Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Meeting Notes

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC)

March 10, 2021, 10:30 a.m. – 12:30 p.m. ET

VIRTUAL

HealthIT.gov @ONC_HealthIT

EXECUTIVE SUMMARY

The co-chairs of the HITAC, **Denise Webb** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, and the minutes from the February 10, 2021 HITAC meeting, which were approved by voice vote. **Micky Tripathi** welcomed members and discussed COVID-19 pandemic response efforts and other non-COVID-related work currently underway at ONC. **Steven Lane** and **Leslie Kelly Hall** presented an update on the recent work of the United States Core Data for Interoperability (USCDI) Task Force (TF)2021 (USCDI TF 2021). **Arien Malec** and **David McCallie** discussed the launch of the Interoperability Standards Priorities (ISP) Task Force (TF) (ISP TF 2021). **Talisha Searcy** provided a data briefing on ONC's 2019 survey on the *Use of Certified Health IT and Methods to Enable Interoperability by U.S. Non-Federal Acute Care Hospitals.* HITAC members discussed the presentations and submitted feedback and questions. No public comments were submitted by phone, but there was a robust discussion in the public meeting chat via Adobe.

AGENDA

10:30 a.m.	Call to Order/Roll Call
10:40 a.m.	Welcome Remarks
10:50 a.m.	Remarks, Review of Agenda and Approval of February 10, 2021 Meeting Minutes
11:00 a.m.	United States Core Data for Interoperability (USCDI) Task Force Update
11:30 a.m.	Interoperability Standards Priorities (ISP) Task Force Update
11:45 a.m.	ONC Data Brief: *Use of Certified Health IT and Methods to Enable Interoperability by U.S. Non-Federal Acute Care Hospitals, 2019*
12:15 p.m.	Public Comment
12:30 p.m.	Final Remarks and Adjourn

CALL TO ORDER/ ROLL CALL

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the March 10, 2021, meeting to order at 10:40 a.m.

ROLL CALL

Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin, Co-Chair
Denise Webb, Indiana Hemophilia and Thrombosis Center, Co-Chair
Michael Adcock, Magnolia Health
Cynthia A. Fisher, PatientRightsAdvocate.org
Lisa Frey, St. Elizabeth Healthcare
Valerie Grey, New York eHealth Collaborative
Jim Jirjis**,** HCA Healthcare
John Kansky, Indiana Health Information Exchange
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Clem McDonald, National Library of Medicine
Brett Oliver, Baptist Health
Terrence O'Malley, Individual
James Pantelas, Individual
Carolyn Petersen, Individual
Raj Ratwani, MedStar Health
Abby Sears, OCHIN
Alexis Snyder, Individual
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Sheryl Turney, Anthem, Inc.

Robert Wah, Individual

MEMBERS NOT IN ATTENDANCE

Steven Hester, Norton Healthcare
Kensaku Kawamoto, University of Utah Health
Jonathan Nebeker, Department of Veterans Health Affairs

FEDERAL REPRESENTATIVES

Amy Abernethy, Food and Drug Administration
James Ellzy, Defense Health Agency, Department of Defense
Adi V. Gundlapalli, Centers for Disease Control and Prevention
John Scott, Department of Veterans Health Affairs (serving as alternate to 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, Acting Executive Director, Office of Technology
Michael Berry, Designated Federal Officer
Michelle Murray, Staff Lead
Talisha Searcy, Deputy Director, Technical Strategy and Analysis Division

PRESENTERS

Leslie Kelly Hall, Engaging Patient Strategy & USCDI TF 2021 Co-chair
David McCallie, Individual, ISP TF 2021 Co-chair

WELCOME REMARKS

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone to the March 10, 2021 virtual meeting of the HITAC and provided an overview of ONC's recent work on COVID-19 pandemic response efforts by partnering with the Centers for Disease Control and Prevention (CDC), and the U.S. White House. Some of these activities include working with the CDC on an executive order on interoperability concerning public health data systems and convening a hearing for the HITAC or task force to be a conduit for industry experiences related to the pandemic.

Micky explained that non-COVID-19 related efforts underway include preparation for the impending applicability date for ONC's Information Blocking Final Rule (on April 5, 2021) and outreach to support all stakeholders and industry partners, including the development of FAQs in response to questions ONC has received. He stated that the applicability date for ONC's Standards Version Advancement Process (SVAP) will occur on March 12, 2021, and he discussed how the SVAP is used by health IT developers, noting the importance of the process as a "soft lever" used by ONC to provide a roadmap to the healthcare industry. ONC will continue to develop soft levers to move the industry forward in the coming years to achieve better and broader health IT interoperability.

Micky thanked **Terry O'Malley** for his years of service to the HITAC and his contributions to the USCDI TF. **Terry** has stepped down from his position as co-chair of the USCDI TF 2021.

REMARKS, REVIEW OF AGENDA, AND APPROVAL OF FEBRUARY 10, 2021 MEETING MINUTES

Aaron Miri and **Denise Webb**, HITAC co-chairs, welcomed members. **Aaron** thanked ONC and the entire administration for assistance provided to Texas following the adverse weather events of February 2021. He gave a brief update on vaccine coordination efforts in Austin, Texas, and highlighted the importance of coordination across the federal government.

Denise invited members to examine the minutes from the February 10, 2021 meeting of the HITAC. Members of the HITAC submitted no comments or corrections, so she called for a motion to approve the minutes. **Michael Adcock** made a motion, which **Andy Truscott** seconded. The HITAC approved the February 10, 2021 meeting minutes by voice vote. No members opposed, and no members abstained.

UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI) TASK FORCE UPDATE

Steven Lane and **Leslie Kelly Hall**, co-chairs of the USCDI TF2021, presented an update on the TF's work on the draft of version 2 of the USCDI (USCDI v2). **Steven** introduced **Leslie**, who stepped into the role of co-chair of the USCDI TF2021, and **Leslie** explained that she is a former chief information officer and chief marketing officer who moved her focus to patient advocacy for health IT.

Steven provided an overview of the USCDI TF 2021 membership, the schedule of recent meetings, an updated representation of draft USCDI v2, new data classes and elements added since USCDI v1, a timeline depicting the cyclical process ONC uses to advance the USCDI, and the revised USCDI TF 2021 charges. All of these items were detailed in TF's presentation slides. **Steven** explained that, at recent meetings, the USCDI TF 2021 has focused on Tasks 1a, 1b, and 1c of Charge 1, which are due in time for the April 15, 2021, HITAC meeting and included:

- 1) Evaluate Draft USCDI v2 and provide HITAC with recommendations for:
    - o 1a - Data classes and elements from USCDI v1 including applicable standards version updates
    - o 1b - New data classes and elements from Draft USCDI v2 including applicable standards
    - o 1c - Level 2 data classes and elements not included in Draft USCDI v2

After completing this work, the USCDI TF 2021 will begin to focus on charges 2 and 3, which include evaluating suggested priorities related to the USCDI Version 3 submission cycle and providing recommendations to the HITAC on September 9, 2021.

Steven reviewed the initial draft of the USCDI TF 2021's recommendations for each charge, which were included in the presentation slides, and included:

- Recommendations to support Charge 1, Task 1a:
    - o Support for updating all applicable vocabulary standards to latest versions, as of Final USCDI v2 publication (e.g., LOINC 2.70 June 2021)
    - o Support for reclassifying 3 Clinical Notes data elements
    - o Clarify scope and definitions of Diagnostic Imaging Class with examples
    - o Clarify scope and definitions of Assessment and Plan of Treatment Class with examples
- Reclassified Clinical Notes Data Elements:
    - o Diagnostic Imaging (new data class), including Diagnostic Imaging Narrative data element

- o Laboratory (existing data class), including the Laboratory Report Narrative and Pathology Report Narrative data elements
- Recommendations to support Charge 1, Task 1b:
  - o Incorporate Diagnostic Imaging Narrative element into Diagnostic Imaging Report
  - o Clarify scope of Diagnostic Imaging Report (to include discrete narrative elements)
  - o Incorporate Laboratory and Pathology Report Narratives into Laboratory Values/Results
  - o Clarify scope of Laboratory Values/Results (to include narrative)
  - o Change Provider Name and Identifier data element to Care Team Member Name and Identifier data element
  - o Clarify scope of Encounter Time (e.g., scheduled time, arrival time, start/end time, duration, current, future)

Steven discussed the USCDI TF 2021's remaining work, and a summary was included in the presentation slides. **Leslie** summarized the areas where further HITAC guidance is needed, including discussions around the scope and alignment of USCDI regulatory efforts and stakeholder needs. Stakeholders present different/competing needs, including underserved patients, public health, federally qualified health clinics (FQHC), tribal nations, providers, payers (CMS), regulatory tasks and bodies, and quality/safety organizations.

The remaining USCDI TF 2021 meeting dates were listed in the presentation slides. The TF's final meeting in Phase 1 of its work will be held from 10:30 a.m. to noon E.T. on April 13, 2021, before the TF's presentation to the HITAC on April 15, 2021. **Steven** invited HITAC members to submit feedback and comments.

Discussion:

- **Steve Posnack** thanked the presenters and stated that the TF's suggestion to change the name of a data element may have data collection implications.
  - o **Steven** thanked him for the feedback and summarized discussions held by the USCDI TF 2021 on this topic, adding that members considered the change's potential impacts.
- **Clem McDonald** asked if CMS's recent work on quality assurance requirements would allow the USCDI TF 2021 to add the Additional Tests data element under the Laboratory Tests data class.
  - o **Steven** responded that Michelle Schreiber represents CMS on the USCDI TF 2021, and their input has been included in the TF's recommendations. CMS posted their document of public comment to the TF's website, and TF members were encouraged to read that document and be prepared to discuss.
  - o **Michelle** thanked everyone for considering CMS's needs and gave a brief overview of their public comment.
  - o **Steven** and **Al Taylor** (of ONC) discussed the USCDI's role in the industry/ecosystem and stated that it is not meant to represent the floor of what data classes and elements must be supported. It will not replace other standards efforts like Consolidated Clinical Document Architecture (C-CDA), Fast Healthcare Interoperability Resources (FHIR), and U.S. Core. ONC is working to evaluate how the "core" and interoperability impact of the USCDI are defined.
  - o All submitted data classes and elements have been posted to the USCDI's website, and HITAC members were invited to review the suggestions.

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INTEROPERABILITY STANDARDS PRIORITIES (ISP) TASK FORCE UPDATE

Arien Malec and **David McCallie,** the Interoperability Standards Priorities Task Force 2021 (ISP TF 2021) co-chairs, introduced themselves. **Arien** thanked the HITAC for the opportunity to present and provided a brief overview of this iteration of the ISP TF's roster and discussed the mission and charter of the ISP TF 2021, which is grounded in the 21st Century Cures Act (the Cures Act). The TF timeline covers work that will occur between March and June of 2021, and the TF will work in alignment with and report back to the HITAC. Details of these items were included in the presentation slides.

Arien explained that the focus of the ISP TF 2021 was to identify opportunities to update the ONC Interoperability Standards Advisory (ISA). **David** discussed the gaps the ISP TF 2021 co-chairs and ONC identified in the TF's previous report (released in 2019). Many issues emerged in 2020 as a result of the COVID-19 pandemic. The ISP TF 2021 will work to address the new priority use cases of health IT (e.g., making proof of vaccination/"vaccine passports" interoperable, looking at COVID-19 recovery trials done in the United Kingdom, etc.), including related standards and implementation specifications. The TF will focus on identifying priority areas that align with national and regulatory priorities, and the TF will present its suggested priority areas at a future meeting of the HITAC.

Discussion:

- **Steven Lane** thanked the co-chairs and commented that there is a critical need to address the COVID-19 pandemic and future public health needs related to bidirectional interoperability. The ISP TF 2021 should integrate with work underway across ONC, HHS, and the White House.
    - o **Arien** discussed his experiences on the ISP TF's previous iteration and on a CDC task force focused on transport standards for immunization reporting and queries. These experiences demonstrated the critical need for work to address gaps in standards and connect standards already in existence.
    - o **David** highlighted the TF's mandate to identify priority uses of health IT, which is broader than standards. The TF should work to identify underappreciated priority use cases to drive its work.
- **Aaron Miri** thanked the members of the ISP TF 2021 for their commitment to the work and asked the TF to focus on topics and use cases related to health equity. A focus on areas that will help most broadly will help underrepresented communities in the U.S. and to level the playing field in terms of access to information.
    - o **Arien** discussed recent work he participated in at the Duke-Margolis Center for Interoperability, focusing on demographic information from orders/results to better inform public health reporting for COVID-19 lab reports.
- **Cynthia Fisher** asked the ISP TF 2021 to put patients first in their work by enabling them to have timely and efficient access to third-party applications that can provide a synthesis of data. Broader access to telemedicine, which has been a positive result of pandemic relief efforts, and efforts to allow patients to access their data via smartphones will be critical to patients going forward. Patients should be enabled to access care and their information, no matter where they are in the U.S. ONC should be expeditious in putting financial standards in place to allow patients to readily see hospital pricing information, including billing and provenance information. Currently, patients have no recourse when they are erroneously charged because they often do not have digital records of pricing, billing, or their explanation of benefits (EOB).

- **Micky** reinforced **Aaron's** comment that all HITAC members were encouraged to think of health equity as a basis for all policy, technical, business, and functional considerations going forward, and not just as an add-on. He also echoed points made by the ISP TF 2021 co-chairs that the HITAC must consider the dimensions of prioritization, both short-term actions, like those related to COVID-19 pandemic response efforts, and longer-term investments and implementations.
- **Carolyn Petersen** commented that the approach the ISP TF and the HITAC takes must be fully accessible across a variety of devices (not just smartphones) to ensure excellent usability for all users. Requiring smartphones may pose an extra financial burden to users, and this should be avoided.

ONC DATA BRIEF: *USE OF CERTIFIED HEALTH IT AND METHODS TO ENABLE INTEROPERABILITY BY U.S. NON-FEDERAL ACUTE CARE HOSPITALS, 2019*

Talisha Searcy, Deputy Director, Technical Strategy and Analysis Division, Office of Technology, presented a data brief from ONC on the use of certified health IT and methods to enable interoperability by U.S. non-federal acute care hospitals. The information was collected during the first quarter of 2020 and covered the year 2019.

Talisha thanked the HITAC for the opportunity to present and reminded members that she previously presented an overview of preliminary measures and the framework ONC is using to assess interoperability under the Cures Act at the HITAC's October 2020 meeting. She thanked members for the feedback they provided following the earlier presentation.

Talisha stated that ONC measures interoperability based on four domains and provided supporting information for the responses generated by the 2019 survey. The domains of measurement and some of the information generated from survey responses included:

- Interoperability measurement 1: Whether the hospital reports that is has the capability to electronically send, receive, and integrate summary of care records from sources outside their health system
    - About 70% of hospitals reported integrating data into their electronic health record (EHR) system – a nearly 15% increase from 2018
- Interoperability measurement 2: the ability to send or receive summary of care records with sources outside the reporting hospital
    - Percentages were shown in the presentation slides for methods hospitals reported using for sending and receiving and were broken down by a variety of non-electronic and electronic methods
- Interoperability measurement 3: the ability of the hospital to query or search for patient health information outside of their organization
    - The proportion of hospitals that used a national network to find (or query) patient health information increased by nearly 40% in 2019.
    - The average number of electronic methods hospitals use to send, receive, and find (or query) health information increased between 2018 and 2019.
- Interoperability measurement 4: the ability of the hospital to integrate information from summary of care records into their EHR without the need for manual entry

Talisha shared a variety of hospital response data collected in surveys dating from 2014-2019, and she highlighted the fact that interoperability rates are increasing. However, the integration of data into the reporting hospitals' EHRs has lagged. By analyzing the survey responses to determine barriers to interoperability, ONC found that nearly half of hospitals participated in more than one national network in

2019. ONC further analyzed the results to determine why these disparities existed and found that the proportion of small, rural, and critical access hospitals (CAHs) that participated in both national and state, regional or local health information networks was lower compared to their counterparts. ONC found that more than 70% of hospitals reported challenges exchanging data across different vendor platforms, and a variety of barriers hospitals experienced were detailed by percentage on slide #11 in the presentation.

Talisha explained that ONC is still conducting other analyses related to hospitals, especially in relation to the exchange of public health information and patient access capabilities. ONC will present additional survey information in the future at the request of the HITAC.

Discussion:

- **John Kansky** thanked the presenters and highlighted the observation from the report that organizations are using more than one method to achieve interoperability. He does not think that this is an issue, but it is normal and likely a necessity for medium to more-complicated organizations.

PUBLIC COMMENT

Michael opened the meeting for public comment. There were no public comments submitted by phone.

Questions and Comments Received via Adobe Connect

Mike Berry: Good morning to all. We will be starting about 10:30. Thanks for joining.

Harold Bullock: are we delayed. I can only hear music

Andy Truscott: Hi All: I'm still in the lobby joining.

Kim Lundberg: Same, still music. I think we will be starting shortly.

Sheryl Turney: I am hold waiting to join

Mike Berry: Hello everyone. We are slightly delayed waiting for audio issue to be resolved. Stay tuned!

Andy Truscott: Maybe Aaron could use interpretive dance to express his thoughts?

Adi Gundlapalli (CDC): Good morning Adi Gundlapalli from CDC here..not able to join audio yet..thanks

Kim Lundberg: At least the music is soothing

John Scott: I am present, attending for Jonathan Nebeker (VHA)

Leslie Kelly Hall: Steven, I am here. I will take on slides 12?

John Kansky: I need to step away for about 30 minutes but will dial back in at 11:30

Andy Truscott: Great presentation guys.

Clement McDonald: Terry there may be a pathway to get your dream variables (e.g ekg, spirometery *[sic]* and all other test results that are not laboratory variables in via some CMS needs for quality assureance *[sic]*) not cooked yet but it could happen

Aaron Miri: @clem / Terry -   great suggestions. Would make a tremendous difference as we are sequencing the B117 covid gene in our labs and others and passing that data along "easily"

Abigail Sears: I need to step away for 30 mins and will dial back in.

Leslie Kelly Hall: Never a Gorilla Michelle!

michelle schreiber: i like how it was spelled in the captions ... guerilla. I certainly hope cms is not that. We would very much like to be collaborative.

Anita Samarth: Will send this as part of public comments - but the NPI/ID is helpful when it's a provider with that ID (vs. nursing , care coordinators) and in the end to use the data   tp drive workflow, the NPI of interest might be the organizational NPI so that it can be used to look up where the provider is working (org) as some providers may work at multiple orgs

Steven Lane: A lot of the same names as on the prior task force. Thank you to those of you who choose to serve on these important committees!

Leslie Kelly Hall: Wonderful to see the continuity and the innovation these people represent.

Leslie Kelly Hall: Areas and stakeholders to focus on, will be important

micky tripathi: Very much looking forward to working with the USCDI and ISP Task Forces!

Clement McDonald: Aaron, the transmission of raw viral sequence is a laboratory test and already covered. Indeed labs have been sedning sequencs *[sic]* for viruses such as HIV , influenza and others (Pig viruse0 for some time. The property *[sic]* in LOINC that identifiers LOINC codes for sqeuenxs *[sic]* is "SEQ' and 43 LOINC terms have that property *[sic]* as of last December (maybe more now> the term you might want is LOINC # 94764-8 -COVID-19 whole genome. You can get to the details about it by typing "LOINC 94764-8" into GOOGLE

Aaron Miri: @clem - correct. you would be amazed to learn how many CLIA cert. labs can't easily exchange with a variety of public health systems. So to your point yes its standard but no it's not widely adopted or easily adopted unfortunately . Fax machine and sneaker net still dominates

Arien Malec: +1

Clement McDonald: Not surprising, but thes *[sic]* sequences are often done at the publich *[sic]* health lab, and lab tets *[sic]* have been automad *[sic]* for 40 years. They eitehr *[sic]* need mroe *[sic]* $ or more motivation to get on the train.

Aaron Miri: @clem - A lot of the academic health systems are doing sequencing themselves. For instance, we are doing it here at UT Austin and then sharing it with our local public health authority in true hand in hand partnership. But, that's easy to say and not to do all the time

Clement McDonald: hear ,hear Cynthia

Mark Savage: Amen! Health equity by design!

Amit Trivedi: +1 Micky - "Health Equity by Design"

Arien Malec: "Health Equity by Design"!!!

Clement McDonald: I may have to leave for another meeting. In the context of measuring equity, want to highlithte *[sic]* a problem. In COVID data from CDC in which they invest a lot of manual efforr *[sic]*, 40% have NO raciadl *[sic]* information. Hospitals tend also tb short of raciaal *[sic]* information. wWhat *[sic]* we

hearr *[sic]* it that the reegistration *[sic]* clearks *[sic]* are hesitant toask *[sic]* the question because the don't want to be racist. Some problems

Aaron Miri: @clem - noted.   You are correct, for instance here in Texas; equity demographics wasn't a required data element for our state IIS system until early Feb. So you can imagine records from prior to that.   I imagine the similar plays out state by state

John Kansky: Not a complete solution but through our work with multiple HIEs, we've found that HIEs have better race and ethnicity data than other sources and can augment what CDC or state public health have.

Aaron Miri: @john - it's too bad we can't tie various elements into the DMV or other data sources to "true up" incomplete records.

Brett Oliver: Any data on the individual private practices?

Arien Malec: In the Duke-Margolis work, we found that where demographic & contact information was available it wasn't following to the labs and PH b/c not strictly required for billing.

Mike Berry: The Public Comment period is coming up soon. To make a comment please call:1-877-407-7192 (once connected, press "*1" to speak).

Arien Malec: Even in a non-ph context, there are multiple labs that require race/ethnicity for calculating normals but often not available at the lab side.

Molly Murray: Would love to see this data but specifically on exchanging data with public health agencies
Sasha TerMaat: I dug in with some public health folks last year on the concern that demographics were not making it to public health, and we found that demographics often left EHRs to go to the lab but then did not travel on from the lab to public health agencies.

Arien Malec: yep -- often dropped at the integration engine.

Arien Malec: Fantastic presentation!

Adi Gundlapalli (CDC): My audio suddenly dropped!

Aaron Miri: +1 outstanding insights.   Kudos to AHA on that great partnership with ONC

Andy Truscott: Mine did too Adi. Issue today I think!

Carolyn Petersen: I think it was Clem who had an ISP question.

Aaron Miri: AH, yes that was the fun talk we had in the chat box . Thanks Carolyn!

micky tripathi: Thank you everyone!

FINAL REMARKS

Michael reminded members that the next meeting of the HITAC will take place on April 15, 2021.

Denise and **Aaron** thanked the presenters and attendees for their active engagement. **Aaron** thanked Micky for his opening comments and encouraged everyone to get their COVID-19 vaccinations as soon as they are eligible.

ADJOURN

The meeting was adjourned at 12:20 p.m. ET.