

Health Information Technology Advisory Committee (HITAC)

VIRTUAL

Meeting Notes | November 10, 2022, 10 AM – 1:45 PM ET

EXECUTIVE SUMMARY

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone to the November 10, 2022, virtual meeting of the HITAC, provided HITAC membership updates, 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 October 13, 2022, HITAC meeting, which were approved by HITAC voice vote. **Mike Berry** and **Tricia Lee Rolle** presented the CY23 HITAC Work Plan for HITAC member review and feedback. **Gillian Haney** and **Arien Malec** presented on the Public Health Data Systems Task Force 2022 Recommendations Report, which were approved by voice vote. **Elise Sweeney Anthony, Seth Pazinski, Vaishali Patel, and Chelsea Richwine** presented ONC Objectives, Benchmarks, and Public Health Data Updates. **Medell Briggs-Malonson** and **Aaron Miri** presented the Annual Report Workgroup Update. HITAC members held discussion sessions following the presentations. Several comments were made during the Public Comment period. There was a robust discussion in the public meeting chat via Zoom.

AGENDA

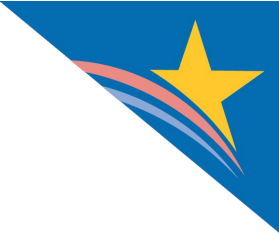
10:00 AM	Call to Order/Roll Call
10:05 AM	Welcome Remarks
10:20 AM	Opening Remarks, Review of Agenda, and Approval of October 13, 2022, Meeting Minutes
10:25 AM	CY23 HITAC Work Plan
10:55 AM	Public Health Data Systems Task Force 2022 Recommendations – HITAC Vote
11:55 AM	Break
12:05 PM	ONC Objectives, Benchmarks, and Public Health Data Updates
1:05 PM	HITAC Annual Report Workgroup Update
1:35 PM	Public Comment
1:45 PM	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 November 10, 2022, meeting to order at 10:04 AM and welcomed ONC's executive leadership team.

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
Cynthia A. Fisher, PatientRightsAdvocate.org
Lisa Frey, St. Elizabeth Healthcare
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
John Kansky, Indiana Health Information Exchange
Kensaku Kawamoto, University of Utah Health
Steven Lane, Health Gorilla
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
Abby Sears, OCHIN
Alexis Snyder, Individual
Fillipe Southerland, Yardi Systems, Inc.
Sheryl Turney, Elevance Health

HITAC MEMBERS NOT IN ATTENDANCE

Valerie Grey, State University of New York
Steven Hester, Norton Healthcare
Jim Jirjis, HCA Healthcare
Eliel Oliveira, Dell Medical School, University of Texas at Austin

FEDERAL REPRESENTATIVES

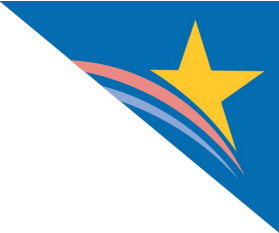
Thomas Cantilina, Military Health System, Department of Defense (DoD) (*Absent*)
Sanjeev Tandon, Centers for Disease Control and Prevention (CDC) (*attending on behalf of Adi V. Gundlapalli*)
Ram Iyer, Food and Drug Administration (FDA) (*Absent*)
Meredith Josephs, Federal Electronic Health Record Modernization (FEHRM) Office (*Absent*)
Jonathan Nebeker, Department of Veterans Affairs
Alex Mugge, Centers for Medicare and Medicaid Services (*attending on behalf of Michelle Schreiber*)
John Garguilo, National Institute of Standards and Technology (*attending on behalf of Ram Sriram*)

ONC STAFF

Elise Sweeney Anthony, Executive Director, Office of Policy
Avinash Shanbhag, Executive Director, Office of Technology
Mike Berry, Designated Federal Officer

WELCOME REMARKS

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone, thanked the presenters, and HITAC subcommittees for their hard work in 2022. **Micky** noted this is the last HITAC meeting for the year



and provided an overview of 2022 HITAC activities, including:

- Completion of 10 full HITAC committee meetings,
- Kickoff of five sub-committees: Annual Report Workgroup, The Electronic Prior Authorization Request for Information Task Force, Interoperability Standards Workgroup, Adopted Standards Task Force, Public Health Data Systems Task Force,
- Completion of the CY21 Annual Report and submission of CY21 Annual Report to Congress,
- Submission of 165 recommendations to ONC in addition to the 23 recommended activities included in the CY21 annual report.

Micky provided an overview of ONC's recent program updates, including:

- [ONC Adopted Standards Review Blogpost](#).
- [ONC Pilots Blogpost](#): ONC is collaborating with HL7 and other partners to launch a national Gravity Project Affinity Group to advance Social Determinants of Health (SDOH) standards from sandbox to production. Members are invited to join monthly Pilots Affinity Group meetings. Visit the [Gravity Pilots Affinity Group site](#) to learn more about this effort.
- [ONC Health IT Certification and Program Developer Table](#): This forum allows for direct ONC engagement with the Health IT community and will be tailored to include discussion of certification program updates, upcoming certification deadlines, and developer requirements. The next meeting is on Nov 15th from 12 – 1:30 PM ET.

Micky noted that seven HITAC members are completing their term at the end of 2022. **Micky** thanked and awarded a certificate of appreciation to these seven members: **John Kansky**, five years of service, **Leslie Lenert**, five years of service, **Brett Oliver**, five years of service, **James Pantelas**, three years of service, **Raj Ratwani**, five years of service, **Abby Sears**, three years of service, **Denise Webb**, five years of service. The GAO is expected to announce at least four new HITAC appointments by the end of 2022. The Secretary of HHS will also appoint one new HITAC member. New HITAC members will begin their three-year term on January 1st, 2023. **Medell Briggs-Malonson** was appointed as the new HITAC Co-Chair effective January 1st, 2023.

OPENING REMARKS, REVIEW OF AGENDA, AND APPROVAL OF October 13, 2022, MEETING MINUTES

Aaron Miri and **Denise Webb**, HITAC co-chairs, welcomed all members and presenters. **Denise** thanked the team for their work and provided her remarks as a sunsetting HITAC member and Co-Chair. **Aaron** thanked the team from ONC for the excellent updates.

Aaron reviewed the agenda for the meeting and invited members to examine the minutes from the October 13, 2022, meeting of the HITAC. **Aaron** called for a motion to approve the minutes. The motion was made by **Medell Briggs-Malonson** and was seconded by **Hans Buitendijk**.

The HITAC approved the October 13, 2022, meeting minutes by voice vote. No members opposed or abstained.

CY23 HITAC Work Plan

Mike Berry and **Tricia Lee Rolle** presented the [CY23 HITAC Work Plan](#) for HITAC member review and feedback. **Mike** gave an overview on the HITAC work planning process, detailed in presentation slides. The



work plan is in alignment with HITAC's target areas outlined in the 21st Century Cures Act. **Mike** reviewed the proposed HITAC committee and subcommittee meeting schedule, detailed in presentation slides.

Tricia Lee introduced the topic of pharmacy interoperability and emerging therapeutics. During the pandemic, she and ONC colleagues met with multiple stakeholders to identify four compelling needs regarding this topic. **Tricia Lee** provided an overview of these needs, detailed in the presentation slides.

Mike reviewed potential additional topics for discussion by the HITAC in 2023, detailed in the presentation slides. Next steps include collecting HITAC member feedback, adjusting and finalizing the work plan, and presenting a final work plan at the January 2023 HITAC meeting.

Aaron invited HITAC members to engage in discussion.

Discussion:

- **Steven Lane** thanked the presenters for their work plan presentation and expressed alignment with launching the Pharmacy Interoperability Task Force. As a practicing physician, **Steven** noted there is a need for medication data to be complete and more accurate.
- **Aaron Neinstein** supported **Tricia Lee's** presentation topic and **Steven's** comments. **Aaron** noted there has been much success with regular medication prescriptions, but durable medical equipment is a world untouched by modern health IT. There is an opportunity for ONC to assist in this field. **Aaron** expressed support for **Mark Savage's** comment around an additional 2023 HITAC focus area regarding write-access FHIR APIs to facilitate patient-generated health data, integration of SDOH data, patient-reported outcomes, etc. submitted via chat.
- **Hung Luu** commented about direct-to-consumer pharmaceutical needs. **Hung** noted the need to balance respect of patient privacy and autonomy with utilizing complete patient history.
- **Cynthia Fisher** commented there can be an overreach in patient awareness of data collection, use, and brokerage with multiple parties. There is a need to be aware of patient privacy and to allow for patient consent in sharing data. **Cynthia** noted there is a significant problem in the Epic and Athena health systems, the digital pen. Patients are asked to sign their signature when checking into a hospital or doctor's practice. Patients are misunderstanding what they are consenting to and are no longer provided a copy of what is being signed.
- **Medell Briggs-Malonson** commented on upcoming 2023 HITAC topic areas and recommended consideration of community vulnerability data and its use for greater interoperability across multiple systems. Understanding community vulnerability will allow for an elevated level of understanding and care of patients.
- **Rajesh Godavathi** commented on the topic of pharmacy interoperability. He suggested that it would be useful to call upon the electronic prioritization task force and other individuals as they have knowledge in this topic area.
- **Clem McDonald** expressed alignment with **Cynthia's** comment regarding the current patient consent issue in major health systems.
- **Cynthia Fisher** added additional context to the current patient consent issue in major health systems. Patients are unable to select a no insurance option in major health system consent/billing forms resulting in inability to document cash payments and denial of care if not signed.



PUBLIC HEALTH DATA SYSTEMS TASK FORCE 2022 Recommendations – HITAC Vote

Gillian Haney and **Arien Malec**, co-chairs of the Public Health Data Systems Task Force 2022 (PHDS TF 2022) [presented on Recommendations](#) detailed in the [Recommendations Report](#). **Gillian** explained that the work of the task force is a collaborative effort between ONC and the Centers for Disease Control and Prevention (CDC) and shared the overarching and 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.

Gillian reviewed the PHDS TF 2022 roster, who represent stakeholders from across the ecosystem, and thanked them for their participation.

Gillian reviewed the timeline of the PHDS TF 2022. The TF held a kick-off meeting virtually on August 25, 2022 and continued to meet weekly throughout 2022. She discussed the TF's approach to reviewing the (f) Criteria, determining key questions, and inviting subject matter experts from the ecosystem to present to the TF. She highlighted the public health reporting criteria, detailed in the presentation slides. She reviewed the list of invited panel participants, detailed in presentation slides. She shared the questions SMEs used to guide their presentations to the TF and reviewed a recommendations summary, detailed in presentation slides. Over 50 recommendations are listed in the report.

Arien reviewed general recommendations; recommendations of new standards, implementation guidance, and certification criteria; and recommendations related to (f)(1) through (f)(3) criteria, while **Gillian** reviewed recommendations related to (f)(4) through (f)(7) criteria, all which are detailed in the presentation slides. PHDS TF 2022 meeting information, including materials and summaries, are posted at <https://www.healthit.gov/hitac/committees/public-health-data-systems-task-force-2022>.

Denise Webb invited HITAC members to share questions and comments.



Discussion:

- **Steven Eichner** inquired for discussion on how data is used and collected differently across programs and challenges associated with this. **Gillian** responded and noted the TF did spend time level setting on what data is sent to public health systems and how this data is utilized. **Arien** noted the TF's goal is to raise the floor and reduce total effort while improving the effectiveness of exchanged data to support public health. It is unrealistic to expect interoperability for every variation of public health data.
- **Gillian** responded to a question in the chat regarding self-reported tests. She noted there are mechanisms to report self-reported tests via testing companies, but it is not foreseeable that individuals submit test results directly to public health organizations. **Arien** noted the TF's charge was limited to pitchers and catchers of public health systems. Self-reportable data was not covered by this charge.

Denise called for a motion to adopt the PHDS TF 2022 Recommendations to advance to the ONC. The motion was made by **Steven Eichner** and was seconded by **Hung Luu**.

The HITAC voted to approve the PHDS TF 2022 Recommendations by voice vote. No members opposed or abstained.

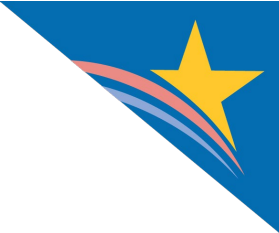
ONC Objectives, Benchmarks, and Public Health Data Updates

Elise Sweeney Anthony, Seth Pazinski, Vaishali Patel, and Chelsea Richwine presented the [ONC Objectives, Benchmarks, and Public Health Data Updates](#), which is a requirement specified in the 21st Century Cures Act. **Elise** expressed appreciation for the HITAC and its subcommittee work, and reviewed ONC objectives and goals from the 2020 – 2025 Federal Health IT Strategic Plan, detailed in the presentation slides. These objectives and goals helped frame ONC's various activities.

Seth reviewed ONC's activities for benchmarking progress, to include: FY22 ONC Health IT Coordination, Standards, Certification, and Exchange Activities. Seth also reviewed FY23 planned activities in these same areas, which are detailed in the presentation slides.

Vaishali provided an update on Electronic Public Health Reporting Data, detailed in presentation slides. She reviewed current and in progress data sources ONC has worked on. Prior and during the pandemic, ONC has published multiple public health data sources, linked in the presentation slides. ONC is working on multiple data source efforts including collaboration with LOINC and entities that enable data exchange.

Chelsea reviewed findings from the self-reported 2021 American Hospital Association IT Supplement to the AHA Annual Survey of non-federal acute care hospitals during the COVID-19 Pandemic. This is detailed in presentation slides. The goals of this analysis were to determine the hospitals' level of electronic public health reporting to public health agencies during the pandemic, how rates of hospital electronic public health reporting vary, and methods utilized by hospitals to support electronic public health exchange. Prior to the pandemic, about 7 in 10 hospitals reported barriers to public health reporting. In 2021, there was active data submission with almost 9 in 10 hospitals electronically submitting data to PHAs for at least one type of public health reporting. Although there was active data submission, rates of electronic public health reporting varied at the state level and by reporting type. Many hospitals used full or primarily automated processes for transmitting data for electronic public health reporting with variations at a state level. On average, lower resource hospitals engaged in fewer types of electronic public health reporting. Hospitals who experienced major public health reporting barriers in 2019 were less likely to be engaged in electronic public health data reporting in 2021. In 2021, about 41% of hospitals used an HIE for at least one type of public health reporting. Most hospitals primarily used an EHR for electronic public health reporting in 2021. Although HIEs are not as



widely used, Small, rural, independent, and critical access hospitals were more likely to primarily rely on HIEs for at least one type of public health reporting activity.

Denise Webb invited HITAC members to share questions and comments.

Discussion:

- **John Kansky** shared a discussion from a recent AMIA conference. **John** suggested to reconcile this survey data with future HIE and Public Health Authority survey data at a state level to obtain accurate findings and explore variations at a state level.

Annual Report Workgroup Update

Medell Briggs-Malonson and **Aaron Miri**, workgroup co-chairs, presented the [Annual Report Workgroup Update](#). **Medell** thanked all HITAC members for their work and **Denise** for her leadership in the HITAC Co-Chair role. **Aaron** reviewed the workgroup membership, meeting schedule, and action items/deliverables, detailed in presentation slides. **Medell** provided a draft crosswalk of topics for the HITAC annual report for FY22, detailed in presentation slides. Topics are grouped in five primary target areas permissible under the Cures Act:

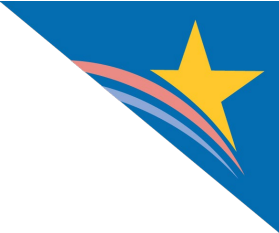
- Design and Use of Technologies that Advance Health Equity
- Use of Technologies that Support Public Health
- Interoperability
- Privacy and Security
- Patient Access to Information

Aaron reviewed recurring topic areas for inclusion in the Annual Report for FY22, which are detailed in presentation slides.

Aaron invited HITAC members to share questions and comments.

Discussion:

- **Steven Eichner** commented that privacy needs to be included when thinking about patient access and safety of mobile apps. **Steven** also expressed that public health should be an ongoing effort and suggested additional focus on public health and provider activity data to ensure adequate reporting and data quality.
- **Abby Sears** suggested consideration of how the lack of broadband and connectivity could impact HITAC activities as we think about barriers in telehealth and mobile access. **Abby** shared information about a NIH project focused on designing Artificial Intelligence for equity. Its use of algorithms for large data sets of uninsured and underinsured patients may be of use to the HITAC. **Medell, Aaron, and Steven** added that the broadband accessibility divide includes infrastructure, device access, multilingual ability, and inclusivity as well.
- **Leslie Lenert** expressed the need to work on data segmentation, privacy, and women's health. When legal routine care varies by state, we need to consider what data is labeled as confidential and shared.



- **Hung Luu** agreed with previous comments and added the pediatric population as a target population for consideration. In the case of abuse, it may not be safe for households to have access to a pediatric member's medical record.
- **Steven Eichner** inquired if there is a need to differentiate between Medicaid and public health discussions. **Steven** suggested clarification of differences of data exchange related to Medicaid and Public Health. **Medell** agreed and added that there's a distinct difference between addressing public health versus Medicaid which is strictly focused on the provision of health care services.

PUBLIC COMMENT

Seth Pazinski opened the meeting for public comments:

QUESTIONS AND COMMENTS RECEIVED VERBALLY

- **Shelly Spiro**, Executive Director, Pharmacy HIT Collaborative, expressed alignment and support of the pharmacy interoperability and emerging therapeutics topic area and task force on behalf of the Pharmacy HIT Collaborative. **Shelly** discussed the Pharmacy HIT Collaborative's recent HIT activities and noted that the pharmacy profession has adopted recent HIT FHIR standards.
- **Pooja Babbrah**, NCPDP, expressed support of the pharmacy interoperability and emerging therapeutics topic area and task force. Pooja noted increased interest in pharmacies to work with health plans to close gaps with patients and supporting health equity initiatives. **Pooja** discussed NCPDP's strategic objectives in advancing pharmacist coordination and recent pilot launched to show pharmacists' access to COVID-19 vaccination records.
- **Pam**, board member, NCPCP and National Community Pharmacist Association, expressed alignment with HITAC discussions. **Pam** noted that multiple opportunities have arose during the COVID-19 Pandemic and are in alignment with future HITAC activities.
- **Sheryl Turney, HITAC member**, noted we need to consider caregivers and children in TEFCA as well when payers have a notification for protected orders or the do not share request. This needs to be addressed in the operations area of TEFCA related to information blocking.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Dr. Bryant T Karras CMIO (WA State): Hello everyone

Joe Tammaro: I assume this is being recorded

Aaron Miri: Thank you John Kanskey, Leslie Lenert, Brett Oliver, James Pantelas, Raj Ratwani, Abby Sears, Denise Webb. You all are family, forever. Your service is invaluable and thank you for everything and being amazing professionals and friends.

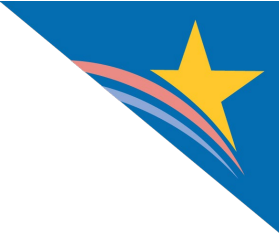
Arien Malec: 🙏🙏🙏

Steven Lane: Fabulous choice!!

Mark Savage: Woohoooo! Thank you, Medell!

Aaron Miri: Congrats Medell!!!

Medell K. Briggs-Malonson: Congratulations to all! Thank you for your service!



Steven Lane: Thank you to all of the outgoing HITAC members. It has been a pleasure to work with all of you.

Medell K. Briggs-Malonson: Denise, you have been an incredible leader. Your presence will be missed. Thank you for your leadership!

Sheryl Turney: Approve

Steven Lane: It would be SO nice to again meet in person in 2023.

Aaron Miri: @Steven - completely agree. Here's to hoping!

Fillipe Southerland: Agree!

Aaron Miri: Woohoo at Pharmacy interop!!! So important

Pooja Babbrah: Great to see pharmacy interoperability on the work plan for 2023!

Joan Kapusnik-Uner: Yes-Excited about Pharmacy group!

Kim Boyd: Yay - Pharmacy interoperability!!

Aaron Miri: Especially when it comes to pediatric pharmacy interop. This is so critical and difficult but tremendously impactful to double click on

Charlie Oltman; Pharmacy has been an interoperability leaders for years!

Steven Lane: Is there an opportunity for certification of pharmacy IT systems to support greater integration?

Pooja Babbrah: the pandemic has really highlighted the role pharmacists can play with clinical services and public health. Completely agree with Tricia Lee in many cases data is unavailable for pharmacists to support this

Steven Lane: We need consistent capture and exchange of discrete sigs and diagnose/indication data associated with prescriptions.

Steven Lane: *diagnosis

Leslie Lenert: Les Lenert here...apologies for being a few minutes late

Kim Boyd: Yes @Steven Lane - NCPDP has the standards to capture the information for diagnosis, indications, etc. but also need the upstream prescriber to send that through the EHR and eRX system

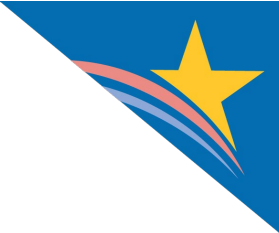
Pooja Babbrah: pharmacists can prescribe Paxlovid, but need lab records to do so. Another example of where interoperability is important

Steven Lane: #RealWorldEvidence, #ADE data, research, FDA engagement.... So many opportunities!

Brett Oliver: So needed. One simple improvement - I would love for an electronic discontinuation for a medication actually be received by a pharmacy. In my state, <1% of pharmacies have that functionality turned on.

Pooja Babbrah: +1 Steven Lane

Steven Lane: Incentivize documentation of Reason for Discontinuation



Aaron Neinstein: This space is an enormous need. The amount of manual paperwork and fax my clinic does to prescribe DME like continuous glucose monitors is unbelievable..

Charlie Oltman: Totally agree Steven. We need to break down barriers in willing to share indication and standard SIG codes on the eRx.

Brett Oliver: +1 Aaron

Steven Lane: It absolutely should, Deven.

Pooja Babbrah: PGx lab results is another area where pharmacists can play a role - how do we capture and share that information in a standardized way?

Aaron Miri: Direct to Consumer Med services - this is where we are still needing some way of positive patient identification / unique patient identification!

Medell K. Briggs-Malonson: Direct to Consumer also needs further med reconciliation functionality as well.

Kim Boyd: +1 Aaron

Steven Lane: Prescribing pharmacists must be enabled/supported with more complete access to patients' medical histories to inform their prescribing.

Kim Boyd: +1 Medell

Pooja Babbrah: Thank you Tricia Lee!

Mark Savage Friendly public comment when it might be useful before a HITAC vote: Add consideration in 2023 of *write-access FHIR APIs* to facilitate patient-generated health data, integration of SDOH data, patient-reported outcomes, etc. Needed for so many critical national use cases!

Pooja Babbrah +1 Steven Lane

Chuck Bedel: +1 Medell+1 Steven

LeeAnn Stember: Great job Tricia....really exciting to hear your passion for pharmacy and looking forward to our working together.

Alex Givens: Agreed Mark.

Kim Boyd: +1 Lee Ann

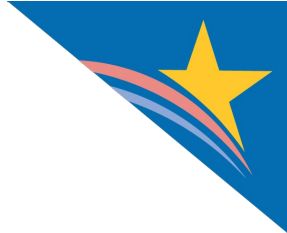
Aaron Neinstein: +1 to Mark Savage's suggestion

Pam Schweitzer: We definitely need to put efforts to address this longtime missing link (pharmacist role in public health).

Pooja Babbrah: +1 Pam

Arien Malec: For pharmacy, should also consider bilateral access to med/clinical history — access to history could additionally help REMS rx....

Rita Torkzadeh: +1 Mark Savage re: PGHD, PROs, etc.



Abby Sears: +1 Mark Savage

Aaron Miri: +1 for Mark's comment.

Steven Lane: +6 to Mark Savage

Pooja Babbrah: Arien - there is some great collaboration work today happening between the HL7 accelerator Codex, NCPDP and the FDA on a REMS use case

Abby Sears: Would like to second Steven Lane's question around certifying pharmacy IT systems.

Steven Lane: Yes Hung. Good point and need for us to seek a balanced approach.

Aaron Miri: Pharmacy health equity is critical. +1 to Hung

Medell K. Briggs-Malonson: Very important points, Hung.

Alexis Snyder she/her: +1 to Hung!

Abby Sears: I hope that as we consider direct to consumer that we are considering educational levels, English as a second language

Steven Lane: We are challenged on many fronts to strike a balance between the desirability of interoperability and the need to respect privacy.

Steven Lane: + interstate prescribing and dispensing

Aaron Neinstein: Glad people are bringing this topic up. In particular in the post-Dobbs era, when it comes to pharmacy related data sharing, this is a HUGE topic for ONC leadership.

Alexis Snyder she/her: +1 to Cynthia, was going to comment on the same-ability of pt to control who sees what and when

Kim Boyd: Great discussions!! - NCPDP's Strategic Planning Committee as well as through standards development in task groups and work groups have been executing on goals to advance the role of the pharmacist and the sharing, exchange, access and use of clinical information to support advances in patient care.

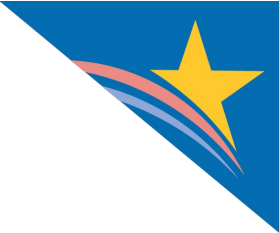
Abby Sears: Agree completely on interstate prescribing and dispensing....we are really struggling to manage and protect patients AND providers when our data is moving across state lines

Alexis Snyder she/her: Not just Athena....that happens often in many places

Steven Lane: We do not have sufficiently "surgical" tools today that allow patients to opt out of the exchange of a subset of their medication (or any other class of) data from clinicians, HIEs or other data holders. This functionality should not be limited to meds prescribed by clinical pharmacists.

Arien Malec: Completely agree — digital signatures are now an all or nothing with no reasonable opportunity to read or negotiate the Ts&Cs to which patients assent.

Aaron Miri: Correct Alexis. I dont think it's a technology specific challenge but a universal industry wider issue that you're seeing come out in the technology (e.g.: need for some standards to help drive the right technical outcome)



Alex Givens: Agreed Steven. It'll be interesting how best to simplify the process of opt-in/opt-out across the patient record.

Pam Schweitzer: Great comments - public health ecosystem

Alex Givens: and how's that's handled longitudinally. if someone opts in initially, can they truly opt-out later?

Dr. Bryant T Karras CMIO (WA State): And needs to be in Language of choice

Deven McGraw: Don't think HITAC has done much on privacy issues - sounds like 2023 is the time 😊

Aaron Neinstein: +

Pooja Babbrah: +1 Deven. Privacy and Consent

Steven Lane: @Cameron - (Please direct your comments to Everyone so they become part of the public record.) As pharmacists, at least Clinical Pharmacists, are Clinicians and part of the care team, they are/should be subject to Information Blocking prohibitions and therefore required to share their data with other pharmacists and all members of the treatment team.

Tricia Lee Rolle: Thank you for your time, and very thoughtful comments and discussion.

Alex Kontur: I suspect the consumer experience post GDPR is a likely preview of how more granular consent might work in practice, e.g. the splash screen many websites now include about which cookies to accept. Interested in perspectives as to whether this is a desirable outcome.

Deven McGraw: There are definitely better approaches to privacy than what has been mandated in the case of cookies. Consent is important - but too much reliance, without any mandated safeguards required to be implemented by data holders, pushes the entire burden of privacy onto the patient.

Steven Lane: Re ONC action on Privacy, I believe that we are still awaiting an FAQ regarding actors' ability to establish policies requiring patient authorization for the sharing of certain highly sensitive data (e.g., sexual and gender-related care) without running afoul of the Information Blocking prohibitions. This would be incredibly valuable for providers and others interested in protecting patient privacy while supporting needed interoperability.

Deven McGraw: I actually think it's pretty clear in the guidance published with the final rule, as well as the privacy safe harbor description, that voluntary consent policies - if fairly applied - fit into that safe harbor.

Deven McGraw: But greater attention to what has already been published - and some further clarity of any remaining uncertainty - would be valuable.

Steven Lane: It has been some time since ONC has provided grant support to the PP2PI/Shift effort to develop standards and workflows to support granular privacy controls. It would be helpful for ONC to schedule a report out to HITAC on this important work to see the fruits of this public investment and the hard work that has been done to date.

Steven Lane: ...especially in light of the overlap with Pharmacy Interoperability as discussed earlier.



Steven (Ike) Eichner 2: There are a number of potential improvements in providing pop Stoney's better information about what they are signing, including more details about opting in to data for research use, specifying whether the data will be identified, for example. I, personally, have a rare condition, making my data interesting. I generally don't have an issue with my data being used, especially when used to develop medications or treatments for my condition. I would like more information in my consent regarding what is the scope of any particular project using my data, the involved organizations, and investigators.

Steven (Ike) Eichner 2: —correction: providing better information

Steven (Ike) Eichner 2: Please omit "Stoney's"

Steven Lane:

Huge thanks to the co-chairs, members, and staff that led to these Public Health recommendations. It is notable that these recommendations represent a first step toward rationalizing and improving the exchange of data between providers and PH. In time it would be beneficial to revisit the opportunity to certify the functions of PH data systems and programs themselves to define a floor of functionality and service that everyone across the country deserve. Such standardization would also benefit and lower burdens on providers who inevitably must interact with multiple PH jurisdictions given the mobility of the population.

Steven (Ike) Eichner 2: Improving standardization of lab-related data exchange should have positive impacts for many entities- including ordering providers, laboratories, and public health (both laboratory services and use of laboratory test results data).

Arien Malec: In the detail for cancer registries, we noted overlap between research objectives and cancer registry reporting, including MedMorph and OMOP.

Deven McGraw: Excellent work.

Rita Torkzadeh: What about self-reported tests (e.g. at home covid rapid test)?

Micky Tripathi: Thank you Arien and Gillian and TF members for the detailed, comprehensive, and very thoughtful report!!

Aaron Miri: Congrats Jillian & Arien!!!

Gillian Haney: than you too all!

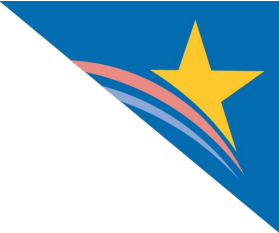
Steven Lane: FDA would be an appropriate partner for USCDI+

Steven Lane: This too may align with ONC efforts to advance Pharmacy Interoperability and Emerging Therapeutics.

Denise Webb: It would help to know the types or categories of information blocking complaints against providers to determine if more education or other support is needed to assist providers in complying with the requirements of information sharing.

Aaron Neinstein: Great suggestion Denise. Understanding the common themes would be valuable!

Steven Lane: +2 Denise! HITAC could provide input on the categorization scheme. My understanding is that ONC is open to inviting submitters of complaints to categorize their submission and to report that out with their metrics.



Aaron Miri: +3 Denise. Also it would be nice to sort by entity that has multiple complaints versus singular. Could provide a view into themes that need further education or clarity

Steven Lane: It would be helpful to extend these nationwide metrics to include tribal and territorial jurisdictions in addition to the 50 states.

Arien Malec: We should also note that much of, e.g., the iz work is primary/ambulatory rather than hospital based.

Arien Malec: So really useful to get a hospital survey but we should remember that's one piece of the puzzle.

Steven Lane: It would be helpful to track evolution of technical transport methods for reporting - SFTP, V2, C-CDA, FHIR, etc.

Medell K. Briggs-Malonson: This is fascinating data to guide and inform the HIT infrastructure needs to support rural and under-resourced areas. Thank you!

Steven Lane: Also, we all look forward to the day that we can track the uptake of query capability on the part of PH jurisdictions to allow them to query for supplemental information (via IHE/QBDE, FHIR, etc.) as needed after receiving these reports.

Dr. Bryant T Karras CMIO (WA State): Thanks John... agree. Depends on person at hospital or provider being aware of what they are actually doing

Chelsea Richwine: Yes, thanks all for the great suggestions to help us continue to improve our work!

Abby Sears: This is fantastic and I whole heartedly support these HED recommendations. We leave people behind unintentionally by them not being seen through matching challenges, language challenges, transportation issues etc.

Abby Sears: Are there any thoughts about how to continue to drive for broad band access nationally in every part of our Country?

Abby Sears: Consider how to coordinate with NIH - Aim Ahead project that is funded to work on this explicitly.

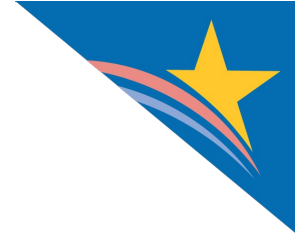
Steven (Ike) Eichner 2: Backing up a little, we probably need to survey public health authorities on data exchange with providers. There needs to be very clear understandings of what data are being exchanged for what purposes. A ELR message is not an eCR message. The contents of the two message types may differ substantially.

Steven (Ike) Eichner 2: Improvements in laboratory-related data exchange (use of and adherence to interoperability standards) could be added as a substantial goal

Hans Buitendijk: A Privacy Policy & Patient Directives infrastructure should be tracked beyond TEFCAs as much cross-organizational exchange will continue to occur for a substantial time outside of TEFCAs and we need to cover this ability regardless of how data is being asked for or shared.

Abigail Worthen: Really appreciate the discussion of data suppression and segmentation! Apologies if I missed this, but was there discussion about 42 CFR Part 2 use cases and SUD data security?

Abby Sears: Exactly....



Abby Sears: Exactly!

Abby Sears: We are technically not able to handle the nuances related to women's health segmentation.
Steve Posnack: shameless plug: <https://www.healthit.gov/buzz-blog/information-blocking/information-blocking-eight-regulatory-reminders-for-october-6th>

Abigail Worthen: Agree and a big plug for interoperability between public health and Medicaid!

Abigail Worthen: And, reminder that public health agencies are often not HIPAA-covered entities

Dr. Bryant T Karras CMIO (WA State): +1 to Medellin and Ike

Dr. Bryant T Karras CMIO (WA State): Medell (autocorrect)

Pooja Babbrah: had my hand raised

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

FINAL REMARKS

Seth Pazinski reminded members that the next meeting of the HITAC will be held in January 2023. The 2023 meeting schedule will be published soon. All materials and testimony from today's meeting will be made available at <https://www.healthit.gov/hitac/events/health-it-advisory-committee-51>.

Denise and **Aaron** thanked everyone for their participation, presentations, and discussions. **Aaron** thanked all HITAC members rolling off in 2023, HITAC Co-Chairs, and ONC.

ADJOURN

The meeting was adjourned at 1:42 PM ET.