ONC HealthIT ADVISORY COMMITTEE

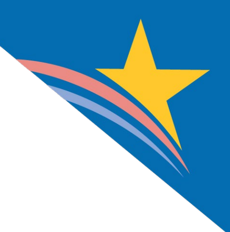
Transcript

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

December 1, 2022, 3 – 4:30 PM ET

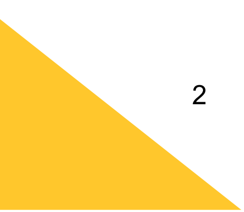
VIRTUAL

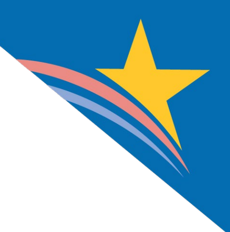
DEPARTMENT OF HEALTH & HUMAN SERVICES • USA



Speakers

Name	Organization	Role
Medell Briggs-Malonson	**UCLA Health**	**Co-Chair**
Aaron Miri	**Baptist Health**	**Co-Chair**
Jim Jirjis	HCA Healthcare	Member
Steven Lane	Sutter Health	Member
Eliel Oliveira	Dell Medical School, University of Texas at Austin	Member
Brett Oliver	Baptist Health	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michelle Murray	Office of the National Coordinator for Health Information Technology	Staff Lead





Call to Order/Roll Call (00:00:04)

Michael Berry
Hello, everyone. Thank you for joining the HITAC Annual Report Workgroup. I am pleased to welcome our cochair, Medell Briggs-Malonson, along with workgroup members Eliel Oliveira and Brett Oliver. Our other cochair, Aaron Miri, is traveling today and unable to join us, but we are expecting Steven Lane and Jim Jirjis to join us sometime during our meeting today. So, of course, public comments are always welcomed, which can be typed in the chat feature of Zoom or can be made verbally during the public comment period later in our meeting, and now, I would like to turn it over to Medell for her opening remarks. Medell?

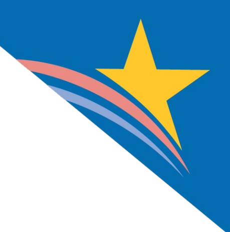
Opening Remarks, Meeting Schedules, and Next Steps (00:00:40)

Medell Briggs-Malonson
Thank you so much, Mike, for that warm introduction, and I hope that everyone has had a wonderful holiday season so far. So, what we are going to do today is just go through an overview of the agenda, and this will be our last meeting of this calendar year, and so, the first thing we are going to do is go over some of our additional dates for our upcoming meetings, not only for the workgroup, but also for the full committee, and then what we are going to do is actually review the draft executive summary for the HITAC Annual Report for fiscal year 2022, and then, as Mike mentioned, we will definitely have some time near the end of today's session for public comment, so please, all of you who do have some thoughts and additional insight, we welcome all of your comments. Next slide.

So, for an overview of the workgroup meetings for the Annual Report team, you can see highlighted in gray all of the meetings that we have already accomplished, and today is December 1st, which is really going to be focused on drilling down into the draft of the annual report in terms of making sure that it is prepared for our presentation to the full committee. We will then come back in January and February at the beginning of the year in order to provide any additional updates or insights that we as a workgroup need to provide, and then we will make sure that the report is finalized and ready for transmittal in February and March. Next slide.

Now, this is the schedule of the entire full committee, so we will reconvene at the beginning of the year in January, at which the workgroup will then share the draft of the fiscal year 2022 annual report to the committee for additional recommendations, as well as comments, and then we will take the report back in February for final approval by HITAC in preparation for transmission. Next slide.

So, what are we doing today? Once again, we have gone over several different steps of identifying the key topics that we need to provide in the crosswalk, and what we are going to focus on today is reviewing the executive summary that was so beautifully put together by our ONC team in order to make sure that it does encompass all of the various different thoughts, language, and content that we wanted to have, and then, hopefully, by the end of the end of day, we feel that that initial draft is nicely put together so that we can also provide additional insights back to our ONC team for finalization in order for it to be ready for the beginning of the year. Next slide. So, what we are going to do now is move on to discussing the draft of the executive summary, but before we jump on in, I just wanted to see if there were any thoughts or questions from the workgroup before we proceed. Okay, seeing none and hearing none, let's continue to move forward.



Discussion of Draft Executive Summary from the HITAC Annual Report for FY22 (00:03:46)

So, this is the Word document that each of the members of the workgroup received, and it actually does go very thoroughly over the entire framework of the annual report, which is very similar to past years, and it does include the crosswalk, and there are some very slight changes in the crosswalk that we definitely want to make sure to discuss today, so as always, as we go through this executive summary, if there are any additional thoughts, comments, or changes, this is the time for us to do so in order for our ONC team to capture those different changes in order to incorporate them. I will go onto the next page, since we are in the document.

So, the document itself is actually a nice length, but what I at least wanted us to do is just go through this at a very high level, just to make sure that we as the members are fully aware of what is in this document and just see if we have any revisions. So, at the very beginning, in terms of the executive summary, I am not going to read every word, but just some of the highlights, so, thank you for making that a little larger. "The 21st Century CURES Act requires the Health Information Technology Advisory Committee (HITAC) to develop an annual report to be submitted to the Secretary of the United States Department of Health and Human Services and to Congress each fiscal year. This report complies with the directive by reviewing fiscal year 2022 HITAC activities describing the landscape of health information technology, infrastructure across target areas, analyzing infrastructure gaps, and offering recommendations for future HITAC activities."

Then, as we go into the next section, "HITAC Progress in Fiscal Year '22," this section actually highlights the primary workgroups that we have had this year, which include the Adopted Standards Taskforce of 2022, the Annual Report Workgroup, which, of course, consists of all of us here, the e-Prior Authorization Request for Information Taskforce 2022, the Interoperability Standards Workgroup, and the Public Data Systems Taskforce 2022. So, once again, really bringing in all of the hard work and all of the recommendations from all five of these groups. Before I go on, any questions or comments on those first two sections?

Steven Lane

Medell, just a comment. You are doing a great job moving us along, and we are all being very quiet, and kudos to the cochair because it is a lot of work.

Medell Briggs-Malonson

Thanks, Steve, but do not be quiet, because this is the time that we definitely need…

Steven Lane

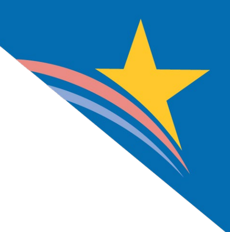
Oh, no, we are not a quiet bunch, but it is all good so far.

Medell Briggs-Malonson

No, you are not. Great.

Eliel Oliveira

Medell, one question I had is we mentioned the work of the taskforces. Do we intend to add any additional content to the annual report that comes from the taskforces, or is the compilation that we have put together



for gaps, opportunities, and recommendations also inclusive of all that we considered to be added in the annual report?

Medell Briggs-Malonson
That is a really great question. A lot of our various different topics that we have identified do come from a lot of the various different recommendations or issues that have been discussed in the various different taskforces or workgroups, and so, as you know, we try to be as aligned as possible and refer to some of those various different recommendations coming out of the other reports. I would love for those of you all that have actually been part of the Annual Report Group to please weigh in. Steven and Brett, I know that you all have been part of this group for several years and have some historical context, but at least from my perspective, we have tried to bring in as many of the various different high-level priorities into the annual report as possible as well, but Steven, Brett, or Jim, any additional thoughts on that? Good to see you, Jim.

Steven Lane
I will just say I do not think we have made an effort to reiterate or copy-paste a lot of things from the other workgroups in our prior reports. This is both the summary of where we have been and the looking forward to where we want to go. Each of these taskforces and workgroups generated usually one, or sometimes two, reports to HITAC. In my recollection this year, those have all been unanimously accepted and forwarded to the national coordinator, etc., so, one thing you could do is put a sub-bullet under each one of these with a link to the report that was generated by that taskforce or workgroup, and I think it would make this a little bit more hyperlinked to the other content. I think you do make a good point, Eliel, that there may be some super high-level bullets that we might want to pull in from some of these, but when you think about each of these taskforces and workgroups, they have produced so much content. To me, it does not make a lot of sense to restate them unless they are major milestones, like when we first included SDOH in USCDI Version 2 or that sort of thing. So, my thought would be to potentially add hyperlinks to the reports.

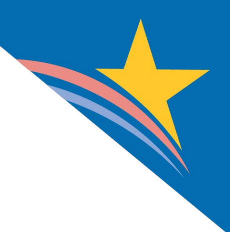
Medell Briggs-Malonson
I think that is a great idea.

Michelle Murray
This is Michelle. Can I add a point here?

Medell Briggs-Malonson
Yes, please.

Michelle Murray
The CURES Act does require a section on the progress of the HITAC and their taskforces within that, and so, each year, we have been adding a section that we call the HITAC progress section, and inside that section, there is a paragraph or two for each taskforce or subcommittee that met that year, with links as appropriate, so yes, we have covered that, and you will see that in the draft that is coming your way within a couple weeks.

Medell Briggs-Malonson
Great, thank you, Michelle, for that clarification.



Steven Lane
We should have started with Michelle.

Medell Briggs-Malonson
Michelle, always jump in there. Great. Any other comments or suggestions?

Eliel Oliveira
I am great.

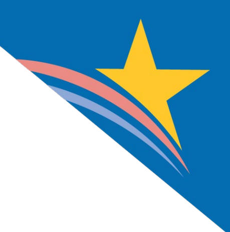
Medell Briggs-Malonson
Okay, well, let's continue to move forward. So then, the next section is "Health IT Infrastructure Landscape." And so, what this really does in this section is highlight some of the various different target areas that, of course, have been historically identified in the CURES Act, and so, I will not go through this. This is some of the standard language, but you all can read that very first paragraph, which was specifically talking about what the CURES Act delineated, but in the second section, in terms of federal activities across the target areas, this is a little bit more relevant to what we have actually focused on during this past year.

So, "In fiscal year '22, the federal government advanced several initiatives to improve health IT. ONC continued its implementation of the 21st Century CURES Act regarding interoperability, information blocking, and the ONC health IT certification program final rule. The covered data set for information blocking expanded from the United States Core Data for Interoperability (USCDI) Version 1 to all electronic health information. New ONC health IT certification program requirements went into effect, including the application programming interface (API) provisions, real-world testing, and attestation for compliance with the conditions and maintenance of certification requirements.

"ONC and its recognized coordinating entity, the Sequoia Project, announced the launch of the Trusted Exchange Framework and Common Agreement," which we all affectionately know as TEFCA, "and the RCE has taken steps to operationalize it. The application process for the Qualified Health Information Networks, or QHINs, opened in October 2022, and ONC continued working with federal partners to support their data needs through the USCDI 1 initiative and the final Project US@ standards, where published." So, this actually provided a summary of some of the really prevalent and prominent events that have occurred over this past year, and I am just seeing if we feel this is complete or if there are any other items that we want to add into this section.

Steven Lane
I must say, hearing you recount that lists make me very proud to be a part of this effort.

Medell Briggs-Malonson
Yes, a lot was accomplished this past year, which is great. Wonderful. So, without hearing or seeing anything else, we are going to move into the target areas. So, target area: Design and use of technologies that advance health equity. And so, as we know, this is the newest target area that we are proposing and recommending in this annual report. So, "Health equity is achieved when all people can attain their full health potential without facing disadvantages based on socially determined circumstances. Efforts are under way to promote health equity by design to ensure that equity considerations are included when building health IT tools and creating health programs. Data collection and analysis are important tools in



identifying and addressing health equity gaps. Versions 2 and 3 of the USCDI added health equity-related data elements to improve collection of this data.

"In addition, standard reports are under way to improve the interoperability of social determinants of health, or SDOH, including assessments. Artificial intelligence/machine learning clinical decision support tools have the potential to improve healthcare for patients, but also to exacerbate existing care inequities if they are built off biased data." That is the summary of our new target area. Any thoughts about that, or any changes?

Steven Lane
Well, it is very well stated, and I love the fact that we put it on the top instead of at the bottom because it brings the attention right to it, so that is great.

Medell Briggs-Malonson
I agree.

Brett Oliver
Yes, I agree. Well said.

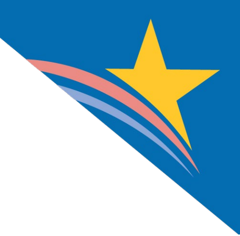
Medell Briggs-Malonson
Absolutely.

Eliel Oliveira
I agree.

Medell Briggs-Malonson
Oh, go ahead, Eliel. Everyone agrees? I agree as well. For the ONC team, the only thing that we may want to add, which may be in another place so it may be redundant, is really that this aligns directly with ONC's focus and commitment to health equity by design, so maybe if there is a way to include that, it would actually show the nice connection between ONC and HITAC for this. All right, so, it sounds like we are all in agreement with Target Area 1.

Target Area 2: Use of technologies that support public health. "The COVID-19 pandemic demonstrated a need to significantly improve the collection and use of critical health data at all levels of public health while reducing the burden placed on those who provide the data. The Centers for Disease Control and Prevention (CDC) Data Modernization Initiative is working to transformed siloed and brittle public health systems into connected, resilient, adaptable, and sustainable response-ready systems that can help solve problems before they occur. ONC and the CDC are collaborating on initiatives to improve existing standards and support the use of Health Level 7 International FHIR Standard in public health. New steps have been taken to improve public health reporting and address workforce gaps." Any comments there? All right, I am going to take silence as agreement. Jim?

Jim Jirjis
Hey, this is Jim Jirjis. One quick question. It seems like there are various entities in the government that are trying to coordinate that, and like ONC director has two roles. One is to develop all this policy, but the



other is to coordinate across HHS organizations, right? I understand, speaking frankly, that that can sometimes be politically challenging if somebody in one organization of HHS believes that the leader in another organization is trying to tell them how to do it. Is this basically just HITAC endorsing/supporting the ONC director's role in coordinating across agencies that are not his? Is there anything that this committee could do to further assist with helping Micky as he tries to do that, or is this just not the place for it? I just want to bring that question up.

Medell Briggs-Malonson

Jim, I have some initial thoughts, and I would love to hear the rest of the group as well. I think we are doing exactly that, of helping to support what ONC is trying to do, and also, we ourselves are providing recommendations, and especially with the public health workgroup that has been established, and of course, they created such an extensive report with a list of recommendations for how we can better develop and align our technologies to respond to public health crises as well as overall public health needs, especially through more coordination, interoperability, and helping those systems that we know have had several different challenges in the past. So, to your point, I think that is exactly what this target area is focused on, and we are providing recommendations not only from the annual report, but we are also directly tying that to the extensive work that our HITAC subcommittee has done as well. Any other thoughts about that?

Eliel Oliveira

I think that Jim brings up a good point. I do not know if it really changes anything in terms of what we have here in this section, which is very well written, but the thought that comes to mind is I think we know well how ONC has been collaborating with the other agencies, like CDC and CMS, but sometimes, I do not know if the public knows, nor folks that are going to read this report, like Congress and the secretary. The secretary probably knows, but I do not know if the other organizations are going to see how much collaboration has been taking place across the agencies with ONC. So, it may not fit here, but I think it is a very important point.

Brett Oliver

Perhaps something could be added at the beginning of the report, because to your point, I think you could say that about several of the target areas, that it is important to coordinate across the different agencies. The public health one is really obvious, but I think several of these would be covered under the same thing.

Medell Briggs-Malonson

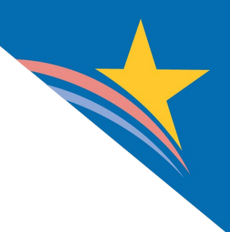
Absolutely. So then, maybe pulling that out a little bit more so it is more prominent, so when others are reading, especially our congressional members or leaders of other agencies, they can clearly see this coordination and the impact of ONC. Any additional thoughts? All right, thank you, Jim, for that, and thanks for all the additional comments for us to think about.

Jim Jirjis

Can you hear me?

Medell Briggs-Malonson

Yes, we can hear you.



Jim Jirjis
I was on mute, sorry about that. I will just make this comment or question, and then we can move on. We all are familiar with how responsibility without authority is an ulcer, so, with Micky and the ONC director's overarching coordination responsibility, I am always wondering if it is all based on his pure interpersonal skill, or is there actually authority for him? The reason I mention that is if one of these organizations has their own plan with how they want to solve something, but we in HITAC and ONC think it ought to be solved by reusing technologies that are already in existence and there is a disagreement, then does Micky have any decision-making authority, or is it all relational?

Medell Briggs-Malonson
Excellent question. I am not quite sure if any of us have that exact answer or if anyone from ONC…

Jim Jirjis
Okay, well, we can move on.

Medell Briggs-Malonson
Maybe that is something we can ponder and ask in a different forum as well.

Jim Jirjis
The only reason I say that is it might change what we do over time and how significantly… If everything is going along swimmingly, everyone is collaborating, and they are all aligned, it is a nonissue, but when they are not, does he actually have authority and is there some way we could more strongly help him with wording or something? That is the only reason I bring it up, but we can move on.

Steven Lane
Also, Jim, what, if anything, can we do as HITAC to support Micky in his efforts in such coordination?

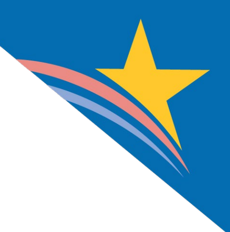
Jim Jirjis
Absolutely.

Steven Lane
Frankly, I do not think there is much, but we should ask. We should query ONC if there is anything we can do socio-politically, through social media, or what have you to provide greater support there because we all know that is needed.

Jim Jirjis
Well stated.

Medell Briggs-Malonson
I agree with that, and I was even going to say the same thing in terms of the other forms of advocacy efforts that we can do, and maybe even having greater insight into which relationships have been going quite well, and where some of the tensions may be in other areas, and why there may be some other challenges, so I agree with you all in every way.

Steven Lane



Also, that landscape and need for advocacy may change over time with the political winds. With every election, the dynamic changes again. I do not personally feel like I can always keep up with it, but is there something we can think about at the HITAC level to help to buffer some of that?

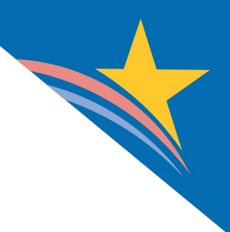
Eliel Oliveira
I love Jim's comments on this, and I think not only as authority, and again, I do not even know how to put that in the report and what to do with it, but not only that the authority may not exist for ONC, but also, the funding is a big challenge. I have always thought that ONC has such a major responsibility in all the areas that we are talking about here: Public health, SDOH, and patient access. This is going to require quite a bit of effort beyond what ONC has done in the last few years, and I just do not feel like the funding that comes to the organization is really aligned with the task at hand. It is a massive amount of work. So, to me, authority and funding would be very important to make the work that is going to make ONC even more relevant.

Jim Jirjis
One last comment to Steven. I completely agree with that. Steven, in this document, I think it sounds like there is not a lot we would change given our comments, but if Micky and the team are collaborating and trying to make headway in his coordination responsibilities and running into trouble, then our not knowing that there is a kerfuffle or friction going on is a negative because if we knew not only the disagreements, but the nature of them, then many of us… I have forums with the FDA, as we all do, CDC, and others. By being aware, members of HITAC and beyond can help advocate directly for solutions that are more sensible if one of the agencies does not agree, but Micky has a good point. So, maybe that is the take-home. If possible, could we get more educated about how it is going with that coordination so that we can apply independent pressure if need be?

Steven Lane
Jim, I will just echo that. When Micky and the ONC leads come to HITAC, they present a positive, polished, prepared rendition of their views of the world, and that is great up to a point, but maybe there needs to be a little bit more "We are struggling with this" or "We are up against the wall here," and maybe the public forum of HITAC is not always the place for people to complain or air their dirty laundry, but Medell, you are going to be a HITAC cochair next year, so you get to be in private meetings that are not recorded and posted, and maybe you will be in a position with Aaron to pull some of that out of the team and figure out how to present it in a way that we can get more meaningfully and engaged in supporting them.

Medell Briggs-Malonson
I do agree with what you all are saying. One of the things that I was thinking is that we may need a state of the union type of meeting, and though, yes, HITAC tends to be very public, I think there is benefit for all of the various different members to understand where our current state is and what we need to do to actually get to the vision that we all are creating together. So, I completely agree with all of you all, and I think that that is a discussion that we really should have with Micky, as well as the rest of the ONC leadership, to really make sure that we are helping as much as we potentially can, especially given all our various different forms of influence and connections throughout the country with various different leaders and entities. Those are all really great points. We will take that as an action item.

Michelle Murray
Medell?



Medell Briggs-Malonson
Yes, Michelle?

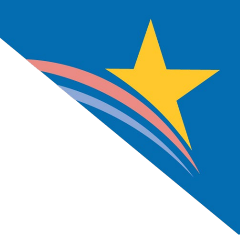
Michelle Murray
Great discussion. I do not want to go as far as saying "authority," as I am not the expert on this, so that is why I do not want to go too far here, but there is an existing council across federal agencies, not just HHS, but DOD as well, and the VA, that meets in parallel to the HITAC in a very similar structure, also mandated by CURES, and there is also a newer mechanism that started just this year that ONC will be more involve in the early stages of planning, at least across HHS agencies, large programs that have an element of health IT. That is a new thing that is coming up, so I do not know much about that one yet, it is still evolving, but there are a couple actual structures in place already to help with coordination like that, and maybe a report out once in a while would be helpful for the HITAC.

Jim Jirjis
Well, let me give a tangible example. For example, we are participating directly with the CDC in ReportStream, which is an attempt to try to address the public health issue of 50 states all having different implementation variation, and that we providers do not want to have a many-to-many, we want to go through a trusted intermediary. So, as the CDC starts doing ReportStream, grabs us, and asks us if we would like to be part of the pilot, of course, we say yes, we spend money on it, but it has not yet replaced the old way, it is just an addition.

So, our question is do we continue to fund this and participate? I hunger for where ReportStream fits in the national plan. Is this something CDC is doing as a pet project that is in conflict with where Micky is trying to head, or is this exactly part of the plan that this coordination group is pursuing? Our not knowing that and having to try to get on the phone with Micky and others to validate is pretty inefficient, but if we had a forum where we were updated on what those coordinating activities were, that helps all of us know where to hit the accelerator in participating in pilots, etc., so that is a tangible example that could be operationalized.

Medell Briggs-Malonson
Thank you, Jim, for that. Let's go ahead and take this as an action item, and we will make sure to follow up with that because I think this is a very important point to make sure we are as effective and productive as possible, and especially with supporting Micky and ONC, so we will make sure to follow up on that, but I do want us to get back to the executive summary. We still have a little bit more work to do. As always, I appreciate the thoughtful comments and the engagement.

And so, we are going to move on to the target area for interoperability. For this section, "The health information ecosystem continues to strive for improved interoperability. Health information networks continue to consolidate and partner to share services across states to better support the evolving needs of patients, providers, and others, and national networks are growing and expanding their supported use cases. Interoperability remains fragmented, pointing to needs for better patient matching, improved provider directories, closed-loop referrals to coordinate care, and prior auth to reduce provider burden. The usage of telehealth services increased significantly during the pandemic, but continues to present unique interoperability in health equity considerations." So, for our interoperability summary, any additional comments or revisions for this section? Okay, silence is agreement, so, thank you all.



Let's move on to privacy and security. So, "As interoperability and access to patient health information increase, the privacy and security of health data continue to be of concern. The robust privacy and security practices are important considerations in advancing and maintaining trust and interoperability. Patients are still confused about the privacy and security of data not subject to HIPAA and how this data can be used. A gap has developed between the boundaries of regulation and the capabilities of technology, creating challenges for both developers and regulators. Today, health IT systems cannot reliably segment discrete pieces of data, which hinders their ability to comply with HIPAA's minimum necessary requirements." I will open it up for comments.

Steven Lane

That last sentence… The absence of discrete data segmentation does a lot more than hinder HIPAA compliance. It puts patients and providers at risk, and I think warrants a little bit more… This is not just about HIPAA compliance, right? It is really about an evolving balance between the benefits and risks of interoperability, and I think that may be worth a sentence or two. For years, we have been just pushing ahead with interoperability based on the understanding and lived experience that it is all good, it just improves everything, but we are now learning that there are some unintended consequences of interoperability, especially in this realm of privacy and security and the various uses that data is put to that needs to be balanced.

Medell Briggs-Malonson

Steven, I think we all agree there is so much to this, so if you were to summarize some of the additional key considerations that we may want to add in another sentence or two, how would you summarize that? I know I am putting you on the spot.

Steven Lane

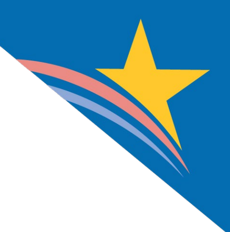
No, that is fine. I think in the way that we describe a gap developing between regulations and capabilities, we should describe a tension developing between, again, the desirability and benefits of greater interoperability and the unanticipated consequences to safety, to… I would just say "unintended consequences and potential repurposing of data." We do not want to make this too political, but I think we want to put in enough breadcrumbs so that readers know what we are talking about.

Medell Briggs-Malonson

Wonderful. I would also add onto that just even taking it back down to the ground level, thinking about our front-line providers and the barriers that sometimes exist, even using relevant data, in order to just provide direct clinical care. That also tends to be a challenge with some of these pieces as well, even at the granular level, so I agree with all of that, modifying this just a bit to get some more examples of some of the negative implications that we face.

Steven Lane

There is kind of a downstream effect, right? We have this unintended consequence of data use, and again, we are referring not too obtusely to reproductive health data, and then, the reaction on the part of providers is to actually disenroll individuals or opt them out of data sharing, which then has other unintended consequences when data that should be available for care coordination to support patient safety is not



available, so there is this cascade of negative unintended consequences that occurs, and it is all related to this inability to granularly tag and segment data.

Medell Briggs-Malonson
Great. I heard another comment.

Jim Jirjis
This is Jim. I agree with all those points. Well stated, Steven. One other thing to throw in there is there are the benefits of interoperability, and then there are the risks, the negatives, but then there is the third part, and that is the practical operationalization of its use. So, you could imagine a world where data was so granular that people could specifically request minimally necessary information, but that process itself could mean that the provider and EMR has to select the 37 data elements that he wants instead of the full USCDI, and that is just not practical. The only possible addition for your consideration is there are the benefits of interoperability, there are the risks, and then there is what is practical for each use case, and sometimes the best answer for balancing risk with benefit leads to something that is operationally impossible in a time-constrained environment. So, calling out the tension between benefits, risk, and operational challenges might be worth adding.

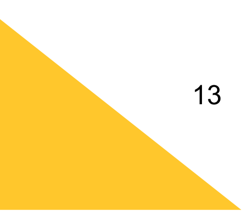
Medell Briggs-Malonson
Thank you for that, Jim. I appreciate that. Any other thoughts about the privacy and security area?

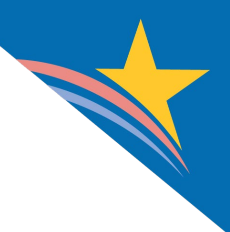
Eliel Oliveira
I have one, Medell. Midway through the paragraph, it says patients are still confused about the privacy and security of data not subject to HIPAA and how this data can be used, and I agree with that sentence. I feel, though, that maybe it is not only patients, but also covered entities, and the reason I say that is with the CURES Act rights to access data and share data, I heard both from former secretary Azar and former coordinator Dr. Rucker and others on how, by patients accessing data through APIs, the data basically is moving from a covered entity under the umbrella of HIPAA to FTC, more like other data access regulations that FTC has that are very different and, I would say, of lower complexity than HIPAA. So, I agree with the sentence saying that patients may still be confused about that, but I do not know if organizations, covered entities specifically, even know how to handle that transition, if that makes sense.

Medell Briggs-Malonson
Another excellent point. I agree, absolutely. So, any other thoughts? This is great. So, we have a few revisions for this section.

Brett Oliver
One last comment about that last sentence, "Today, health IT systems cannot reliably segment…" While that is true, is that the whole problem, though? Maybe it should be "segment and produce discrete pieces of data." We talked about this before with reproductive health. There are so many different places. It is not just a procedure note or a pregnancy test. It is the text of the note attached to a pathology report. It makes it sound like if the systems were just functionally better, it would all be okay, and if it is just me, we can move on…

Steven Lane





No, no, you make a really good point, Brett, that part of it is the structure of clinical data. That is part of the challenge.

Brett Oliver

Yes, that is a good way to put it.

Steven Lane

That does not mean we should not tackle it, because we all know that a lot of this stuff is in specified data element fields, and we have talked about this in a number of venues. I have been helping to lead a discussion at Civitas about this. The perfect is the enemy of the good enough here, and if we can protect the problems such as the meds, the results, the procedure codes, and the histories, stuff is still going to get into the text of notes, but you have to have a bad actor who understands NLP as opposed to a bad actor that just knows how to run a data query, so it is a different thing.

Brett Oliver

Definitely, but it just sounds like we just need a technology advancement to have it all fixed, and I think that is too simplistic.

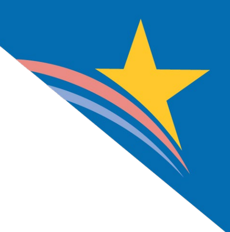
Medell Briggs-Malonson

Thank you, Brett, for that. Absolutely. I think our ONC team has captured everyone's thoughts and recommendations, so we really do appreciate all those comments. We are going to continue to scroll down, and we are going to go into the last target area, which is patient access to information. "Sharing health information with patients in a timely manner supports patients' autonomy in their healthcare while improving patient-provider communication. As more patients use mobile health applications, concerns have arisen regarding whether they are reliable, effective, and designed to support underserved patient populations. The federal government has taken a number of steps to improve cost and coverage transparency; however, challenges remain. Patients often still face barriers to accessing, using, and consolidating their health information from multiple providers."

Just to start off with one thing, I thought this was great to try to bring all the various different elements in, but I think this applies to all patients, not just patients that are underserved. With this new emergence of so many different mobile health applications, as we discussed, there really have not been any clear standards or criteria for the information that they produce, and even how they collect their information, so my recommendation would just be for that second sentence, "As more patients use mobile health applications," to say "in order to support all patient populations," and we can bring out especially under-resourced patient populations, but I think this is critical for ensuring that we are providing safe and high-quality applications that may not cause harm for any of our patient populations. So, that was just one thing that stood out to me, and I would love to hear what others thought about this as well.

Eliel Oliveira

I think this is very well written, Medell, and I agree with what you said as far as all patients. I do think it is important to highlight underserved populations and that the digital divide can be exacerbated because of the way that some of these technologies are developed. As an example, there are tools out there for getting ahold of your records and using them, but if you are tech savvy and well educated, you get to it, but



otherwise, not so much. So, it is extremely important to highlight how important this is for underserved populations.

Medell Briggs-Malonson
I absolutely agree. I just want to make sure that we know that we have a lot of work for all populations, and in particular, even more work for our most under-resourced populations.

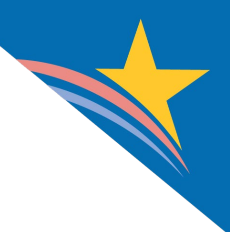
Eliel Oliveira
I completely agree, yes.

Medell Briggs-Malonson
Any other thoughts? Okay, sounds like the rest of the group is okay with this paragraph, so, thank you. So, that is an overview of all of the different target areas and the summaries, and so, the next portion of the executive summary really just highlights the crosswalk that we have been working on for several months. Now, just to orient the workgroup to some of the various different changes that are now incorporated into the crosswalk, we now do have, of course, the topic area, the key gaps, the key target opportunities, recommended HITAC activities, the same way that we have had. It is organized by each one of the various different target areas, as in the past, and now we have immediate opportunities, which, of course, are those opportunities that we are recommending to be implemented within the next one to two years, so, specifically, for instance, calendar years 2023 through 2024, while some of the various different target areas have longer-term opportunities that are actually underneath a separate subtitle, and the idea behind those opportunities is that we would begin work and implementation in three or more years.

Now, the only other small highlight that has changed is that we have discussed in many of our other meetings some of the recurring topics that we have discussed from annual report to annual report, and we wanted to make sure to notate that somehow so that any of the readers can know that this is a longstanding, recurring topic. So now, those topics actually have an asterisk, so you will see some of those in the crosswalk as well.

So, what we can do right now is just go through the crosswalk. Nothing has changed, except for potentially one area that we would like to bring your attention to, so we will just go through and make sure that all of you all have a chance to comment. So, the first area right now is the target area of design and use of technologies that advance health equity. Again, the content has not changed in this crosswalk, and you can take a look at it right now and just make sure everything looks great, and then we will continue to scroll down. Thank you for the nice, steady flow down for everyone to take a look at. And then, of course, it ends on our bias concerns, which include algorithms, clinical decision support tools, and patient interview question data. So, this is, again, the standard language and format that we have had before.

And then, we have Target Area No. 2, which is use of technologies that support public health, and I do want to bring all of you all and really help to focus on our ELR, which is the third row down in this section, thank you for that marker, and if you all recall, during our larger HITAC meeting, there were some comments and some questions because we as a workgroup had not recommended clear language in terms of what we thought was best moving forward for electronic lab reporting, and the reason why it was there as an N/A in the past was because we were really deferring to all of the amazing work that had been conducted by the Public Health Taskforce.



So, what we now have added in as the content is we have stated, "Please refer to Recommendations 36 through 43 in HITAC's report to the national coordinator on public health data systems," and that is the section that specifically refers to ELR. So, I just wanted to bring your attention to this because this was a change in the crosswalk from the last time that we had met, both as a workgroup and as a full committee, so I just wanted to see if there were any thoughts or even any revisions to that language there.

Steven Lane

I think this is what we have been talking about in making specific reference to the output of other groups, so I like the approach. I would just say that you might want to put the hyperlink on the words "HITAC's report to" or just "report." That would be my thought.

Medell Briggs-Malonson

Thank you, Steven. Jim, you were going to mention something as well.

Jim Jirjis

My apologies, I am in a place where I cannot see the screen right now, but the one question I had is one of the main points about ELR was people and laboratory testing companies adhering to reporting out laboratory tests mapped to an agreed-upon national standard, like LOINC. Is that what is in the wording? Because I think that was the issue, that most of our levers are around the providers, not these other entities. Are we letting the Public Health Group work on that, or is that something that HITAC wants to point out? Because the issue there is how do we incentivize those who are not covered entities spending money to adhere to the semantic standard as they report? That, to me, is the big, pregnant question.

Medell Briggs-Malonson

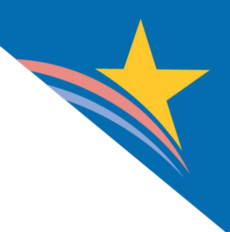
Jim, you are completely correct, that there was a fair amount of discussion around that, and to my knowledge, as I recall, that is some of the different language that is in the other taskforce's Recommendations 36 through 43, and Michelle, please correct me if I am wrong. And so, what we were just doing as the Annual Report Group was just to state, "Please refer to those recommendations" in an effort not to duplicate some of those recommendations that we know there was a large amount of robust conversation and effort that went into defining those recommendations.

Jim Jirjis

Perfect, thank you.

Medell Briggs-Malonson

All right. So, it seems like this is great, and that there is no opposition to just including that language there. And then, if we move on through the crosswalk… You see I am moving us along a bit. It continues to go on through the other public health topics. Again, no changes have been made. And then, we get to our next target area, which is interoperability, and we have included, again, all the standard content here, but you do see the very first recurring topic. So, at the very end, the last row, you have the interoperability standards priority uses with the electronic prior authorization, and you can see how that has an asterisk to really notate that this has been a recurring topic in several different annual reports, but this still has the same language and recommendations that we all had agreed to, and that was presented to the full committee last month. Let's continue on. You all stop me if there are any thoughts.



Here is also our very first longer-term opportunity, so you all as the workgroup can see how now, it is laid out to separate the immediate opportunities from the longer-term in each one of the target areas, and we have a similar format in privacy and security also with recurring topics. Does this format work for each of you? Does this seem very clear so that our readers can easily navigate through the various different topics, opportunities, and recommended activities?

Eliel Oliveira

I think so.

Medell Briggs-Malonson

Okay, great, excellent. Well, we will continue on forward to the last target area, patient access to information, and we have the footnote that is here at the very bottom, the topics that tend to recur across HITAC annual reports. So, this is the executive summary. Any additional thoughts about the overall executive summary, if there are any additional sections we need to add, any revisions we need to add? Because if this looks okay to us as the workgroup, we will say that we "bless" it, and we will make sure to present this executive summary to the full committee in January. So, I am opening it up for any additional comments.

Michelle Murray

Medell, did you want to go over anything in the stories that follow the table?

Medell Briggs-Malonson

Oh, yes, thank you for that. Let me just see if there are any thoughts on the crosswalk. Is everyone okay with the crosswalk?

Steven Lane

I like it.

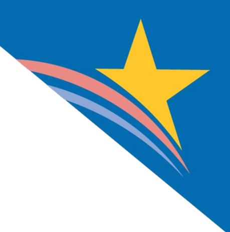
Eliel Oliveira

Absolutely.

Medell Briggs-Malonson

Great, wonderful. Let's go on to the stories, then, and thank you all for all of your contributions for modifying the story. Once again, just to ensure that everyone is aware and understands the purpose of the stories, the purpose of these illustrative stories is to take all of the different target areas, and the work that has been conducted, and all the recommendations and really put it in a real-life scenario so that it is easy for people to understand why each one of these different areas is so important for us to address as HITAC, as ONC, and as a country. So, given the amount of time, I will just read this very fast. I know that each and every one of you all has reviewed this and provided some input.

So, in the first one, design and use of technologies that advance health equity, "A patient goes to a community hospital to see a new primary care physician. During the intake session, the hospital uses a CDS tool to conduct the interview and screening of the patient, who notes that their gender identity is nonbinary. Historically, the electronic health record only allows providers to indicate a gender of male or



female. Through the Health Equity By Design Initiative, certified health IT now includes improved options to capture patient demographics that are used to inform clinical decision making and other tools. The PCP implements best-practice CDS recommendations that reduce the likelihood of unintentional bias to ensure that the patient receives gender-affirming care at the community hospital." Any thoughts?

Brett Oliver
Excellent.

Medell Briggs-Malonson
Great. You all can give me thumbs up, emojis, or any of that.

Eliel Oliveira
I do not think we have the option to do that.

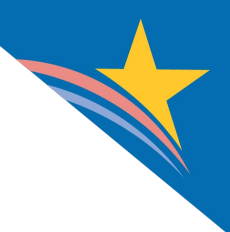
Medell Briggs-Malonson
That is very true, we just have the hand raise. Thank you all. Let's go on to the next one. We are going to have to add that somehow so that we can have a little bit of fun with this. So, target area: Use of technologies to support public health. "A patient presents at an urgent care center with symptoms of monkeypox. The urgent care center collects an appropriate sample…" Thank you, Eliel. I see your thumbs up. That is what I was looking for. "The urgent care center electronically notifies the local public health authority using ECR to document clinical information and close contacts for contact tracing.

"Within 48 hours of when the patient presented to the urgent care center, the laboratory confirms that the patient has tested positive for monkeypox. Due public health infrastructure improvements, electronic notifications are sent to the urgent care center, the local public health authority, and the patient's PCP that the patient has tested positive for monkeypox. The electronic notification enables a quick response by public health and providers to help contain and manage the spread of the virus." So, that is our public health story. Any revisions? Or, we can do some thumbs up or just say yea.

Jim Jirjis
Looks good to me.

Medell Briggs-Malonson
Great. The next section: "An academic medical center is conducting a pilot to evaluate how improving referrals and addressing social needs like food insecurity and transportation impact diabetes outcomes. Once a patient with diabetes is seen at the emergency department and meets the criteria for the pilot's determined social needs, the ED physician uses a standardized provider director to refer the patient to an endocrinologist in the patient's health insurance network.

As a result of streamlining electronic prior authorization processes, the academic medical center is able to reduce unnecessary administrative burden to facilitate the referral. To address the patient's social needs, the patient is referred to a community-based organization for transportation and food insecurity support. Using a recently adopted closed-loop referral system, the academic medical center is updated that the referrals have been received and acted upon. The patient is now seeing an endocrinologist with the aid of transportation support and receiving daily healthy meals from the community-based organization." Now, I



must say this is a dream for me. I wish we could actually have this setup, and especially from the emergency department, so I appreciate this story. So, any additional thoughts about this illustrative story?

Eliel Oliveira
Yes, same thoughts. This is a dream, and there is a lot here to get to this point. Good example.

Medell Briggs-Malonson
It is a great one, but we are working on it, and that is why we have to have these stories, of what our visions are so we can all hopefully move the standards and the technology towards that.

Steven Lane
I remember when we started doing these stories. It kind of seemed a little hokey to me at first, but that is just a me problem, and I think they are really nice. They really set the bar, and they put out that vision in a way that is very understandable to the common person, to the layperson, and I think, frankly, it is good that people have put as much thought into these as they have, and I think that the ONC team should figure out some way to social media-ize these and to really bring attention to them. “This is what we are aiming for at ONC and HITAC, and a lot of people are doing a lot of work to help move us towards this vision.”

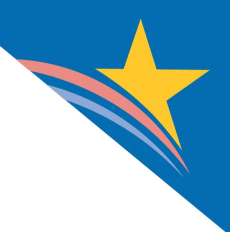
Medell Briggs-Malonson
I think that is a great set of suggestions, and in fact, I know we have two more to go through, but I will just say the comment now. Right now, these are at the very end of the executive summary, and I also wonder if maybe they should be at the very beginning in order to set that vision and set that tone of “This is what we are aiming for, and now you are going to go through the rest of the report for identifying where our current state is, where our current challenges are, and where our recommendations lie.” So, that was something I wanted to bring up to the group to see what your thoughts were, and also Michelle and the rest of the ONC team, just to see how we can make this executive summary and the overall report even more meaningful for people to connect to so that they understand why we are making all the various different recommendations that we are making.

Eliel Oliveira
I really like that, Medell, because I could see when someone goes through the matrix, that can get pretty tough to understand, but if they read these stories before they go through the matrix, I think it puts a good context.

Medell Briggs-Malonson
I agree. Any other thoughts? Okay. And so, Michelle, I do not know how feasible that is or if there is something that may prevent us from doing such, but that would be just a recommendation so that people really understand why all of the work that we are proposing in these areas is so important, and where we are trying to get to.

Michelle Murray
Yes, I think that is easy to do, and we will work on that for you.

Medell Briggs-Malonson



Great, thank you. On to the last two. Privacy and security: “A behavioral health clinic covered by 42 CFR Part 2 is a participant in TEFCA and has a clear understanding of when it can and cannot respond to information requests based on the information-blocking guidelines ONC issued. Leveraging TEFCA implementation guidelines, the clinic has a standardized mechanism to comply with the HIPAA minimum necessary requirement when sharing data for healthcare operations and payment purposes. In addition, based on lessons learned from other TEFCA participants, the clinic has developed an effective methodology for sending and receiving required consents using TEFCA. These clarifications lessen confusion around privacy and consent for the clinic and others like it.” Any additions here? Are we okay with this one as well?

Eliel Oliveira

Yes, I think so.

Medell Briggs-Malonson

Jim, we missed you a little bit.

Jim Jirjis

I was just affirming.

Medell Briggs-Malonson

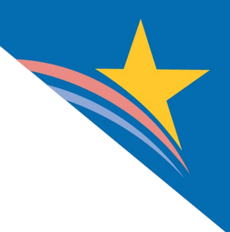
Okay. Thank you, Jim, for that. All right. And then, the last one is patient access to information. “A voluntary program that has been established by health IT industry partners verifies that consumer-oriented health apps produce clinically validated recommendations, protect the privacy of patients’ data, and demonstrate cultural and linguistic sensitivity. A patient with cardiovascular conditions from a community with a large immigrant population is looking for a Spanish-language health app to assist her in monitoring her high blood pressure, integrating her related health data from several provider organizations and her preferred laboratory and pharmacy. While searching the app store on her phone, she finds apps that display the program’s seal of approval. She chooses a verified Spanish-language app, knowing it will protect her data and provide accurate care recommendations.” Again, this is also just a beautiful example of what we are trying to achieve as well, with access, privacy, as well as, I feel, cultural and linguistic alignment. Any additional thoughts?

Eliel Oliveira

I really like this example as well because there is no one way of validating all these apps and what is safe and not safe, and in the world that we are in today of fake news and everything else, it is getting even harder. Love this.

Medell Briggs-Malonson

Absolutely. Again, I just want to thank the ONC team. You all have done a fantastic job in both the executive summary, the crosswalk, as well as in each one of these stories, so we are grateful and we really do appreciate you. So, there is one comment that we just have as well. I just want to read this. It says, “The recent HHS RFI on the potential creation of a national healthcare provider directory weaves a nice narrative on the possibilities of incorporating emerging technologies and how we can interlay with third-party developers. These anecdotes help people like me understand the potential uses of the underlying technology that ONC and others have a hand in developing. Thanks for all your work.” Well, thank you so



much, Joe, for sending us this message as well and making sure that we are also aware of some of these other items, so I appreciate that. All right, any additional closing thoughts on the executive summary, the crosswalk, as well as the stories? Should we say yay, celebrate it?

Steven Lane
Ship it.

Medell Briggs-Malonson
Great. Well, we are going to celebrate this. This is a great, great start, and I am sure that the rest of our HITAC colleagues will also deem that as a great start, and I am looking forward to all of their feedback, so again, I want to thank each and every single one of you for your contributions and for all of your amazing mental energy and engagement of helping all of us, as well as the ONC team, put together the summary as well as the topics, the crosswalk, and the story, so I really do appreciate all of you all, and of course, to the ONC team as well. It is a team effort; we could not have done this without everyone. So, we are a little early before public comment, and because it seems like we all approve this moving forward, I want to put that on record, so maybe we can move to public comment at this point in time. Mike, do you think that that is okay?

Public Comment (01:04:13)

Michael Berry
Yes, that absolutely is. Thanks, Medell. We are going to open up our call for public comment. If you are on Zoom and would like to make a comment, please use the hand raise function, which is located on the Zoom toolbar at the bottom of your screen. If you are on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. We will pause for just a moment to see if anyone raises their hand. I am not seeing any hands raised, Medell, so I will turn it back to you to close us out.

Next Steps and Adjourn (01:04:42)

Medell Briggs-Malonson
Great. Thank you so much, Mike. So, this has been a wonderful journey. I am very proud of all the work that we have been able to accomplish, and so, we will turn this back on over to the ONC team to make any small revisions or additions that are necessary, and again, thank you all for all of your hard work, and we will reconvene in January, so, until that time, I wish everyone a happy holiday season, stay well, continue to take care of each other, and we will come back and see each other in January. Thank you again, and everyone, have a great day.

Brett Oliver
Thanks, Medell.

Eliel Oliveira
Thank you. Bye.

Jim Jirjis
Thank you.