



Annual Report Workgroup Update

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October 19, 2023



Annual Report Workgroup Update

- Workgroup Membership
- Meeting Schedules and Next Steps
- Discussion of Draft Crosswalk of Topics for the HITAC Annual Report for FY23



Annual Report Workgroup Membership and ONC Staff

| Member Name | Organization | Role |
|------------------------|--|---|
| Medell Briggs-Malonson | UCLA Health | <i>Co-Chair</i> |
| Aaron Miri | Baptist Health | <i>Co-Chair</i> |
| Hans Buitendijk | Oracle Health | <i>HITAC Committee Member</i> |
| Hannah Galvin | Cambridge Health Alliance | <i>HITAC Committee Member</i> |
| Jim Jirjis | Centers for Disease Control and Prevention | <i>Federal Representative</i> |
| Anna McCollister | Individual | <i>HITAC Committee Member</i> |
| Eliei Oliveira | Harvard Medical School & Harvard Pilgrim Health Care Institute | <i>HITAC Committee Member</i> |
| ONC Staff Name | Title | Role |
| Micky Tripathi | National Coordinator for Health Information Technology | <i>ONC Leadership</i> |
| Elise Sweeney Anthony | Executive Director, Office of Policy | <i>ONC Leadership</i> |
| Seth Pazinski | Division Director, Strategic Planning & Coordination | <i>ONC Leadership</i> |
| Michael Berry | Branch Chief, Policy Coordination | <i>Designated Federal Officer (DFO)</i> |
| Michelle Murray | Senior Health Policy Analyst | <i>ONC Staff Lead</i> |



Meeting Schedules and Next Steps

Meeting Schedule for the Annual Report Workgroup

| Month | Deliverables to Review |
|-----------------------|--|
| June 6, 2023 | Develop list of topics for FY23 Annual Report |
| August 16, 2023 | Develop crosswalk of topics for FY23 Annual Report |
| August 30, 2023 | Develop crosswalk of topics for FY23 Annual Report |
| September 14, 2023 | Develop crosswalk of topics for FY23 Annual Report |
| September 25, 2023 | Develop crosswalk of topics for FY23 Annual Report |
| October 16, 2023 | Develop crosswalk of topics for FY23 Annual Report |
| November 30, 2023 | Develop draft FY23 Annual Report |
| December 18, 2023 | Develop draft FY23 Annual Report for HITAC review |
| January-February 2024 | Update draft FY23 Annual Report for HITAC approval |
| February-March 2024 | Ready FY23 Annual Report for transmittal |

Meeting Schedule for the Full Committee



| Meeting Date | Action Items/Deliverables |
|------------------|---|
| June 15, 2023 | Update on status of FY23 Annual Report development (discuss topic list) |
| August 17, 2023 | Update on status of FY23 Annual Report development |
| October 19, 2023 | Update on status of FY23 Annual Report development (discuss crosswalk) |
| November 9, 2023 | Update on status of FY23 Annual Report development |
| January 18, 2024 | Review draft FY23 Annual Report |
| February 8, 2024 | Approve final FY23 Annual Report |

Annual Report Workgroup Next Steps

- Continue to develop draft crosswalk of topics and draft report at workgroup meetings during the fall
- Provide periodic progress updates at HITAC meetings during the fall
- Present draft report for discussion at HITAC meetings in early 2023





**Discussion of Draft Crosswalk
of Topics for the
HITAC Annual Report for FY23**

Draft Crosswalk of Topics for the HITAC Annual Report for FY23

- In preparation for drafting the HITAC Annual Report for FY23, the Annual Report Workgroup developed a crosswalk document that considers gaps, challenges, opportunities, and recommended HITAC activities for a set of key topics across several target areas
- Additional topics will be covered in the landscape analysis for awareness
- The topics are grouped by several target areas defined in the Cures Act:
 1. Design and Use of Technologies that Advance Health Equity
 2. Use of Technologies that Support Public Health
 3. Interoperability
 4. Privacy and Security
 5. Patient Access to Information



Key Topics for the HITAC Annual Report for FY23

Target Area: Design and Use of Technologies that Advance Health Equity

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|---|--|---|
| <p>Artificial Intelligence (AI) — Algorithmic Bias and Transparency</p> | <ul style="list-style-type: none"> • AI holds significant promise in solving healthcare challenges, yet research and regulations are necessary to ensure that bias and harm are not implemented in the design and use of new technologies. • Decision support interventions (DSIs) and predictive models lack the patient and caregiver perspective. | <ol style="list-style-type: none"> 1. In collaboration with relevant HHS agencies and including the patient and caregiver perspectives, hold a listening session focused on: <ol style="list-style-type: none"> a. Understanding the current landscape of public and private AI initiatives. b. How various organizations are defining FAVES standards with an emphasis on fairness and appropriateness and how to standardize measuring them in healthcare settings for predictive DSIs. 2. In collaboration with relevant HHS agencies and professional societies, support the development of guidance to assist providers, certified health IT developers, and other health IT developers with the implementation of the HTI-1 final rule's algorithm bias policies, including their evaluation of FAVES and the implications for specific patient populations. |

Key Topics for the HITAC Annual Report for FY23

Target Area: Design and Use of Technologies that Advance Health Equity (cont.)

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|---|--|--|
| Missing Health IT Infrastructure for Health Equity and Social Drivers of Health (SDOH) Data | The collection of health equity and SDOH data remains inconsistent due to a lack of standardization, the infrequency of the recording of this data, and the lack of adoption of IT tools by community-based organizations (CBOs), public health organizations, and social service providers. | <ol style="list-style-type: none"> 1. Hold a listening session to identify gaps in SDOH standards, including those that have been developed and are under development. 2. Explore the development of a framework to support the adoption, implementation, and use of health IT by CBOs, public health organizations, and social service providers. The framework should identify strategies to support the private and secure exchange and use of SDOH data, including pilot demonstrations. |
| Reducing the Digital Divide — General | Further requirements and initiatives are needed to reduce the digital divide, including encouraging health equity to be a core design feature and component in health care. | Encourage ONC to work with other HHS agencies and standards developers to adopt standardized SDOH data elements about a patient's internet access status, digital literacy status, and health literacy status. |
| Reducing the Digital Divide — Increasing Access to and Accessibility of Telehealth Services | Telehealth continues to bridge access gaps but still poses risks of exacerbating disparities. | Explore the benefits and challenges of encouraging the adoption of security and accessibility standards by telehealth providers. |

Key Topics for the HITAC Annual Report for FY23

Target Area: Use of Technologies that Support Public Health

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|---|--|---|
| Gaps in Infrastructure and Standards to Support Data Sharing for Public Health Purposes | There is a need for infrastructure to support data sharing that promotes coordination and standardization across different systems and data sources. | <ol style="list-style-type: none"> 1. Hold a listening session to identify elements of a framework that supports increased interoperability and standards for epidemiological and syndromic surveillance. 2. Invite the TEFCA Recognized Coordinating Entity (RCE) to provide periodic updates to the HITAC and to seek input on the identification and adoption of a public health use case. |

Key Topics for the HITAC Annual Report for FY23

Target Area: Interoperability

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|---|--|---|
| Standards to Support Data Linking and Patient Matching* | <ul style="list-style-type: none"> The lack of standardized health data linking has resulted in a disparity of interoperability across systems and states. Patient matching when sharing data needs to be improved, especially for vulnerable populations. | <p>Hold a listening session to learn more about:</p> <ol style="list-style-type: none"> How to improve the standardization of data linking to support interoperability that increases the quality of the data content and the ability for recipients to request needed data. The TEFCA Qualified Health Information Networks' (QHINs) experiences with exchanging data with each other, including how they are implementing cross-QHIN patient matching and supporting vulnerable and diverse populations. Government agencies' experiences with linking clinical and claims data, e.g., the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the National Cancer Institute (NCI). Lessons learned that could support the data linking initiatives, e.g., the Privacy Protecting Record Linkage (PPRL) strategy. |

*Topics that tend to recur across HITAC annual reports

Key Topics for the HITAC Annual Report for FY23

Target Area: Interoperability (cont.)

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|---|---|---|
| Supporting Interoperability Standards – Laboratories and Pharmacies | <ul style="list-style-type: none"> The lack of consistent use of standards by laboratories and pharmacies creates a barrier to interoperability. There is a lack of infrastructure to support the connectivity of pharmacy data with the broader health IT ecosystem. | <ol style="list-style-type: none"> Explore what steps the Centers for Medicare & Medicaid Services (CMS) may be taking to incentivize or require laboratory and pharmacy interoperability. Please refer to HITAC's report to the National Coordinator on Pharmacy Interoperability and Emerging Therapeutics. Please refer to Recommendation 38 in the HITAC's report to the National Coordinator on Public Health Data Systems. |
| Supporting Interoperability Standards — Long-Term and Post-Acute Care (LTPAC) Providers | Interoperability needs to be increased across the broader care continuum to include LTPAC providers. | <ol style="list-style-type: none"> Explore what actions HHS can take to advance LTPAC interoperability including reviewing steps CMS may be taking to incentivize sharing of LTPAC data. Explore certification needs for LTPAC providers' health IT systems to support bi-directional exchange with acute and ambulatory providers that have already adopted certified health IT modules. |

Key Topics for the HITAC Annual Report for FY23

Target Area: Interoperability (cont.)

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|--|--|---|
| Streamlining of Health Information Exchange* | Gaps in interoperability remain when health organizations rely on multiple methods of electronic data exchange and must coordinate across multiple health systems, health IT systems, and health information networks to enable exchange. | Identify priority use cases and develop recommendations on implementation guidance that can be used in the field to increase the consistency of the data being shared. |
| Information Blocking — Infeasibility Exception | With regard to the information blocking rules, an actor's ability to comply with requests for access, exchange, or use of electronic health information (EHI) is sometimes limited. | Hold a listening session to hear from affected actors about the barriers to compliance within the timeframes in the information blocking rules and potential solutions that would enhance compliance while also addressing the concerns of the actors and other affected parties. |
| Information Blocking — Registries | There is some confusion in the health IT industry about if and when organizations that operate disease or patient registries are considered actors under the information blocking rules with respect to providing access to registry data. | Support the development of guidance about if and when a disease or patient registry would be considered an actor subject to the information blocking rules with respect to providing access to registry data. |

*Topics that tend to recur across HITAC annual reports

Key Topics for the HITAC Annual Report for FY23

Target Area: Privacy and Security

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|---|---|---|
| Privacy of Sensitive Health Data — Gender and Reproductive Health | The inconsistent legal landscape governing gender and reproductive health data combined with the difficulty in segmenting this data regularly creates barriers to its exchange. | Hold a listening session with the HHS Office for Civil Rights (OCR) and others to explore the health IT industry's opportunities to improve the protection of sensitive health data regarding gender and reproductive health. |
| Privacy of Sensitive Health Data — Consent | There is a lack of consensus on the key use cases, the definition of sensitive health data, and the path forward to support improved electronic patient consent. | <ol style="list-style-type: none"> 1. Suggest steps toward a terminology value set for sensitive health data elements that could be widely adopted. 2. Explore what additional foundational infrastructure needs to be in place to support the interoperable exchange of consent information. |

Key Topics for the HITAC Annual Report for FY23

Target Area: Privacy and Security (cont.)

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|--|--|--|
| Lack of Accounting of Disclosures | Today patients have limited transparency into how their identified and de-identified health data are shared. | <ol style="list-style-type: none"> 1. Explore the metadata needed to implement prioritized use cases that allow patients and healthcare organizations to understand who is accessing patient data and for what purpose. 2. Explore opportunities to encourage healthcare organizations to regularly provide increased transparency into how they use de-identified data. 3. Explore patient preferences for disclosures about the sharing of their health data. |
| Cybersecurity Events Across the Healthcare Infrastructure* | Cybersecurity events continue to block access to health records which can impede patient care. | Hold a listening session to explore best practices across healthcare and other industries and amplify existing federal and industry initiatives to improve cybersecurity. |

*Topics that tend to recur across HITAC annual reports



Key Topics for the HITAC Annual Report for FY23

Target Area: Patient Access to Information

| Topic | Gap | Recommended HITAC Activities (Proposed) |
|--|---|--|
| Limited Guidance for Safety and Security of Mobile Health Applications* | The lack of a uniform public or private approach to oversee the mobile health app field results in inconsistent quality of apps and widely varying privacy and security protections. | Explore the guidance available and certification criteria needed for apps that have been vetted as clinically valid to support interoperability with other certified health IT modules. |
| Patient-Reported Electronic Health Record Update Processes* | Transparency about the accuracy of patient data and an easy electronic mechanism to update incorrect data are still lacking. | Hold a listening session to identify current processes healthcare providers are using to receive and process patient-requested changes and explore best practices to improve the current state. |
| Patient-Generated Health Data (PGHD) — Lacking Standards and Interoperability among Platforms* | <ul style="list-style-type: none"> PGHD can be challenging to transfer into EHRs and time-consuming for providers and patients to access, requiring special effort. PGHD device and software developers are not subject to health IT certification but play a critical role in the ecosystem. | <ol style="list-style-type: none"> Explore collaboration with other relevant federal agencies to define clinically relevant PGHD that could be incorporated into provider clinical workflows. Explore best practices for where PGHD data is stored securely and for the metadata that is required to improve the usability of PGHD including improved data visualization in the provider workflow. |
| User-Friendly Price/Cost Data Transparency* | Price and coverage data provided for transparency can be difficult to understand. | Invite CMS to provide an update to the HITAC on its healthcare provider and health plan price transparency initiatives. |

*Topics that tend to recur across HITAC annual reports



Thank you!



Contact ONC

Add additional call to action or relevant speaker information and contact details.



Phone: 202-690-7151



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