Health Information Technology Advisory Committee (HITAC)

VIRTUAL

Meeting Notes | August 17, 2022, 10:00 a.m. – 12:00 p.m. ET

EXECUTIVE SUMMARY

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone to the August 17, 2022, virtual meeting of the HITAC and provided an overview of ONC's recent program updates. The co-chairs of the HITAC, **Denise Webb** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, and presented the minutes from the June 16, 2022, HITAC meeting, which were approved by voice vote. **Micky** announced the kick-off of the Public Health Data Systems Task Force 2022. **Hans Buitendijk** and **Steven Eichner** presented an update on the work of the Adopted Standards Task Force 2022. **Aaron Miri** and **Medell Briggs-Malonson** presented an update on behalf of the HITAC Annual Report Workgroup. **Carmela Couderc** presented an overview of the United States Core Data for Interoperability (USCDI) Version 3. HITAC members held discussion sessions following the presentations. No public comments were submitted by phone during the meeting. There was a robust discussion in the public meeting chat via Zoom.

AGENDA

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Welcome Remarks
10:15 a.m.	Opening Remarks, Review of Agenda, and Approval of June 16, 2022, Meeting Minutes
10:20 a.m.	Public Health Data Systems Task Force 2022
10:35 a.m.	Adopted Standards Task Force 2022 Update
10:50 a.m.	HITAC Annual Report Workgroup Update
11:20 a.m.	Overview of United States Core Data for Interoperability (USCDI) Version 3
11:50 a.m.	Public Comment
12:00 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 August 17, 2022, meeting to order at 10:01 a.m.

ROLL CALL

Aaron Miri, Baptist Health, Co-Chair
Denise Webb, Individual, Co-Chair
Medell Briggs-Malonson, UCLA Health
Hans Buitendijk, Oracle Cerner
Steven (Ike) Eichner, Texas Department of State Health Services

Lisa Frey, St. Elizabeth Healthcare
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Valerie Grey, State University of New York
Jim Jirjis, HCA Healthcare
John Kansky, Indiana Health Information Exchange
Kensaku Kawamoto, University of Utah Health
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina
Hung S. Luu, Children's Health
Arien Malec, Change Healthcare
Clem McDonald, National Library of Medicine
Aaron Neinstein, UCSF Health
Brett Oliver, Baptist Health
James Pantelas, Individual
Raj Ratwani, MedStar Health
Alexis Snyder, Individual
Fillipe Southerland, Yardi Systems, Inc.
Sheryl Turney, Carelon Digital Platforms (an Elevance Health company)

HITAC MEMBERS NOT IN ATTENDANCE

Cynthia A. Fisher, PatientRightsAdvocate.org
Steven Hester, Norton Healthcare
Eliel Oliveira, Dell Medical School, University of Texas at Austin
Abby Sears, OCHIN

FEDERAL REPRESENTATIVES

Thomas Cantilina, Military Health System, Department of Defense (DoD) (Absent)
Adi V. Gundlapalli, Centers for Disease Control and Prevention (CDC)
Ram Iyer, Food and Drug Administration (FDA) (Absent)
Meredith Josephs, Federal Electronic Health Record Modernization (FEHRM) Office (Absent)
Jonathan Nebeker, Department of Veterans Affairs (Absent)
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
Steven Posnack, Deputy National Coordinator for Health Information Technology
Elise Sweeney Anthony, Executive Director, Office of Policy
Avinash Shanbhag, Executive Director, Office of Technology
Mike Berry, Designated Federal Officer
Carmela Couderc, Branch Chief of Terminology and Content Delivery

WELCOME REMARKS

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone and provided an overview of
ONC's recent program updates, including:

- New HHS Policy on Alignment of Health IT Activities: the Secretary of Health and Human Services (HHS) has directed ONC to establish and oversee a consistent HHS-wide approach for: 1) incorporating standard health IT requirements language in all applicable HHS funding programs, contracts, and policies; and 2) providing direct ONC assistance to HHS agencies to maximize the use of HHS-approved standards and authorities (such as Section 3004 of the Public Health Service Act) in their agency programs. Micky explained that this furthers the current administration's goals and executive orders of health equity, federal customer experience, service delivery, and promoting competition.
    - o Buzz Blog Post: E Pluribus Unum (Micky Tripathi and Steven Posnack | August 5, 2022)
- ONC finalized and released the latest version of the USCDI on July 19, 2022: USCDI v3. Later in the meeting, Carmela Couderc will present an overview of changes from USCDI v2 to USCDI v3, including new data class and data elements. HITAC members are encouraged to share feedback.
    - o In the call for new data classes and data elements for USCDI Version 4 (USCDI v4), there will be a specific focus on behavioral health (added as one of the new priority criteria).
    - o HITAC members were invited to search "USCDI" on HealthIT.gov to share comments on the draft USCDI v4. The submission period for comments ends on September 30, 2022.
    - o ONC plans to publish the draft USCDI v4 in January 2023, at which point they will reconvene the Interoperability Standards Workgroup (IS WG) to develop draft recommendations.
    - o The Interoperability Standards Advisory (ISA) annual comment period opened at the end of July and closes on September 30, 2022. HITAC members were invited to submit comments.
- The ONC Tech Forum will be held virtually over three consecutive "Forum Fridays" on September 9, 16, and 23, 2022. Industry stakeholders, government leaders, and ONC staff will share the progress made in health IT over the past year. Registration is open on the webpage: https://www.healthit.gov/news/events/2022-onc-virtual-tech-forum
    - o Buzz Blog Post: Coming Soon: The 2022 Tech Forum is Around the Corner! (Brett Andriesen; Mera Choi and Kyle Cobb | August 22, 2022)
- Electronic Health Information (EHI) Sharing Workshop: On August 4, 2022, ONC held a healthcare provider-focused listening session and guided discussion on opportunities and challenges related to sharing EHI. During this workshop, participants explored approaches and lessons learned related to sharing whatever EHI is needed, when and where it is needed, within the context of applicable laws. A diverse cross-section of over 200 stakeholders attended, and **Micky** shared a summary of the workshop.
    - o There were three overarching topics/domains: the data exchange technology implementation utilization perspective, a focus on patient-facing technologies and patient engagement, and the upcoming transition to the full scope of EHI and how the industry is preparing for this change.
    - o The deadline in the 21st Century Cures Act (Cures Act) is approaching for expanding the definition of EHI beyond the USCDI to the full definition of EHI. On and after October 6, 2022, EHI for information blocking purposes will no longer be limited to data elements represented in USCDI v1.
    - o ONC will announce new office hours to better support implementers in the field as the October 6 date approaches, and ONC will share additional information in a more detailed presentation at a future meeting of the HITAC.

OPENING REMARKS, REVIEW OF AGENDA, AND APPROVAL OF JUNE 16, 2022, MEETING MINUTES

Aaron Miri and **Denise Webb**, HITAC co-chairs, welcomed all members and presenters. **Aaron** thanked **Micky** and the team from ONC for the excellent updates and briefly shared his perspective on the expansion to the full definition of EHI. **Denise** shared her excitement about the new policy, noting that it will improve the

industry for healthcare providers and patients.

Denise reviewed the agenda for the meeting and invited members to examine the minutes from the June 16, 2022, meeting of the HITAC. She called for a motion to approve the minutes. The motion was made by **Hans Buitendijk** and was seconded by **Michelle Schreiber**.

The HITAC approved the June 16, 2022, meeting minutes by voice vote. No members opposed or abstained.

PUBLIC HEALTH DATA SYSTEMS TASK FORCE 2022

Micky announced that a new HITAC task force will be launched in August 2022. The Public Health Data Systems Task Force 2022 (PHDS TF 2022) will be a collaborative effort with the Centers for Disease Control and Prevention (CDC). He explained that the pandemic experience has affirmed what was an already growing consensus that a new approach to nationwide public health surveillance and data systems is necessary. **Micky** shared the vision and strategic objective for a unified public health data system and key elements, including:

- Enterprise approach to public health architecture
- Modern interoperability approaches
- Data sharing in multiple directions
- Common data pillars
- End-to-end privacy and security protection
- Aligned policy and governance

Micky described how ONC Certification addresses key health IT market gaps and explained that certification of EHRs has had positive effects that benefit providers, patients, developers, and public health agency (PHA) systems. He shared some key questions, challenges, and opportunities for certification to allow for better interoperability and greater functionality over time, detailed in his presentation slide deck. He explained that the current public health criteria focus on provider systems' ability to generate a report according to specific HL7 standards and transmit a report. Building off the prior iteration of the HITAC PHDS TF 2021 and its recommendations, ONC and CDC are exploring potential complementary public health criteria for PHA systems that could complete the transaction loop through standards-based functionalities. **Micky** discussed key considerations and shared the overarching specific charges of the TF, which included:

Overarching Charge:
The Public Health Data Systems Task Force 2022 will build upon recommendations from previous HITAC public health-focused task forces to inform ONC's continued collaborative work with CDC on improving public health data systems, and in support of CDC's greater Data Modernization Initiative (DMI) efforts.

Specific Charge:
The Public Health Data Systems Task Force 2022 shall examine existing public health certification criterion, known as the "(f) criteria" in the ONC Health IT Certification Program, certifying the transmission of data to public health agencies to:

1) Identify gaps in the functionalities and standards included in existing (f) criteria, including gaps in 1) functionality, and 2) implementation by developers. Provide recommendations advancing criteria, testing guidance, and/or standards to address gaps.

2) Assess the specific functions (e.g., receipt of data, ingestion of data, analysis of data) supported by public health data systems that would benefit from further standardization and potential certification.

3) Recommend which data flows, aligned with existing (f) criteria, should be prioritized for standardized receipt of data.

Micky reviewed the roster and timeline of the PHDS TF 2022. Its kick-off meeting will be held virtually on August 17, 2022, at 10:30 a.m. ET. The co-chairs of the TF will be Arien Malec and Gillian Haney. The TF will present its recommendations to the HITAC for a vote at the November 10, 2022, HITAC meeting. Meeting information, including materials and summaries, will be posted at https://www.healthit.gov/hitac/committees/public-health-data-systems-task-force-2022.

Micky invited TF members to share questions and comments.

Discussion:

- **Jim Jirjis** highlighted the variety of needs faced by providers, public health departments, state and federal government and asked if there will be discussions around how to move from the many-to-many points of communication toward an intermediary like a public health Qualified Health Information Network (QHIN).
    - o **Micky** responded that these factors could be discussed by the PHDS TF 2022. He discussed how the Data Modernization Initiative (DMI) and the North Star Architecture are aligned with **Jim's** suggestions to create a centralized, enterprise-style data infrastructure to host public health functions and capabilities for state, tribal, local, and territorial public health agencies (STLTs). This could allow for the consolidation of data feeds, and he described how the distribution would be brought together and managed. The DMI will also seek to make certified tools and applications available to STLTs. He explained that ONC is working with the CDC and other partners to determine how to best leverage the Trusted Exchange Framework and Common Agreement (TEFCA) for increased horizontal interoperability.
    - o **Jim** asked **Micky** to provide context around the move to the CDC's National Healthcare Safety Network (NHSN) while work is underway on other programs.
    - o **Micky** commented that the CDC is in the middle of that implementation, so he deferred to representatives of the CDC to comment. He explained that migrating from CDC-specific data flows to a more centrally managed infrastructure approach (via the DMI) creates a glide path to move away from siloed work to an enterprise-style environment.
    - o **Denise Webb** described her experiences when she served as the Wisconsin State Health IT Coordinator with challenges around how moving from the many-to-many approach to a centralized system affected funding for public health programs. She explained that most of these public health programs' funding was federal, not from the state, and this categorial funding and related restrictions created a siloed effect, which impeded the state from creating an intermediary (like a QHIN). She stated that the TF must address this topic.
    - o **Micky** voiced his agreement with **Denise's** comments and stated that current siloing/stovepiping has historical origins related to how Congress gives funding to the CDC. The CDC is working toward greater flexibility.
- **Leslie Lenert** asked about the relationship with the Assistant Secretary for Preparedness and Response (ASPR) and their increasing role in data capture for national health decision-making and other uses, especially for surge and overall hospital capacity in specific regions/areas. He suggested that some data functions could move to ASPR.
    - o **Micky** responded he cannot comment on ASPR's work, as ONC is not directly involved. However, there is a cross-agency governance approach to assets that are

important to pandemic or other emergency preparedness and response. The TF will focus on other ways to make data more available using the certification process and the DMI approach/process, according to appropriate data governance rules.

- **Steven Eichner** commented that there should be appropriate resources for the inclusion of laboratory data in public health reporting/exchange, as well as examining other sectors that have not been eligible to receive incentive funding that has been available through Medicare or Medicaid programs. He suggested that the TF could also investigate states and their roles in reporting lab data in processes that do not involve the CDC. The TF could look into approaches or opportunities for additional interfaces. Finally, the TF should consider not only ONC's requirements but also the operating environments for public health and their partners and how this affects compliance.
- **Clem McDonald** commented that there is a working standard from the Association of Public Health Laboratories (APHL) that could be utilized for public health.
  - o **Micky** responded that the work of the PHDS TF 2022 will build on the important work being done by the APHL Informatics Messaging Services (AIMS) Platform. Improvements to standards will continue to improve the function of the AIMS Platform in terms of the way it acts as an intermediary.
- **Fil Southerland** asked if ONC has considered how the Long Term Post-Acute Care (LTPAC) industry fits in as part of this public health equation. This industry has certification standards that are tailored toward ambulatory or acute healthcare. How will this population be addressed?
  - o **Micky** responded that there is no certification specific to LTPAC but commented that the TF could look into this topic.
- **Aaron Miri** suggested that any further comments be sent to **Micky** or entered into the public chat feature in Zoom.

ADOPTED STANDARDS TASK FORCE 2022 UPDATE

Adopted Standards Task Force 2022 (AS TF 2022) co-chairs **Hans Buitendijk** and **Steve Eichner** [presented an update on recent AS TF 2022 work](#). Hans explained that the TF planned to present its final recommendations to the HITAC at its next meeting on September 14, 2022. The co-chairs thanked TF members for their dedication and hard work.

Hans reviewed the agenda for the presentation and described how a requirement of the Cures Act called for the National Coordinator to convene a task force to review the adopted standards. As detailed in the TF's presentation slides, he shared the charge, membership, and approach to work for the AS TF 2022. He described TF members' choices to indicate the disposition status for each of the 55 standards reviewed by the AS TF 2022. The choices were to maintain, phase-out with replacement, or phase-out entirely, and the TF has completed its review of all standards under its charge. He explained that the TF utilized presentations from industry experts to make its recommendations and drafted a recommendations document with a disposition status and rationale for each standard.

Steve explained that the TF's final report will lay out the standards in like groupings and will also include a table and summary with "at-a-glance" information for each standard. He shared a list of upcoming TF meetings and explained that the TF will present its final work to the HITAC for a vote at its September 14, 2022, meeting. The co-chairs thanked ONC staff for their support. There were no comments or questions submitted following the presentation.

HITAC ANNUAL REPORT WORKGROUP UPDATE

The HITAC Annual Report Workgroup (AR WG) co-chairs, **Medell Briggs-Malonson** and **Aaron Miri**, provided an update on the recent work of the AR WG. Aaron thanked Medell for her work as a new co-chair and welcomed other new members to the WG. He reviewed the WG membership (including supporting ONC staff), meeting schedule, and next steps, which were detailed in the AR WG presentation slide deck. Aaron thanked **Michelle Murray** and ONC staff for their support. He explained that the AR WG planned to share a final draft of its report with the HITAC in February 2023.

Medell thanked all AR WG members and the ONC team for their hard work. She reviewed a list of potential topics for inclusion in the HITAC Annual Report for Fiscal Year 2022 (FY22) and explained that several topics were carried over from the previous HITAC Annual Report for Fiscal Year 2021 (FY21) that the WG will propose to be included in the FY22 report. She also highlighted new topics shared by HITAC members and summarized topics by target areas, which included Use of Technologies that Support Public Health, Interoperability, Privacy and Security, and Patient Access to Information. Also, she noted that a new potential target area of Health Equity was added to ensure that it is integrated across all other areas. The WG discussed the new target area and suggested adding subtopics under health equity, including health equity by design, inequities in data collection, electronic exchange of health equity and social determinants of health (SDOH) data, and algorithm bias. All potential topics were detailed in the presentation slides. She provided guiding questions and encouraged HITAC members to share feedback on any of the potential items for inclusion.

Discussion:

- **Denise Webb** invited **Aaron and Medell** to share more information about the goal of the HITAC Annual Report for each year, and **Aaron** explained that the Cures Act requires that the HITAC highlight the work that has been done over the previous year and to share areas of focus for the upcoming fiscal year. The WG has also provided stories to share successful examples of the HITAC's work.
- **Aaron Neinstein** thanked the co-chairs for their presentation and suggested adding the topic of telehealth as a place where health IT can drive progress. Related topics are interoperability, patient-generated health data, and third-party application usage.
  - o The co-chairs thanked **Aaron** for his suggestions. **Aaron** commented that this topic has been woven into others in the past but emphasized its importance, from a health equity perspective.
- **Leslie Lenert** suggested the topic of segmentation of data and highlighted how women's health data should be an area of focus, especially considering how recent events have made effective healthcare for women into a crime in areas across the United States. This information should be protected while still being kept accessible.
  - o **Aaron and Medell** emphatically agreed with **Les'** comments, and **Medell** echoed the need to consider women's health and how similar themes extend to more gender-diverse populations.
- **Steven Eichner** suggested adding the topic of individual predictability for complex medical issues, both from equity and data management perspectives. He stated that they should address how a patient consolidates their information across multiple services for a 360-degree view of their data, especially considering greater usage of patient portals.

OVERVIEW OF USCDI VERSION 3

Carmela Couderc presented an overview of Version 3 of the USCDI (USCDI v3), and she explained that it was recently released (July 2022).

Carmela reviewed a snapshot of USCDI v3, detailed in the presentation slides, and described how the task force and individual input shaped the recommendations. She highlighted major changes within USCDI v3, including new data classes and elements, and noted that items were renamed and reclassified between USCDI v2 and USCDI v3. She directed HITAC members to several helpful comments and weblinks entered by **Matt Rahn** into the public chat feature via Zoom.

Carmela described how industry expert presentations shaped USCDI v3, including a presentation from the Gender Harmony Project. A variety of views of changes to the USCDI were shared in the presentation slides, including one that highlighted changes related to health equity, underserved communities, and public health. Another slide elaborated on new data elements in the Medication data class, and **Carmela** explained that definitions were added to the USCDI for many data elements (which did not previously exist). Also, information about applicable vocabulary standards was included for many of the data classes and elements in USCDI v3. She noted that there is a deeper relationship between the ISA and the USCDI and shared examples of changes to value set support. She provided a brief overview of the evolution of the USCDI and major highlights and areas of focus in each of its versions, which were illustrated in the presentation slides.

Carmela stated that the publication of USCDI v3 kicked off the submission and comment process for USCDI Version 4 (USCDI v4). She announced that ONC is accepting input for potential USCDI v4 data elements, which may be submitted through the [ONC New Data Element and Class (ONDEC) Submission System](#). Comments may be made on existing data element pages that have not previously been accepted into the USCDI. She shared new prioritization criteria for this submission/comment period (included in the presentation materials) and noted that the deadline for this cycle is September 30, 2022. She stated that ONC plans to release Draft USCDI v4 in January 2023.

Discussion:

- **Clem McDonald** asked if each data element's coding system should be specified.
    - o **Carmela** explained that the applicable vocabulary standards are included on the USCDI website and in the PDF version, though she omitted these from her presentation.
- **Steven Lane** asked Carmela to comment on the progress of USCDI+ and to discuss whether there is an overlap and if the HITAC will have a chance to contribute to that process.
    - o **Elisabeth Myers,** ONC, explained that ONC will present an update on USCDI+ to the HITAC in September or October. ONC has been holding listening sessions with various federal partners in the public health domain and will schedule additional sessions across other domains (quality, etc.) and federal needs. The USCDI+ is also keeping abreast of work being done by other task forces and workgroups.
- **Clem** commented that he worries that the USCDI+ is becoming duplicative and asked if there were mechanisms to ensure that it would properly serve its purpose.
    - o **Elisabeth** responded that the same people at ONC are working on both the USCDI and USCDI+ projects to ensure alignment. She described how data gathered during work sessions with public health entities, for example, already maps to the USCDI and then explained that any additional data gathered is the "plus set" (for USCDI+). They are also looking at various data sets to ensure that similar or aligned clinical concepts reference the same vocabulary standards. She discussed how ONC works with CMS and the CDC to discover when data sets use similar concepts; then, they will move together and align across data sets. They are looking for layers of health equity across data sets to better further that initiative.
    - o **Clem** asked if ONC planned to reveal any of the USCDI+ so that the HITAC could evaluate the outcome.

- o **Elisabeth** explained that ONC is working on data scrubbing, mapping, and alignment but plans to present to the HITAC shortly. ONC has a goal of having data sets available for everyone to use.
- **Denise Webb** asked about the status of work on "the Cures Act 2.0" proposed rule and summarized questions she has received from healthcare CIOs about other versions of the USCDI (e.g., How do different versions work for certification? Are they required?). She stated that there is confusion around the ONC Standards Version Advancement Process (SVAP) and what is required for the ONC Health IT Certification Program.
  - o **Elisabeth** responded that the idea of the SVAP is that there would be voluntary advancement to future versions of the USCDI, and if developers choose to do so, they will be held accountable to ensure that any standards updates conform to program requirements. The intent of the USCDI in the Cures Act Final Rule (released in May 2020) clearly stated that ONC intends to update the base version through periodic rulemaking. ONC will continue to engage the HITAC as that process continues. She described the ONC Health IT Certification Program.
  - o **Denise** asked if the proposed rule will be released in 2022, which was previously indicated as a timeline. Also, she asked if a vendor chooses to voluntarily incorporate the latest version of the USCDI in their product, do they run a risk that what they included could charge when a rule comes out? When the USCDI is finalized, are the data elements and classes included locked in?
  - o **Elise Sweeney Anthony** responded that the proposed rule is listed with the release date of October 2022 in the Unified Agenda, and work is currently underway. Specifics of what will be included in the rule will be shared following its release.
  - o **Denise** thanked **Elise** for the update and asked if someone from the ONC team could speak to her other question about what happens when standards change due to a proposed rule and vendors have already adopted standards.
  - o **Steve Posnack** explained that the purpose of the SVAP is to give the industry more predictability and more visibility into future regulatory cycles. This allows ONC and the healthcare industry to point toward what could be included in future rules and may shorten the distance between the steep hills of a regulatory cycle for certifications.

PUBLIC COMMENT

Mike Berry opened the meeting for public comments:

QUESTIONS AND COMMENTS RECEIVED VERBALLY

There were no public comments received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the HITAC meeting. We will be starting soon. Please remember to update your chat to "Everyone" so that all can see your chat. Thanks!

Bryant thomas Karras: Good morning

Elisabeth Myers: https://www.healthit.gov/buzz-blog/interoperability/e-pluribus-unum

Jim Jirjis: Jim Jirjis Joined

Steven Lane: There are a lot of "leftover" suggestions from the prior USCDI submission cycles. Will these automatically be reconsidered in the V4 cycle or should they be resubmitted?

Cannon Leavelle: https://www.healthit.gov/news/events/2022-onc-virtual-tech-forum

Carmela Couderc: No need to resubmit a data element that has already been submitted, but please do enter comments for the data element.

Elisabeth Myers: On the HHS standards alignment: https://www.healthit.gov/buzz-blog/interoperability/e-pluribus-unum

Hans Buitendijk: When will HITAC IS WG begin to review USCDI v4? Pre or post comment period?

Steven Lane: Historically we have done our review in parallel with the public comment period, starting in January.

Steven Lane: Very exciting to learn that serious consideration is being given to PHDS certification. This could be a real game changer, as could the consistent use of TEFCA to support PH exchange.

Jim Jirjis: would love to see us on the committee vet a list of characteristics that would be important in the design of such standards as well as the national architecture

Jim Jirjis: for example--reducing the burden on providers by moving away form *[sic]* the many to many interfaces between providers and publichealth *[sic]* departments.

Jim Jirjis: each interface needing testing and trouble shooting an *[sic]* maintenance

Steven Lane: We have so many lessons learned from the provider community experience with the implementation and use of certified HIT.

Jim Jirjis: and we have a lot of accumulated experience with the challenges of public health reporting as it is

Hans Buitendijk: e Case Reporting will provide an interesting use case to learn from.

Denise Webb: This is great because certification of EHR systems alone was one-sided when it comes to interoperating with public health agency systems. The public health systems should be required to meet certification requirements to receive the federal funding the public health state agencies have received to build and operate these systems, such as the immunization registries.

Steven Lane: Implementing certification in a modular fashion could help jurisdictions to adopt certified pieces of their infrastructure over time, softening the financial challenges.

Jim Jirjis: Also may need to include lab systems…providers have to report to federal agencies and the lab systems are not required to report in a manner tht *[sic]* maps the tests, results etc to nationally agreed upon semantic standards (loinc, etc)

Denise Webb: Great point Jim J

Hans Buitendijk: +1 Steve. Modular certification is critical to address the large variety of HIT scope and focus that all need to work together in their space.

Steven Lane: Appreciate the holistic approach. This is the power of Coordination across federal agencies. Bravo!

Jim Jirjis: seems like three key stakeholder to inform our recommmendations: providers needs, public health department needs and federal and state government needs *[sic]*

Arien Malec: A whole three months? Luxury.

Steven Lane: And individuals, who have a key perspective re data privacy and security, as well as transparency re how their data is being exchanged and used.

Hung S. Luu: Ideally the standards and requirements governing movement of data throughout the healthcare ecosystem should be standardized so that we do not have information being shaved off with each transaction and transformation of data.

Donna Doneski: As you consider public health and what kind of standardization/ certification may apply, is ONC also looking at how to improve the existing certification process? For non-incentivized sectors (LTPAC, behavioral health, etc.) where resources are limited, but needs are great, could there be some way to test functionality that isn't as costly, laborious or all-encompassing as it has been?

Thompson Boyd: Also: we need to make sure that the data being sent from Public Health Systems is using recommended standards, and that the data from Public Health Systems can be not only received but consumed by the Clinical Systems used in direct patient care. In other words, how Public Health send data also needs to be certified.

Jim Jirjis: here, here, but what will compel CDC to accept recommendations from HITAC/ONC

Jim Jirjis: how does Mitt Romney's proposal to create a new sub-agency within HHS to pull, synthesize, and share data from lab/clinics/healthcare facilities for early warning and decision support purposes. https://www.romney.senate.gov/romney-proposes-new-data-agency-for-the-protection-of-public-health/

Steven Lane: Reemphasizing the need for a focus on the privacy and security of individually identifiable public health data in a post-Dobbs environment. It is critical that both individuals and providers feel that sensitive information is safe and secure and will not be repurposed or redirected in order to assure the openness that public health requires.

Jim Jirjis: We liked AIM, but they charge a lot of money for providers and others

Hans Buitendijk: +1 Steven.

Steven Lane: HITAC will appreciate an update re the USCDI Plus initiative when this is available. Should be considered by the taskforce as well.

Susan Clark: Great question - thanks for bringing up LTPAC - critical part of the continuum.

Donna Doneski: Excellent point, Fil.

Steven Lane: I've already rescheduled a flight in order to make the first TF meeting :-)

Arien Malec: excited to begin work and love all the comments

Steven (Ike) Eichner: Pharmacies and LTPACs are other provider groups that has not been eligible for federal support through Promoting Interoperability programs. They both are engaged in data exchange with public health.

Brett Oliver: Ike - fantastic reminder about pharmacies and LTPACs

Aaron Miri: +1 on LTPAC and similar need the same support that the rest of the industry has received. To level the playing field, everyone needs the same standards and incentives

Grace Mandel: Regarding comments from Jim on AIMS cost - there is now a difference between AIMS and AIMS +. AIMS + has costs associated, and AIMS does not. https://www.aphl.org/programs/AIMS-Plus/Pages/default.aspx

Aaron Miri: Great work Hans & Ike!!!

Fil Southerland, Yardi Systems: Agreed - appreciate the supportive comments regarding LTPAC. 40% of Medicare population passes through LTPAC and ancillary providers. Would love to see us begin to address this important population.

Mark Savage: Good to cross-walk the Interoperability Standards WG's work and hearings on priorities with the chosen interoperability priorities for the 2022 annual report.

Aaron Miri: I am personally so excited for the potential new target area of Health Equity for the annual report workgroup.

Steven Lane: Thank you, Dr. Briggs-Malonson, for your tremendous leadership of our workgroup.

Mark Savage: Proposed HHS regs to implement ACA section 1557 also address algorithm bias and health equity generally!

Alexis Snyder: +1 to Aaron on telehealth

Steven Lane: Reproductive, gender and sexual health generally.

Grace Mandel: There was a great discussion of laboratory standards and interoperability earlier; I propose that should be a stand alone topic in the report

Matthew Rahn: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v3

Matthew Rahn: https://www.healthit.gov/sites/default/files/page/2022-07/Standards_Bulletin_2022-2.pdf

Matthew Rahn: Links to USCDI v3 and the Standards Bulletin are above. The Standards Bulletin includes more information on what was included in v3 and what our the priorities for version 4.

Han Tran: Does ONC publish its rationale for including vs not including submitted data elements in the USCDI?

Steven Lane: Thanks to the ONC team for all the work involved in reviewing and thoughtfully incorporating public and HITAC input into this annual revision and advancement of the USCDI. Looking forward to seeing this work continue through the V4 cycle.

Avinash Shanbhag: The Submitted elements are stratified into different levels (Comment, Level 1, Level 2, and Draft) based on published guidelines. And, all the elements are Level 2 (most mature). Additional priority is provided in Standards bulletin published along with draft release and our final release.

Elisabeth Myers, ONC: Link for those who want to check it out: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v3

Hans Buitendijk: I have to jump. Thank you for the great updates and looking forward to the busy fall schedule!

Mike Berry (ONC): Presentation materials for today's meeting can be found at
https://www.healthit.gov/hitac/events/health-it-advisory-committee-48

Carmela Couderc: https://www.healthit.gov/buzz-blog/healthit-certification/whats-new-in-the-2022-approved-standards-via-standards-version-advancement-process

Steven Lane: Looking forward to taking a deep dive into the new rule here at HITAC once it is out.

Steven Lane: Developers of certified (and other) HIT are already building toward USCDI V2 based on its inclusion in SVAP.

Steven Lane: Also, new interoperability requirements in California, which some HITAC member may have influenced, already call for the use of USCDI V2.

Aaron Miri: Not surprising to see California taking a step forward with great in-state leadership such as yourself Dr. Lane.

Bryant thomas Karras: Thank you all

Steven Lane: https://www.chhs.ca.gov/data-exchange-framework/

Steve Posnack: there is an updated info blocking website now available.
https://www.healthit.gov/topic/information-blocking

Chelsea Arnone: Thank you all!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

FINAL REMARKS

Mike Berry reminded members that the next meeting of the HITAC will be held on September 14, 2022. All materials and testimony from today's meeting will be made available at
https://www.healthit.gov/hitac/events/health-it-advisory-committee-48.

Denise and **Aaron** thanked everyone for their participation, presentations, and discussions. **Aaron** thanked ONC for their support and responsiveness, especially during the current meeting. He reminded everyone that, per the ONC Information Blocking Rule (45 CFR Part 171), healthcare providers must share all electronic health information (EHI) as defined in 45 CFR 171.102 beginning October 6, 2022. As the October deadline approaches, he urged everyone to do their appropriate due diligence. He reminded everyone that ONC's website has information and materials and that if something is located somewhere else on the internet, it could be outdated or incorrect. **Denise** agreed and confirmed that reference materials that are not from ONC may not be accurate in terms of their interpretation of the Cures Act.

ADJOURN

The meeting was adjourned at 11:37 a.m. E.T.