



# Transcript

## HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) MEETING

February 8, 2024, 10:00 AM – 11:15 AM ET

VIRTUAL





## MEMBERS IN ATTENDANCE

Medell Briggs-Malonson, UCLA Health, Co-Chair  
Sarah DeSilvey, Gravity Project, Co-Chair  
Shila Blend, North Dakota Health Information Network  
Hans Buitendijk, Oracle Health  
Michael F. Chiang, National Institutes of Health  
Derek De Young, Epic  
Steven (Ike) Eichner, Texas Department of State Health Services  
Lee Fleisher, University of Pennsylvania Perelman School of Medicine  
Hannah Galvin, Cambridge Health Alliance  
Rajesh Godavarthi, MCG Health, part of the Hearst Health network  
Steven Hester, Norton Healthcare  
Bryant Thomas Karras, Washington State Department of Health  
Hung S. Luu, Children's Health  
Trudi Matthews, UK HealthCare  
Deven McGraw, Ciitizen  
Katrina Miller Parrish, Humana Health Insurance  
Aaron Neinstein, Notable  
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute  
Kikelomo Oshunkentan, Pegasystems  
Randa Perkins, H. Lee Moffitt Cancer Center & Research Institute  
Rochelle Prosser, Orchid Healthcare Solutions  
Dan Riskin, Verantos  
Fillipe Southerland, Yardi Systems, Inc.  
Zeynep Sumer-King, NewYork-Presbyterian  
Naresh Sundar Rajan, CyncHealth

## MEMBERS NOT IN ATTENDANCE

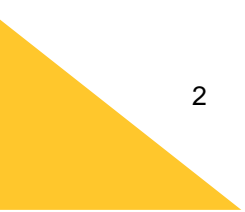
Anna McCollister, Individual  
Mark Sendak, Duke Institute for Health Innovation

## FEDERAL REPRESENTATIVES

Abdi Hashir, Food and Drug Administration (attending on behalf of Keith E. Campbell)  
Jim Jirjis, Centers for Disease Control and Prevention  
Meg Marshall, Department of Veterans Affairs (*Absent*)  
Michelle Schreiber, Centers for Medicare and Medicaid Services  
Ram Sriram, National Institute of Standards and Technology

## ONC STAFF

Steve Posnack, Deputy National Coordinator for Health Information Technology  
Elise Sweeney Anthony, Executive Director, Office of Policy  
Avinash Shanbhag, Executive Director, Office of Technology  
Seth Pazinski, Director, Strategic Planning and Coordination Division  
Wendy Noboa, Designated Federal Officer





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

### **Wendy Noboa**

Good morning, everyone, and welcome to the February 2024 HITAC meeting. We are so glad you could join us today. I am Wendy Noboa with ONC, and I am the Designated Federal Officer of the HITAC. This meeting is open to the public, and your feedback is welcome. Comments can be made via the Zoom chat feature throughout the meeting or can be made verbally during the public comment period that is scheduled at approximately 11:00 a.m. Let's go ahead and get started with our meeting. First, let me welcome ONC's executive leadership team, Steve Posnack, the Deputy National Coordinator, Elise Sweeney Anthony, the Executive Director of the Office of Policy, and Avinash Shanbhag, the Executive Director of the Office of Technology. I would like to begin with roll call of our HITAC members. When I call your name, please indicate that you are present. Let's start with our co-chairs. Medell Briggs-Malonson?

### **Medell Briggs-Malonson**

Good morning.

### **Wendy Noboa**

Sarah DeSilvey?

### **Sarah DeSilvey**

Good morning, everyone.

### **Wendy Noboa**

Shila Blend?

### **Shila Blend**

Good morning.

### **Wendy Noboa**

Hans Buitendijk?

### **Hans Buitendijk**

Good morning.

### **Wendy Noboa**

Michael Chiang?

### **Michael Chiang**

Good morning, present.

### **Wendy Noboa**

Derek De Young?

### **Derek De Young**

Good morning.





**Wendy Noboa**

Steve Eichner?

**Steven Eichner**

Good morning.

**Wendy Noboa**

Lee Fleisher? Hannah Galvin?

**Hannah Galvin**

Good morning.

**Wendy Noboa**

Raj Godavarthi? Steven Hester?

**Steven Hester**

Good morning.

**Wendy Noboa**

Bryant Thomas Karras?

**Bryant Thomas Karras**

Present. Hello, everyone.

**Wendy Noboa**

Hung Luu?

**Hung S. Luu**

Good morning.

**Wendy Noboa**

Trudi Matthews?

**Trudi Matthews**

Good morning, everyone.

**Wendy Noboa**

Anna McCollister? Deven McGraw will be joining us later. Katrina Miller Parrish?

**Katrina Miller Parrish**

Good morning.

**Wendy Noboa**

Aaron Neinstein?



**Aaron Neinstein**

Good morning.

**Wendy Noboa**

Eliei Oliveira?

**Eliei Oliveira**

Good morning.

**Wendy Noboa**

Kikelomo Oshunkentan?

**Kikelomo Oshunkentan**

Good morning.

**Wendy Noboa**

Randa Perkins? Rochelle Prosser? Dan Riskin?

**Dan Riskin**

Good morning.

**Wendy Noboa**

Mark Sendak will not be able to join us today. Fil Southerland?

**Fillipe Southerland**

Good morning.

**Wendy Noboa**

Zeynep Sumer-King? Naresh Sundar Rajan?

**Naresh Sundar Rajan**

Good morning.

**Wendy Noboa**

Now for our federal representatives of the HITAC. Hashir Abdi, in place of Keith Campbell?

**Hashir Abdi**

Present.

**Wendy Noboa**

Jim Jirjis? Meg Marshall? Michelle Schreiber?

**Michelle Schreiber**



Wendy, I am present, but if I may, I would like to announce and seek approval from the committee that Alex Mugge has frequently filled in for me, and we are going to reverse roles, so Alex Mugge will be the CMS representative. Many of you know Alex already. She is the Chief Health Informatics Officer and the Director of the Health Informatics and Interoperability Group at CMS, so she will be our representative, and I will be her backup.

**Wendy Noboa**

Okay. Well, thank you so much, Michelle, for letting us know, and Alex, welcome.

**Michelle Schreiber**

I am the one here today, but Alex will be here in the future, and I do want to say it has been a pleasure to serve on this committee, so, thank you to all of you.

**Wendy Noboa**

Well, it has been a pleasure having you with us. Thank you so much for your time, and it sounds like we will still see you. Last but not least, Ram Sriram.

**Ram Sriram**

Present. Good morning to everyone.

**Wendy Noboa**

Good morning. Thank you, everyone. Please join me in welcoming Elise Sweeney Anthony for her opening remarks.

**Welcome Remarks (00:03:52)**

**Elise Sweeney Anthony**

Good morning, everyone. Thank you so much for the opportunity to share with you a couple of updates today on behalf of our National Coordinator, Micky Tripathi. I always like to thank you for joining and engaging with the HITAC. It is such important work, and like I always say, I know everyone on this call has day jobs, so, spending time with us to talk about health IT and help us as we advance our work is just so critical. So, with that, I wanted to welcome our newest HITAC member, Trudi Matthews, to the committee, and I would also like to recognize Steven Hester, who is starting his second term on the committee, so, welcome and welcome.

In terms of ONC updates, we have a few we wanted to share. We are continuing to make progress on using TEFCA to bring FHIR APIs to scale. As you know, you have heard Dr. Tripathi talk a lot about this in terms of our December events that we were engaged in, as well as on an ongoing basis about the importance of FHIR APIs to TEFCA and the role that they play in enabling participant-to-participant FHIR API exchange through TEFCA. So, the TEFCA recognized coordinating entity, which is the Sequoia Project, recently received feedback on a bundle of new draft TEFCA materials that will support greater use of HL7 FHIR and also to make other updates to TEFCA. So, I just want to thank everyone who has engaged in that process. The RCE has a wonderful website that shares not only what they are up to and what they are working on, but also the schedule for upcoming meetings that they have with the public, so I encourage folks to also check that out.





In addition, the 2024 Standards Version Advancement Process, SVAP, is open, and it will be open through May 21st, and that is the feedback period, so you can make your comments through the SVAP standards page, which is on HealthIT.gov. In addition, the 2023 real-world testing is complete, so that means the health IT developers must submit real-world testing results for report to their ONC authorized certification body, and results reports conducted in 2023 must be publicly available on the CHPL, which folks know is our Certified Health IT Products List, and that has to happen no later than March 15th, 2024.

There was a new study that was led by ONC and our partners at the University of California at San Francisco, and it highlights the experience of digital health companies integrating with EHRs, given new federal policies regulating standards-based healthcare APIs. Here are a couple things from the study: About 73% of companies reported current or previous use of a standards-based EHR API in production, and most companies reported use of the FHIR standard, Fast Healthcare Interoperability Resources. I promised myself fewer acronyms in 2024, so if you hear me say things completely spelled out as opposed to the acronym, you know why. Definitely encourage that. So, you can also read this article. The title is “A National Survey of Digital Health Company Experiences with Electronic Health Record Application Program Interfaces,” and it is in *JAMIA*.

Here are the ONC updates. Last October, ONC and CMS jointly hosted an event that many of you were on, which was called Enabling Patient Access to Health Data for Actionable Results. As you know, we talk a lot about the importance of supporting patients in the access of their records, and that includes test results and having access to those test results in a more ready fashion. So, the event was a great event, and there were patients, providers, payers, and health IT developers who came to discuss initiatives that are under way that help patients actually access their health data. It was a full-day event, very well attended, and the session is available on HealthIT.gov, so if you were not able to join us, I do encourage folks to please check out that recording. It is a great discussion of what is happening in the field as it relates to supporting patient access and general knowledge regarding some of the activities that the federal government is also participating in in that regard.

There are also a number of resources on our website, HealthIT.gov, related to patients and resources for patients. One is called the Guide to Getting and Using Your Health Records. We refer to that in shorthand as “Get It, Check It, Use It,” so if you see that on the website, that is what it is. It is a wonderful resource for patients to understand a little bit more about their health records, how they can get them, and how they can use them as part of their care. There are also informational videos, and there is research and data about how patients are accessing and using electronic health information. Not only are there resources on the website for patients, but also information that might be helpful from a developer perspective or a provider perspective in understanding how patients are using their data and how they access their data. We also published a blog, which covers some of the key takeaways from the fall event that we had regarding actionable results, so check that out as well.

I also wanted to remind everyone that we are hosting a number of informational sessions to go over the HTI-1 final rule. The next session is actually scheduled for today, 3:00 p.m. Eastern Time, and it will focus on the Insights Condition. As folks may recall, the Insights Condition is our implementation of the EHR reporting requirement that Congress laid out in the CURES Act, so please do check that out. That will be another great session. If you did not have the opportunity to attend the other ones we have done so far, those are also recorded, and they are also available on our website, so we encourage folks to check that





out. What would me talking about HTI-1 be if I did not also mention that we have a number of presentations and other fact sheets online that might be helpful as you are learning about what the final rule lays out? So, check that out on our website as well. With that, I think I have covered everything for today, and it is my pleasure to turn it over to Medell and Sarah for their opening remarks.

## **Opening Remarks and Review of the Agenda (00:10:00)**

### **Medell Briggs-Malonson**

Thank you so much, Elise, for all those amazing updates, and as always, there are so many things going on with ONC, and it is great to hear how we can also continue to be involved, as well as the public. So, good morning, everyone, and welcome to our second HITAC meeting of the year, and a special welcome to our new HITAC member, Trudi, and of course, welcome back, Steven. We are so happy that both of you have joined us, and we look forward to continuing to work closely with each of you.

Now, today we have a very short, yet important meeting before us, which is going to be focused on the last review of the annual report and HITAC's vote of the report, and then, of course, all of our upcoming HITAC meetings are still going to be very packed with many, many important additional topics. Without further ado, Sarah, I will turn it on over to you in order for your opening remarks.

### **Sarah DeSilvey**

Thank you so much. Again, thank you so much, Elise, for that ONC welcome and update. I did have the honor of participating in the patient access event as a rural primary care provider. It was a wonderful event, and I do encourage everybody to listen to it. Again, this is our second meeting, as Medell mentioned. I have the honor of doing the formal welcome to Trudi and Steven, and so, as part of our process here in HITAC, we make sure that members have an opportunity to state any conflicts of interest and ensure that we understand their organizations, titles, and roles, so I am going to formally welcome to HITAC Trudi Matthews. Please express those three elements, and then we will transition to Steven. Trudi?

### **Trudi Matthews**

Sure, thank you so much, and thank you for the warm welcome to the committee. So that you all know, I work as Chief of Value-Based Programs, Public Policy, and Community Initiatives here at UK Healthcare, and also serve as the Executive Director of the Kentucky Regional Extension Center, which was founded back in 2010 with funding from the ONC, so we are one of those regional extension centers that have been around for a long time. Previously, I worked for the Health Collaborative and Health Bridge in Cincinnati, where I played a leadership role on several ONC-related programs, so I have a long history of working with ONC programs to advance health IT and quality, and prior to that, I worked as Kentucky's first e-health coordinator at Kentucky's Health and Family Services Agency. So, I am very pleased to join this committee and work with you all to advance this common cause. I have no conflicts to disclose. Thank you.

### **Sarah DeSilvey**

Thank you so much. And then, welcome back to Steven Hester.

### **Steven Hester**

Thank you, Sarah. I appreciate the welcome. I currently work with Norton Healthcare, an integrated health system in Louisville, Kentucky with nine facilities. It really covers Kentucky and southern Indiana. I have been with the organization in an executive role for about 20 years, and currently serve as Senior Vice







President and Chief Clinical and Strategy Officer. I have served in a number of roles in the organization, such as CMIO and CIO, over the years, and prior to that, I practiced emergency medicine for about 10 years. So, I am really excited to be back on the committee. There is lots of great work here, and I really just feel like there are lots of great things to come. We are in a great time in terms of opportunities for data, what we see in the markets, and working with partners. I do not have any conflicts to disclose, and I just look forward to working with the group.

### **Sarah DeSilvey**

Thank you so much, and welcome back. Welcome to Trudi and Steven, and my apologies, I skipped the review of the agenda, so we are going to go back to the agenda, and I will pass the mic back to Medell. She will review the agenda, then carry through to our discussion. Medell?

### **Medell Briggs-Malonson**

Thank you, Sarah, and trust me, it is not a problem. We are always flexible here in HITAC. So, let's review our agenda for the day. First, of course, we have already started out with our call to order and our roll call, as well as our welcome remarks from Elise and the co-chairs. The vast majority of our meeting today is going to be reviewing the draft of the HITAC Annual Report, and we will go a little bit deeper into what we did with the comments as well as what we need directly from HITAC. Then, we will conclude with our public comment because we always want to make sure we have space for our public to comment on anything we are discussing during our HITAC meetings, and then we will end with final remarks and adjourn. Next slide.

## **Revised Draft HITAC Annual Report for FY23 – HITAC Vote (00:13:44)**

### **Medell Briggs-Malonson**

Let's just keep on going. So, you all are going to hear a little bit from me for the next 30 to 40 minutes, but I do want to make sure that everyone is focused on what we are going to discuss for the annual report. So, for all of our new members, again, the annual report is actually developed over a time period of approximately six months, and what we do is take all of the various different ideas and topics that HITAC members feel are very important, we also make sure to review all of the various different work that all of our HITAC workgroups are also contributing to during that year, plus there is also additional information directly from ONC and all of the great accomplishments that they have also been able to do over the past year.

And so, we are now in this final, final leg of our annual report for fiscal year 2023, and all of these different reports were actually sent to you. I want to sincerely, sincerely appreciate all of you all that did review the report and all of the various different comments as well as insights that you provided to us, whether it was during the last HITAC meeting or actually during some type of written comments. One of the things you are going to see is that all of your comments were fully reviewed, not only by the ONC staff, but also by the Annual Report Workgroup, and all of your comments are also incorporated one way or the other. And so, let's dive a little bit into the construction of the annual report. Next slide.

Once again, this is a bit of what we have done so far in terms of our various different meetings, and we are going to talk about the discussion of the HITAC Annual Report, but we are also going to discuss the revised supplemental background research document, and again, this is a very large document that provides additional context to the various different topics that are reported out during the annual report, and then we





are going to ask the HITAC for a vote of approval today, and this will be the first official vote of HITAC during this year. Next slide.

Now we will go into the meeting schedule and next steps. This is a list of all the various different meetings that the Annual Report Workgroup has actually convened, and you can see that our last meeting was on January 31st, at which we took all the various different comments that we have received to date and updated both the annual report as well as the supplemental research document. If we need a couple more meetings after this, then we will reconvene the workgroup for any fine-tuning, but normally, we tend to be okay after that last meeting in January. Next slide. Now, this highlights the full committee of HITAC, and as you can see, we have been providing frequent updates to the HITAC committee since June 15th, and today is the approval of the final fiscal year 2023 annual report. Next slide.

So, these are just the steps of the development. Today, again, we really want to make sure we are leaning into it, making sure there are no other small revisions, and that HITAC is in full approval of this report. Once we receive the approval today, then what will occur is that the HITAC will transmit the final annual report and the supplemental background research document directly to Dr. Micky Tripathi, and then, from there, Dr. Tripathi will review the report in detail and then forward the final report and the supplemental background research document to the Secretary of HHS and to Congress. So, once again, this reemphasizes how incredibly important our work as HITAC is because it does not just stay here, it does not just give really strong recommendations to ONC, it directly also goes to our Secretary of Health and Human Services as well as congressional members. Next slide.

So, this is the discussion of the revised HITAC Annual Report. I know everyone is on the edge of their seats, waiting to review this. Let's go to the next slide really quickly. So, here are the primary target areas in the report. There are five primary target areas that are directly aligned with the 21st Century CURES Act, and they are design and use of technologies that advance health equity, use of technologies that support public health, interoperability, privacy and security, and last but definitely not least, patient access to information. Next slide.

This is an overall outline of how the annual report is divided, and it first starts off with a foreword and introduction, followed by the overall health IT infrastructure landscape, and then the infrastructure gaps, opportunities, and recommendations, the HITAC progress in fiscal year 2023, in which there was a large amount of activity, which we also expect a lot of this year as well, then the conclusion, and then the appendix. Next slide.

Let's go ahead and start to look at the annual report before we go into the revised background supplemental research document. Accel, if you are able to bring up the comments matrix, that would be great to show everyone. So, in all of your preparation documents, you received three primary documents, this, which is what I like to call the comments matrix, although it is a table, a redline version of the annual report, and a redline version of the supplemental research document. So, as you can see, we actually gathered all of the comments from every single HITAC member that said something verbally during the last HITAC meeting or actually sent in written comments, and what we did was review all the various different recommendations, and we also highlighted on this document whatever was most relevant for that comment to us as the Annual Report Workgroup and the ONC staff.





All of these different recommendations and comments were divided primarily into two buckets. First, if they were just things that were clarification or making sure we had the exact language that was appropriate, we incorporated those into the annual report and/or the supplemental document as appropriate. Then there was a second bucket, which was actually bringing up new ideas or topics that we need to dive into. So, there are certain nuances that we always have to look at, and we actually incorporate all those insights, but if it was not directly what we had been working on over the past six months and was a little bit more of another topic we wanted to dive into, we actually now have put that on the priority list in order for us to go and explore it much more deeply for the fiscal year 2024 annual report, and there is an entire iterative process of how we actually identify the topics we are going to include into the fiscal year 2024 report.

So, all of those different comments or recommendations that we did not include in this year's annual report are absolutely on the priority list for us all to go deeper into for this current fiscal year 2024 report. You will see as you scroll through that document that sometimes it says that, and other times, of course, the recommendation was incorporated. Thank you so much, Accel, if you want to scroll down really quickly. You will also see other times where it was either incorporated directly into the annual report and/or the supplemental document there.

So, once again, I just want to thank everyone for their review, feedback, and insight. Every single thing that we receive is always looked at with the greatest level of importance, and we have fully incorporated everyone's comments either into the current document or on the priority list. Thank you so much, Accel. I think we can move directly on over to the annual report for us to review. By the way, we are going to save all questions as I go through the report as well as the supplemental document until the very end. We will have a full question and answer session then, but if you do have a question or a comment, feel free to go ahead and put that in the chat, and we will circle back to it at the end of the review of the report.

So, drumroll, please. We now have before you the revised as well as the proposed final annual report for fiscal year 2024. Let's continue to scroll through. Once again, this is the foreword that just gives a little bit more context, signed by both myself as well as the former co-chair of both HITAC and the annual report, Aaron Miri. Let's keep on scrolling down. Now, this actually is the very first page, and one of the things that we wanted to make sure of was that we showed you the simple redlining of this report to fully indicate where all the various different comments were incorporated into this final version.

For instance, with the illustrative stories, you will see some common trends here that we added some additional words and language to all the various different titles in order to make sure it was consistent throughout all the illustrative stories, and also, we have some clarification to some of the illustrative stories as well that came directly from our HITAC members. Let's continue to scroll down. As always, as we are scrolling, we have the illustrative stories for each one of our five primary target areas as well, and you see where all the changes were made from the last time, we presented them.

Then, of course, next is the federal activities across the target areas. This actually incorporates a lot of the work as well that ONC conducted during fiscal year 2023 that aligned with the target areas from the 21st Century CURES Act. Let's continue to scroll down. Right here, this is also going back to what the core is of the annual report, where we as HITAC have identified the various gaps, opportunities, and recommendations. Once again, we did fully incorporate all of the various different comments that were brought up either into this document, the supplemental research document, or put them directly on the





priority list because we also want to make sure that those priority lists align with ONC's jurisdiction and scope, so that is why we have to do a little bit more exploration of some of the various different suggested recommendations. Let's continue to scroll through.

This is starting up with the design for advancing health equity. You also see some of the redlining which is very consistent throughout the report in collaboration with relevant HHS agencies when we are discussing listening sessions. And then, as we move on, there is the use of technologies to support public health, then the interoperability as well, and then the longer-term opportunities because, again, just as another point of clarification, we have several different topics that are either recurring from annual report to annual report, but even within those opportunities, of course, we divided the annual report into short-term and longer-term opportunities, short-term meaning that we can execute those within the next 12 to 18 months versus long-term opportunities, where there may need to be foundational elements in order to implement those recommendations, and it may take a little longer, two or three years. Let's keep on scrolling.

Privacy and security is the next section, where, again, we have reviewed all these different areas before, and there were no additional significant changes or recommendations in these areas. And then, you see where the red highlight is. Now, patient access to information is one area that I do want to bring attention to because of some of the significant changes we did make, and so, Aaron, thank you so much for all of your recommendations to this section. What Aaron did recommend were all these different comments in order to clarify the section a bit more than what we previously had had, and really making sure that we are using the appropriate language, like incorporating interoperability standards and data access among devices and platforms, and just ensuring that we are comprehensive in our language and not too narrow. So, we appreciate all the various different comments about that, as well as defining both consumer and medical devices in this section. As we continue to scroll through, you will be able to see where those recommendations were. Thank you again for those comments.

This section is, again, the HITAC progress in fiscal year 2023. The HITAC was incredibly busy this past fiscal year. We can see all of the overall accomplishments that we did make in fiscal year 2023, as well as all of the different discussions from the Annual Report Workgroup, and of course, one of our favorite things in the world right now, HTI-1 Proposed Rule Task Force and all of the wonderful recommendations, and now we are very happy and proud to support the HTI-1 final rule. Also, of course, we have our Interoperability Standards Workgroup, in which we are also now deep into, but this is also a highlight of all the fantastic work of our Interoperability Standards Workgroup from last year, as well as our Pharmacy Interoperability and Emerging Therapeutics Task Force. We will continue through there. Also, we had some great work that was also feeding over to last fiscal year, which is the Public Health Data Systems Task Force as well, which we also wanted to highlight in the annual report.

And then, of course, a very concise but very impactful conclusion. Excellent. I believe the rest of the document is focused on the appendix. This just gets a little bit more of the ONC objectives and benchmarks and all of their accomplishments from both fiscal year 2023 as well as what the defined ONC benchmarks are for fiscal year 2024. We can just scroll through that. There were no changes to this section. As you can see, there were no red lines added. Last but not least, here are all of our HITAC members that are there. All right, I think we are at the end of this document, and of course, all of our many thanks to our ONC team that make all of this possible.





Accel team, maybe what we can do now is actually bring up the supplemental research document in order for us to review it, especially looking at the simple redlining as well. Once again, this is the same exact process of what we did for the annual report, so any comments that came up that we felt were relevant to the supplemental background research document. You will see the redlines in this section. Now, this is a 46-page document, and yes, we can start to go through, Accel team, and while Accel is actually scrolling through, this document is meant to provide a significant amount of background information into why we made the decisions that we made, and also to provide any additional information for congressmembers or their staffers to get a deeper understanding of what some of this information means.

And so, this has been a document that we have produced for the past couple of years for those who want to put on their research hats a bit more in order to understand items. So, this is a perfect example of some of these additional pieces that we have added. For instance, this was a comment that was brought up by Katrina, but also fully supported by many of us within HITAC, of the need for monitoring of the periodic use of all of our different AI technology. It is not good enough just to implement it, but we absolutely have to have appropriate monitoring to assess for any unintended consequences of health AI. This is another area where we added that in, but again, it is on the priority list for us to go much deeper into this year in order to assess where that intersects within ONC's jurisdiction and scope instead of, for instance, falling under FDA or one of the other agencies. Let's continue scrolling through.

These are some of the additional redlines that we added to the supplemental document here, and this is also directly from all the various different comments. I do not think there are too many other changes, except for here, yes, with interoperability, so there were some very robust discussions in general during our last HITAC meeting about interoperability with laboratory and pharmacy, and we appreciate all those different discussions, and again, this is a primary area that is also on the priority list to explore for this year, but we wanted to capture everyone's voice and that important discussion, so we put that here within the supplemental research document, and this will be a nice jumping-off point for when we discuss this further this year. Let's continue to scroll down.

This is also an area that we thought was very important from some of the various different comments that were brought up as well. Oftentimes, when we are thinking about public agencies, as in in that discussion that we had during our last HITAC meeting, we have to make sure that we are being as comprehensive as possible, bringing in all the various different agencies and public health authorities, including our tribal health authorities, so we are not keeping it incredibly narrow because public health is so much more than just our standard public health entities. There are many forms of public health authority that we have to engage and incorporate. Let's continue to scroll in. So, that is where that discussion was put into our research document.

The discussion for sensitive health data and consent was also based off the discussion, insights, and recommendations that were received, so we made sure to add some additional language here about granular data segmentation and put that directly into the research document, and again, this is also placed on our list for further exploration this year. This also goes back to the comments that were made about patient-generated health data interoperability standards and data access. Just as we saw several of the various different revisions in the official annual report, we also made sure to incorporate these various different recommendations into our supplemental research document as well, so all of this language directly aligns together. Let's continue to scroll through there.





This is just going over the standard gap analysis, to which I do not think we added too many new redlines, but let's scroll through quickly and make sure the entire HITAC committee sees where any changes were made in this document. We are going up to privacy and security next. Once again, this is a very thorough document, and I have to sincerely thank the ONC staff for putting together all these different resources. Last but not least is the conclusion, and in the next following pages are just the appendices, which include the glossary as well as all the various different research references, which we were able to pull into this document for others to refer to. Thank you so much, Accel team. I think we can stop sharing.

Once again, that is the proposed final annual report, as well as the revised background supplemental document, and I did not go through all of those items, but I do want to pause and see if there are any additional comments or questions, but before I open it up for questions and answers, I want to again sincerely thank the Annual Report Workgroup. You all are a dynamic group, full of brilliant ideas, and I sincerely appreciate all the participation that you all have lent not only to HITAC, but our Annual Report Workgroup, and thinking collectively about what should be in this report to highlight all the work that we do as HITAC and all the work that we feel should be recommended directly to ONC as well as to Congress and the Secretary of HHS, so I want to thank you all for your strong participation, all of your insight, and the hard work that you have contributed to the report over the past six months. And then, of course, I want to sincerely thank Michelle Murray and the rest of the ONC staff. We could not do this without any of you all.

And so, for your attention to detail, your structure, and keeping us on track, again, we are incredibly grateful for the work that you all have played. So, I just want to thank everyone for this, and of course, all of HITAC and ONC leadership for all your support along the way as well. All right, now that we have all the points of gratitude out of the way, let's open it up for question and answer. Any questions or comments on the annual report that we can address before the vote? Ike, I think I see your hand raised.

### **Steven Eichner**

Yes, thank you. I want to thank all the people for all the hard work that has gone into the report thus far. I am still a little concerned about the user story on public health. Specifically, public health is already engaged in many of those activities. We already use syndromic surveillance as the initial way of identifying cases, and we certainly do engage in other activities. The big change that is highlighted in that user story is the potential use of TEFCA for connections to get that data.

From a practical standpoint, looking at syndromic data, there has to be enough data in the system to analyze and to identify a trend, so it cannot necessarily be real-time data in the instantaneous sense. We usually look at data on a daily basis or rotating basis as we are looking at data coming in because we have to be able to have data for more than one person to, of course, identify a trend. That is a nitpicky aspect, but I am not sure that that user story recognizes what public health is already doing and has been doing for some years, which I think is something we may want to feature, and also, what the value add is for TEFCA or what has changed in that environment really becomes important.

### **Medell Briggs-Malonson**

Ike, thank you so much for that. We actually had a fairly extensive conversation about exactly what you mentioned and your comment. Accel, can we bring up the annual report? Ike, we did appreciate that, and we did change that as well in the annual report to reflect this. You will see here in the redline that this is





what we try to do, and again, this was sent in advance, and to read all the various different illustrative stories and all of the text will take a little bit of time, but I am going to show you what we did with the illustrated story, and that will also go directly into what we did for the annual report in the table.

So, we tried to capture exactly what you mentioned, and maybe there is another small tweak, but we said by analyzing the real-time clinical and laboratory data obtained through TEFCA, in addition to data received through syndromic surveillance feeds, the department is able to quickly determine that all the cases are clustered in an area where residents live in overcrowded housing and have limited access to healthcare. So, what we were trying to say was exactly that. There was already data being collected, but then, therefore, through TEFCA, that will allow us to advance those efforts even more. So, does this capture it, Ike, or is there something else that you think might be able to flesh this out even a little bit more.

### **Bryant Thomas Karras**

This is Bryant. I cannot figure out how to raise my hand. I just want to second Ike's concern. I totally agree with the scenario describing a future state that is even better than it is now. I just think that it is a little dismissive to say "in addition to syndromic surveillance data" because it is that syndromic surveillance data that would have prompted that local health jurisdiction to reach out through TEFCA to investigate each of the cases. There is a preexisting public health effort that should be recognized as being built upon.

### **Steven Eichner**

Public health has long collected and assembled data beyond syndromic surveillance, looking at electronic laboratory reporting, immunization reporting, cancer reporting, etc. We have been collecting and using all that data for a number of years to identify threats and reach out in a timely manner to control infection and other diseases. The addition of electronic case reporting, which is relatively new to the table, certainly expands that ability to get information. TEFCA may further enhance or make it easier for providers to submit data to public health for those purposes, and that is a really good thing, and probably something that needs to be featured here, but I do think there needs to be additional recognition or better recognition of what public health is already engaged in.

### **Medell Briggs-Malonson**

I agree, and I hear that very, very clearly. So, what can we do? What proposal do the two of you recommend so maybe we can switch this around? Because what I am hearing is there needs to be a stronger recognition of the public health systems that are already in place and of how TEFCA is going to allow, again, further enhancement of all these different efforts as well. Is there a sentence or revision to this sentence in order to capture what some of the various different concerns are?

### **Steven Eichner**

Sure. Wordsmithing the file by analyzing that sentence in real time, somewhere in there, we could insert a line about, broadly speaking, the data that public health is already collecting, like "Public health currently collects data through a variety of different programs, such as ELR, UCR, and syndromic surveillance," and then add a line that says, "TEFCA will make it easier for providers to use a single connection to exchange data with public health, enhancing public health's access to timely data."

### **Medell Briggs-Malonson**





Excellent. So, trust me, we are capturing this in every way, and what I am hearing and seeing is “By analyzing real-time clinical data, public health is already collecting important data sources,” and we will include an example or two, and “TEFCA will make it easier for the public health agencies to exchange data and enhance the systems that are currently in place,” giving that recognition to what is already taking place and all the strong work there, but how TEFCA will help to enhance the interoperability and exchange of that data.

**Steven Eichner**

I think that works well, and mentioning state public health is probably as important as mentioning locals because it is collaboration on the public health end of it between local, state, tribal, CDC, and all parties, depending upon the situation at hand. We do collaborate across the public health community as well.

**Medell Briggs-Malonson**

Absolutely, and we also incorporated that exact piece directly further down. You had mentioned that before, Ike, and of course, we mentioned it in the supplemental document as well.

**Steven Eichner**

Sorry, I was really excited to hear you mention it.

**Medell Briggs-Malonson**

Correct. So, we are listening in every way.

**Bryant Thomas Karras**

Thank you. This is Bryant again. I recognize that there is nothing wrong in what is said here, in incorporations of “in addition to syndromic surveillance,” it is just that for a naïve reader of the report, they might not understand the sequence or the process. The syndromic surveillance comes in at the state level, not the local level, so it is a collaboration of the state and the locals that identify that outbreak in the small town in the first place, and then, because of that partnership between the state and the local, an investigation is initiated, and the TEFCA toolsets allow for that investigation to happen in near real time, rather than the old way of either walking into those institutions and doing a chart review or painfully trying to contact all the providers who were involved via phone and waiting for the callbacks, which do not happen as quickly as we would like. I totally agree with what is laid out here as a vision, it is just, as is always the case, more complicated than you are able to capture in the report.

**Medell Briggs-Malonson**

I sincerely appreciate your comments, Ike and Bryant. What we are doing is already capturing that sentence, and even while we are going through the rest of this, if you want to even do your own sentence, which can be sent in the chat to the hosts and panelists so that Michelle and I can see it, we will make sure to help to clarify that because we want it to be highly reflective of what we believe is the future state while also acknowledging our current state right now. So, thank you for that.

**Steven Eichner**

I appreciate that.

**Bryant Thomas Karras**







It is prompting me to think perhaps we need to get more public health representation on the annual report committee this coming year. Thanks for the note.

**Medell Briggs-Malonson**

Well, it is a very fun committee. That is all I can say.

**Steven Eichner**

Thanks so much.

**Medell Briggs-Malonson**

Thank you both. Any other questions or comments? All right, I am not seeing any additional hands and I do not see any additional items within the chat, so it sounds like we can go ahead and call for the vote. Sarah, I am going to turn it over to you to call for the vote, and we are calling for the vote with the additions of what both Ike and Bryant are recommending. Wendy, I see your hand.

**Wendy Noboa**

Yes. I am so sorry to interrupt you, Medell. Can you clearly do a recap of what you proposed for the report based on both Ike and Bryant's comments? We have to do that before we can pose a vote on the report, so people know clearly what they are voting for.

**Medell Briggs-Malonson**

Absolutely. What we are voting on, for which Sarah is going to call the official vote, will be the approval of the revised annual report, which will include that one sentence, which will be refined in the illustrative story for public health, in order to fully capture the future state of how TEFCA can help the current existing public health entities in the exchange of data, and just to make sure everybody is clear, Sarah is going to call for the vote, which means she will ask for a motion and a second. I am just clarifying what she is going to call the vote for. So, we are calling for the approval of the revised annual report with the recommendations that both Ike and Bryant actually proposed to HITAC, so we will make that change in the report, and you are also voting for the approval of the revised supplemental research document, and this will be the total package for the annual report for fiscal year 2023, so that is what we will be calling. I will turn it on over to Sarah to officially call for the vote of the approval of those aspects of our annual report and our supplemental research document.

**Sarah DeSilvey**

Thank you so much, Medell. Just from a point of process, thank you so much for the presentation and the amazing, extensive work of the Annual Report Workgroup. Thank you to our public health friends for adding that last perspective. I am looking for a motion to approve the revised annual report with the in-meeting amendments to the public health use case as expressed by Medell. Do I have a motion?

**Hans Buitendijk**

So moved. This is Hans.

**Sarah DeSilvey**

Do I have a second?



**Hannah Galvin**

Second. This is Hannah Galvin.

**Sarah DeSilvey**

I am going to make sure we have a formal vote here, so could I have a raise of hands for all members of HITAC who approve the annual report with its current edits as performed in the meeting today? Great. I am going to give a few more minutes to make sure that we give other members time to raise their hands. It looks like we are good. ONC, have we captured that? Okay, so now, I am going to transition. Verbally, are any opposed? Any abstentions verbally?

**Hans Buitendijk**

I am trying to get away from my hand.

**Sarah DeSilvey**

That is why I am switching to verbal. Are there any opposed, verbally? I did not hear any abstentions. So, the motion to approve the revised annual report with the in-meeting additions offered by our public health colleagues passes. Thank you so much. At this time, I believe I am passing it back to Wendy to move into public comment.

**Public Comment (00:52:24)****Wendy Noboa**

Thank you very much, Sarah. Okay, everyone. We would like to open the meeting now for public comment. If you would like to make a comment, please use the hand raise function on the Zoom toolbar at the bottom of your screen. If you are on the phone only, you can press \*9 to raise your hand, and once called upon, press \*6 to mute or unmute your line. Let's pause for a moment and see if anyone from the public raises their hand. While we wait, just as a reminder, the next HITAC meeting is on March 7th, and we will be having our first in-person 2024 HITAC meeting on April 11th. You can get more information about both those meetings on HealthIT.gov. I am just checking that there are no hands. At this time, it does not appear that we have any public comments, so I will yield the time back to the co-chairs. Medell and Sarah, please proceed.

**Final Remarks and Adjourn (00:53:26)****Medell Briggs-Malonson**

Thank you so much, Wendy, and again, thank you, everyone, for all of your comments, and even for us making sure that even to the last moment, we have the best report that we can. Once again, thank you, everyone, for joining us in our HITAC meeting for February, and we absolutely look forward to being with all of you all again in March. Sarah, any last comments?

**Sarah DeSilvey**

I was going to echo the same. Thank you so much, and again, a specific thank you to all those who put effort into the annual report this year. It is an excellent document, and the labor is very, very clear. We look forward to seeing you next month, and very much look forward to seeing you in person in DC. Have a lovely day, all.





## QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Deven McGraw: I am on but just landed so will stay off of video and audio for a few more minutes.

Trudi Matthews: Thank you - glad to be a part of this important committee and its work.

Rochelle Prosser: This is Rochelle Prosser. I am here.

Sarah DeSilvey: It was a fantastic event!

Kim Lundberg: <https://www.healthit.gov/news/events/enabling-patient-access-health-data-actionable-results>

Kim Lundberg: The Patient Access event from October 2023

Kim Lundberg: HTI-1 Rule webinars, including one this afternoon from 3-4:30 PM ET on "Insights Condition" <https://www.healthit.gov/topic/laws-regulation-and-policy/health-data-technology-and-interoperability-certification-program>

Fil Southerland: Appreciation to the co-chairs and Annual Workgroup for the transparency and efforts in active incorporation of feedback from the broader committee.

Jim Jirjis to Everyone: Jim Jlrjis joining late due to conflict

Hans Buitendijk: Ike and Bryant's comments are in sync with the intent of the statements, but expressed far better.

## QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

## RESOURCES

[HITAC Webpage](#)

[HITAC - February 8, 2024, Meeting Webpage](#)

Transcript approved by Medell Briggs-Malonson and Sarah DeSilvey, HITAC Co-Chairs, and Wendy Noboa, HITAC DFO, on 2/23/2024.

