really a medical device in the sense that a pacemaker is a medical device. So, maybe this is a longer-term thing, and there is some potential for interagency engagement. Or, what needs to happen in terms of understanding where FDA sits with this before ONC could do something or the HITAC could investigate?

Aaron Miri

I would agree. I agree. So, longer-term.

Carolyn Petersen

Does that sound okay, Brett?

Brett Oliver

Absolutely, thanks.

Carolyn Petersen

Cool. Okay, Michelle, I think we got all the topics tiered.

Discussion of the Draft Outline and Story Ideas for the HITAC Annual Report for FY21 (01:06:59)

Michelle Murray

That is fantastic. Very efficient. So, if we could turn to the slide deck again and bring up the outline slide…great. That is correct. So, this follows the major sections that we have had the last three years in the report. No changes to that. I will just note that No. 7 is sort of a placeholder year after year because it is something from the CURES Act that we need to address, not something that fits the HITAC's work so far, so it is usually just placeholder content, but everything else is substantive and already under way for development, and we wanted to check with you to make sure that this outline still fits your view of what we should do, and it does align with the CURES Act requirements of what needs to go in the report.

There is an executive summary, followed by a foreword from the HITAC co-chairs, a letter, an overview section that is part of the report body, and then, there is a progress report. We just ended the fiscal year, so now we can start counting up how many meetings and recommendations occurred. There is the

landscape analysis, which is where we go into depth of the background and the industry-wide view of what is happening in health IT, and then, a gap analysis which narrows down and matches what is in our crosswalk and the various areas that you are making recommendations in. Then, there are the recommendations themselves, that section that was mentioned, and a short conclusion, usually a couple paragraphs, or maybe just one paragraph. And then, appendices with all our footnotes, a list of HITAC members, and our glossary, and then, any figures or tables that we want to add, which we have not yet needed to do. We just have the table that is in the executive summary.

Carolyn Petersen
This looks fine to me.

Aaron Miri
I would agree. This makes sense logically.

Carolyn Petersen
Brett, do you have any comments, too?

Brett Oliver
No, I like it. It looks good, better than I can come up with, for sure.

Michelle Murray
I helped a lot with this, figuring out what needs to go into the report. When it came to that, it seemed to guide us well. So, that is all I had on that. Within the report development process, there is a longer, more detailed outline that I work with the contractors on, so we can use that to start writing prose. In the past, this group used to share it, but then, people's feedback was that it was too much detail at that phase, and they wanted to focus on the higher-level picture in the crosswalk, so it is up to you if you want to see an outline like that or just go straight to the prose version, and I will see what is ready by our next workgroup meeting on the 16th of November, and then, backing up a week ahead of that is when they need to have things together for some initial review.

So, I am not sure how much will be written by then, but I do know that the executive summary is under way. Now that that crosswalk is pinned down, I can start inserting that in the new format, and the progress section might be pretty far along because it is concrete information, and then, I will see if there is anything else written up that is ready for review in November. Definitely, by late November, we start sharing actual drafts of the report through email, and then you guys start editing.

Aaron Miri
Okay.

Michelle Murray
In the short term, we do have ideas for stories for you. So, I think we wanted to get feedback as to if we are on the right track with the ideas themselves. We did go as far as writing them up instead of keeping them in an outline form because it is easy to understand the idea, and they are short, a paragraph or two for each, so we could bring up that document.

Carolyn Petersen
I need to step away for a second. I will be right back.

Aaron Miri
Michelle, say it one more time. What was the last item we needed to take care of? I am sorry.

Brett Oliver
Looking at stories.

Aaron Miri
Stories, right.

Michelle Murray
Sorry, I was on mute.

Aaron Miri
Yeah, stories, got it.

Michelle Murray
We could zoom in a little bit on the first one. So, there is one for each target area, and we have four now, public health plus the original three. And, we will want Carolyn's feedback when she gets back, but the idea under public health is about thinking about a community at the local level that has a lot of tourism, so there are people coming in and out of the community, and they are trying to vaccinate, and they are trying to manage outbreaks, but they are also trying to share data, so this gets at the idea of data exchange and how public health MDs might interact with HIEs, and then, what physicians can do once they have that data.

Aaron Miri
It is interesting because I am in a high tourist area, very close to a major cruise port here in Florida, and this is exactly… You could put "Aaron" on this first one here, so yes, I totally get it. It is data exchange that is normalized, easy, and bidirectional, to what Steven was saying. It is exactly what they would do real-time. It would be real-time syndromic surveillance, which is sort of the holy grail of all of it.

Brett Oliver
I agree with you, Aaron.

Aaron Miri
This is great. I would agree. I do not think there is anything else I would add to this. It really goes right to the meat of it. Maybe this, also: You could put something about how it would also help deal with outbreaks in an equitable manner. So, I do not know how you would say that, but it would allow for… If there were data gaps before, now, we are able to see them, and we are able to deal with folks who have been disproportionately impacted. I will be right back. Hold on one second.

Brett Oliver
It is Friday afternoon. Can you tell?

Michelle Murray
I know. We are down to you and me, I think.

Steven Lane
No, I am here, I am back.

Brett Oliver
Steven is back.

Michelle Murray
Oh, you are? Great. Steven, I do not know where you joined in. We are looking at our story ideas now.

Steven Lane
Yeah, I am looking at it. Sorry, I am masked now, so I am going to sound a little weird.

Michelle Murray
You can take a minute to read over as you arrive at your desk.

Steven Lane
Yeah, this helpful. That second one refers to national standards to collect health equity data. I would say it is social determinants of health and other health equity data.

Aaron Miri
Sorry about that. Anyways…

Carolyn Petersen
Aaron, did you have any thoughts to finish on the public health idea? We were about to start the other one.

Aaron Miri
No, I do not.

Carolyn Petersen
Steven had a phrasing idea.

Steven Lane
It is more like a word order because you mention it in the following sentence, but I would just… Just because "SDOH" is sort of a term that we have all been using a lot, I think "health equity data" is a little less clear in terms of its definition, so I would tend to refer to "SDOH and other data relating to health equity" or something like that.

Aaron Miri
That makes sense.

Steven Lane

Do you want to keep scrolling down? Oh, too far. There we go.

Michelle Murray
Aaron, on privacy and security, this is your wheelhouse.

Aaron Miri
No, I am reading it. I am thinking.

Michelle Murray
I just wanted to be sure we all moved on together.

Aaron Miri
Yeah, yeah. **[Inaudible] [01:16:39]** for API, yup.

Steven Lane
What is interesting in that in this privacy and security one, it says that all the laws protect the hospital from privacy and security concerns. It may protect them from privacy and security liability, but not concerns.

Aaron Miri
Right, not the concerns. It is the impact, the damages.

Steven Lane
I would use the word "liability" because there can still be concerns, there can still be impact, there can still be damage, there is just not liability, and I think that is part of what providers are struggling with. Yeah, I understand no one is going to be able to sue us, but what about our reputation? What about our patients? We actually want to protect our patients. We have a desire to do everything we can to assure that they are not negatively impacted, even though we are not liable.

Aaron Miri
Well, I would say "liability," and I would also say, Michelle, compliance for information-blocking purposes to allow for rapid release of data. I think all of us, especially those of us who are really pro-information sharing, are trying to push the envelope and release the data back to the patient almost in real time, and it has happened to work through these murky question marks that sometimes elongate that ability to rapidly do that from a technology sense. So, there is compliance with information-blocking rules that would be more readily serviced. Does that make sense?
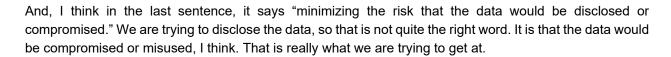
Michelle Murray
I understand the idea. I am just thinking through how we…

Aaron Miri
Yeah, how would you wordsmith that? But, this allows for compliance with federal mandates. There.

Steven Lane

And, I think in the last sentence, it says "minimizing the risk that the data would be disclosed or compromised." We are trying to disclose the data, so that is not quite the right word. It is that the data would be compromised or misused, I think. That is really what we are trying to get at.

Aaron Miri

Right, it is a higher fidelity of the data because we know that it is pure, so for both clinical and nonclinical purposes, it is usable. All right. But, other than that, I think the section is good. It is right on. In fact, real time, I had this conversation just a couple days ago with our development group that reports up through me. How can we get ready for this? We do APIs now, but how can we take it to the next level and service the community? Okay, want to go to the last one? Oh, actually, we have public comment.

Michelle Murray

You have one minute, I think, until public comment. It is up to you if you want to start this one now.

Aaron Miri

Do you want to go to public comment and then come back to it if there are no public comments?

Michelle Murray

That is fine.

Aaron Miri

Let's do that.

Public Comment (01:19:42)

Michael Berry

Sounds like a good idea, thanks. Operator, can we open up the line for public comments?

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 the handset before pressing *. One moment while we poll for comments. There are no comments at this time.

Michael Berry

All right, thank you. Aaron?

Aaron Miri

Perfect, all right. So, let's finish this one up, so that way, we are done with this pass of it. Patient access to information, results…all right. It is all about being better informed and the ability for better individual choice because of the access to information. Carolyn, what are your thoughts on this?

Michelle Murray

She may not have come back yet.

Aaron Miri

Oh.

Brett Oliver
She stepped away when you were out, Aaron.

Aaron Miri
Sorry, I got pulled away by our CEO. That is totally fine.

Steven Lane
Can you scroll back up to see the first part?

Aaron Miri
I like this because it implies that there is an easy, consumer-friendly, ADA-friendly, equitable-friendly, and for lack of a better term, the chapel that ONC has that someone can go to with a very basic understanding, read, and say, "Is this app something I want to use or not use? Am I safe to leverage it?" I like that because I think it democratizes the ability for one to make an individual choice, and I am all about that. Even from a clinical perspective, Steven, you and Brett probably would be like, "Hey, as a provider, now I have better-informed patients. Now I do not have to rely on some app made by some yahoo telling them something wrong, and they are challenging me and my clinical diagnoses of the patient."

Brett Oliver
My only hesitation is who does that process? I bet you Steven and I could sit down and look at 10 different studies, and we would not come up with exactly the same conclusions on all 10 in terms of what we would want to do with our patients, so I just wonder about the first part on the top of that before we scroll down. It is one thing to say safety…not safety, but the privacy piece. If we start saying accuracy, just from a clinical perspective, I would want to know who is making that decision. You could even measure usability outside of a clinical realm. Steven, any thoughts there?

Steven Lane
Yeah, this is tough because there are so many apps out there. I occasionally point people at apps that I am aware of, but it would be so nice to have some comparative data across the apps, even just a catalog of knowing what is out there. I recommend blood pressure monitoring apps, I recommend sleep apps, I recommend meditation apps, and there are more coming on the market all the time, like diet, exercise… It is interesting. There is this whole notion that individuals have easy online access to new information about the validity and safety of mobile health apps. When is that going to happen?

Aaron Miri
Well, that is the thing, right? And, that is what the whole point of these stories is, that if we can fix a lot of these things we are talking about, this is what we could foresee happen. We are avoiding the whole point that people have to want to engage in their own health literacy, but let's assume that you have an inclined person, which there are a lot more of these days. I think this actually hits the nail. I know we are out of time, but I really want Carolyn's opinion on this.

Steven Lane
Okay, just round back with her offline.

Aaron Miri
Yeah, let's round back with her. I hope that was a good first past, Michelle.

Michelle Murray
That is great, and it sounds like we are on the right track, so we will bring this back again at our next meeting, and you can also send me any comments in between through email.

Steven Lane
Great. Thank you guys.

Aaron Miri
All right, I have to run.

Michelle Murray
Thank you.

Brett Oliver
Have a good week.

Aaron Miri
You too. Bye, everybody.

Adjourn (01:25:19)