ASTP | Health IT Advisory Committee

Health Information Technology Advisory Committee

Annual Report Workgroup Virtual Meeting

Transcript | September 9, 2024, 12 – 1:30 PM ET

Attendance

Members

Medell Briggs-Malonson, UCLA Health, Co-Chair
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute, Co-Chair
Shila Blend, North Dakota Health Information Network
Steven (Ike) Eichner, Texas Department of State Health Services
Hannah Galvin, Cambridge Health Alliance
Jim Jirjis, Centers for Disease Control and Prevention
Anna McCollister, Individual
Kikelomo Oshunkentan, Pegasystems
Rochelle Prosser, Orchid Healthcare Solutions

Members Not in Attendance

Hans Buitendijk, Oracle Health
Sarah DeSilvey, Gravity Project

ASTP Staff

Seth Pazinski, Designated Federal Officer
Michelle Murray, Senior Health Policy Analyst, ONC

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

Seth Pazinski
All right, good morning, everyone. Welcome to the Annual Report Workgroup meeting for the fiscal year 2024 cycle. I am Seth Pazinski with the United States Department of Health and Human Services (HHS) Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP), and I will be serving as your Designated Federal Officer for today's call. As a reminder, this call is open to the public, and we encourage public feedback throughout. Members of the public can type their comments into the Zoom chat feature, and we will also have time for verbal public comments at the end of our agenda today. I am going to start off with a rollcall of workgroup members, so when I call your name, please indicate that you are present. I will start with our cochairs. Medell Briggs-Malonson?

Medell Briggs-Malonson
Hello, everyone. Good morning.

Seth Pazinski
Hello. Eliel Oliveira?

Eliel Oliveira
Good morning.

Seth Pazinski
Good morning. Hans Buitendijk? Hannah Galvin?

Hannah Galvin
Good morning.

Seth Pazinski
Good morning. Jim Jirjis? Anna McCollister?

Anna McCollister
Good morning.

Seth Pazinski
Good morning. Shila Blend?

Shila Blend
Good morning.

Seth Pazinski
Good morning. Sarah DeSilvey? Steve Eichner?

Steven Eichner
Good morning.

Seth Pazinski
Good morning. Kikelomo Oshunkentan? Rochelle Prosser?

Rochelle Prosser

Good morning.

Seth Pazinski
All right, thank you. Is there anyone I missed or anyone who just joined us? Okay, with that, I am going to turn it over to Medell and Eliel for their opening remarks.

Opening Remarks (00:01:42)

Medell Briggs-Malonson
Awesome, thank you so much, Seth, and good morning/afternoon for some. As always, it is great to come together with our Annual Report Workgroup. We are moving quickly through the process, which is amazing. I think we are going to really start shaping up the report, so we have a lot of great things that we want to get through on today's agenda, and I am looking forward to everyone's comments and feedback. Eliel, I will pass it on to you for your opening remarks.

Eliel Oliveira
Thank you, Medell, and thank you, everyone, for joining. We are excited to be here again for another round. We are getting closer and closer to finalizing our report for the year, and yes, it is looking great, so we really appreciate all the work you guys have been doing in reviewing and providing recommendations, and we hope to hear some more today from you. Thank you for being here. Back to you, Medell.

Update on Workgroup Plans (00:02:33)

Medell Briggs-Malonson
Thank you. So, we are going to go ahead and just jump right on in. The first thing we are going to do is review our meeting agenda. We are going to provide an update on the workgroup plans, then go over a little bit of a discussion of the draft crosswalk. We just have one area to really look at in terms of prioritizations, and so, Eliel will walk us through that, too, when we get to that point, and we will make sure, especially for all the new members of the Annual Report Workgroup, that it is very clear what our objectives are as we go back over the draft crosswalk. But we are also going to save some time today to discuss the illustrative story ideas.

Michelle and the rest of the ASTP team have actually proposed a different story for each one of the target areas, and while we may not have the time to go in depth into each one of the story areas today, we at least want to present it so everyone can see them so we can start our various different thought processes in order to refine them or add additional information to demonstrate the stories. And then, as always, we are going to end with public comment, so we really hope the public does have some additional thoughts that they want to provide here for the Annual Report Workgroup. Next slide.

So, here is a bit of an update on workgroup plans. As you can see, we are already halfway through our process, which is incredibly exciting. What we are doing today is finalizing the crosswalk of topics and, most importantly, prioritizing them into immediate implementation versus delayed implementation, but everything is important. Then, as I mentioned, we are going to go over a preview of the illustrative story ideas. When we do come back together on September 23rd, we are also going to have a chance to review the draft fiscal year '24 annual report, which is also very exciting, and then also, on the 7th, we are also going to continue to do another additional review of that draft report in preparation for the Health Information Technology Advisory Committee (HITAC)'s review. And then, after we actually receive all the information from HITAC when we have our in-person meeting, we will continue to revise as well in order to get it prepared to submit it directly back to the full committee of HITAC in November for final review and approval. And then, after it is approved by HITAC, we will prepare the report for transmittal. Next slide.

And so, this is a schedule for the full committee of HITAC, just so we know when we have to present out. This upcoming Thursday, September 12th, we will provide a very concise update on all of the work that we are doing as a workgroup, and then, on October 17th, when we are all in person, we will also have a chance to start to review the fiscal year '24 annual report, and then, November 7th will be the really big day of actually having the HITAC approve the annual report that this workgroup has initially crafted after incorporating all the feedback from each of our HITAC committee members. Next slide.

And so, what are our next steps, especially since we are halfway through this process? As mentioned today, we are going to go specifically over proposing clear tiers for the topics of each one of the various different target areas. And so, Eliel will demonstrate what those two tiers are, and again, all of the topics that we have already identified for inclusion in the annual report are important, but we do want to ask if each topic is something we need to implement over the next two years or if we need some additional foundation first before we as HITAC can actually push forward some of the recommendations or assist with the recommendations, and that may be three years out or more. So, that is what we will do today, and as I mentioned, as much as we can, we will go over some of the illustrative story ideas for each one of our target areas.

In addition, what we are going to do for next steps is present selected information from the draft crosswalk topics in order to present in September 2024, our next upcoming Thursday meeting, and, as mentioned, we are going to start to review the draft report. The team is already starting to put some of the narratives together in the background, so we will be able to review that soon. And then, after all the further edits, starting on November 7th, we will have the official HITAC vote to approve the report, and that will be transmitted to the Assistant Secretary of Technology Policy and National Coordinator, Dr. Micky Tripathi, in November 2024, and then, ASTP is going to forward that final report to HHS Secretary Xavier Becerra, as well as the rest of Congress. Next slide. All right. So, a little bit of the admin business is now all taken care of, and we can jump right on into the discussion of the draft crosswalk of topics. Eliel, I will turn it on over to you so that you can lead us through the next steps.

Eliel Oliveira
Thanks, Michelle. So, everyone, as Michelle said…

Medell Briggs-Malonson
Eliel, not to put you on the spot, and I know "Michelle" and "Medell…"

Discussion of Draft Crosswalk of Topics for the HITAC Annual Report for FY24 (00:08:22)

Eliel Oliveira
I know, with the Ms. Okay, as Medell said, we are going to go through our crosswalk, and it is important for everyone to keep in mind the task ahead, which is really to define which topics that are immediate in our opinion, and we realize that everything is immediate, but we really need to be making an effort to define also which ones could be long-term topics that need to be addressed. So, that is the key goal of the discussion today, so we are going to go to the crosswalk and walk through the priority areas and topics, and then, after we walk through them, we are going to come back and propose that tier of long-term or immediate for each one.

So, starting here with design and use of technologies that health equity, that is our key area, and there is quite a bit under this. The first topic is use of artificial intelligence in health and healthcare. That is No. 1, but again, there are several other ones. I am not going to go over the gaps, challenges, and opportunities, as I think we have been through those before, so we are just going to go over each topic. Can you scroll up a bit? Okay, and down. The next one is implementing health equity by design. Let's keep going. In the use of technology that supports public health, the other area that we have, the topic of optimizing public health data exchange and infrastructure is one

that we need to consider. Let's keep going to the next one, under interoperability, supporting interoperability standards, laboratories, and pharmacies, supporting image interoperability, improving long-term and post-acute care interoperability, improving behavioral health interoperability, further improvement of data quality and sharing, and I think we did talk a little bit about how that is important also for artificial intelligence (AI), so I will make that connection there. Supporting data standards for maternal health. Next.

Supporting data standards for diverse abilities. Next. Provider use of AI in health and healthcare. And then, under privacy and security, we have privacy of sensitive health data, lack of disclosure, accountability, and transparency in use of deidentified data, which we talked a bit about. Next. Patient-generated data under the patient access to information is another target area. Reducing patient burden is another one that we discussed quite a bit. These are the fresh ones we discussed last time: An impact on patients by the use of AI in health and healthcare. I think that gets us to the end of the list.

So, I know that is quite a bit to cover, and if we could start back on the top, like I was saying, what we want to do here is define the tier that we want for each one of those topic areas. Again, there are two: Immediate, which will be during the calendar years of 2025 and 2026, or long-term, which will be the calendar years of 2027 until 2030 and beyond. I will open it up here to see if there are any thoughts topic by topic, if anyone has any suggestions about proposed tiers. In my head, I am assuming everyone thinks everything is immediate, but what are the things we need to consider for long-term? Rochelle, I saw you. There you go.

Rochelle Prosser
I wanted to follow etiquette and raise my hand. I am traveling today, so I will be off camera, but I just wanted to say that although I agree with this and use of AI, sometimes it is not fully prepared to be used in certain areas, and this recent article from the *Journal of Medicine in Pediatrics* just shows how it is not fully operationally borne out for childhood cancers, which also translates to other chronic diseases in childhood cancer, and although it is very important, if it is not fully developed yet, we can wait until it becomes more accurate in this instance here, and then, say, for adults, we can go forward. I am willing to propose that, only because of the challenges. It is going to take a lot more work to go forward with children, babies, and the Association Advocating for Women and Children (AWAC) communities. They are not full adults, they are different, and they should be treated differently. The use of AI is showing us that, so we need to take heed and caution to ensure that we are not hurting communities. This is a great initiative, and I would say we can parse it. Thank you.

Medell Briggs-Malonson
Eliel, do you mind if I have some thoughts in response? Thank you, Rochelle. Those are all great points, and I think we are all on the same page. Just to frame this again for everyone, Rochelle, one of the things you just mentioned is exactly what we have proposed as an Annual Report Workgroup. So, if you remember some of the opportunities, we know that artificial intelligence, especially when it comes to advancing health equity and justice, is not fully baked at times, and we also need to ensure that it is not worsening health inequities, and that it is taking into account all populations in an equitable and inclusive manner. And so, with this topic in itself, if you take a look at the challenges and the opportunities, they highlight exactly what she said, and our proposed recommended HITAC activities are to make sure that we are developing more data quality and guardrails around this so that we are not advancing additional bias and inequity into health and healthcare, as well as into our technologies.

So, what we are trying to do in this exercise, especially for all the new members of the Annual Report Workgroup, is ask if we need to advance our recommendations now, meaning this is a very important topic for us to address from a policy standpoint or other additional recommendation to ASTP standpoint, during this upcoming year, or if we think that these recommendations that we have as HITAC can wait. And so, I just wanted to make sure we were very clear about the process here because every single thing you said, Rochelle, is exactly right, which is

what we have in this exact topic in opportunities and proposed recommendations. So, we are asking if we want to push this now or wait another couple of years.

Rochelle Prosser
I was putting out an olive branch. I think we should put a fire under this and advance it now, but, to be fair, I just wanted to put out an olive branch. If there are those that are really entrenched as to why we should not, I am happy to take a step back, but we really should burn bush under this.

Medell Briggs-Malonson
So, that sounds like one vote for immediate.

Eliel Oliveira
Thanks, Rochelle. I think you made an excellent point that this an immediate one, so I think I will just pause here for a second to see if anybody disagrees, but I also believe that this is a topic of immediate attention.

Anna McCollister
This is Anna. I just wanted to confirm. So, we are talking specifically about the use of AI within the clinical setting, correct? Sorry, I should have raised my hand. My apologies. I have some concerns about clinical guidance, regulatory guidance, or rules that would restrict the use of Chat generative pre-trained transformer (GPT) outside of the clinical setting because a lot of patients are using it quite a lot, and there are a lot of stories about the benefits of it. I am not saying that I think it is perfect, that is 100% on target, and that there are no issues with it, but I would have significant concerns if we were making recommendations that would restrict access to it.

Eliel Oliveira
That makes sense, Anna. I think the specific here is related to health equity and how we are going to prevent bias, and as you recall, there are other topic areas and other target areas where we talked about AI as well, so for this one here, I think it is focused on that, and of course, that is related to being used in healthcare. But, with that said, I want to hear what Rochelle and Medell have to say as well. They have their hands up. Rochelle, go ahead first.

Medell Briggs-Malonson
Sorry, Rochelle. Really quickly, I just want to clarify so we keep it targeted and focused because we have a lot to put into tiers here. No, Anna, this was not referring to large language models or anything else per se. This is not recommending restrictions at all. When we did this and created it, it was just saying that even No. 1 for the proposed recommended HITAC activity is to explore the steps, in collaboration with others, in order to see how the data quality is related to AI models.

Our recommendations so far are not referring to restricting anything, but more of all of us exploring, especially AI, for this in health and healthcare to ensure that we identify where there are gaps and we can ensure that we are creating appropriate policies to support responsible and ethical use of artificial intelligence across populations. Again, further down in the crosswalk, we have AI uses by providers, and we may or may not, but in our patient section, too, I believe we have some sprinkles of AI. This is not recommending restrictions of anything, it is just going deeper and having recommendations of exploring where the gaps are and then seeing what we can do about having appropriate governance in order to build out more just and ethical AI for everyone.

Eliel Oliveira
Thanks, Medell, and I will add another point here. We want to go through this quickly to define what is immediate and long term because we have another part of our meeting today to talk about the user stories, and we are going to have to go into a lot more detail on that, so we want to reserve some time for that. The second thing I was going to say is that once we have that tier definition, you are going to receive this table again with the tier to be able to

think it through, and in the next meeting, we are going to review the tier we assigned today to make sure it is the appropriate immediate or long-term priority for each topic. So, I just want to keep everybody in line there, that we need to move this quickly to address the user stories, which is quite important as well. Rochelle, I see your hand.

Rochelle Prosser
Yes. Thank you, Medell. I just wanted to respond to Anna with what I had posted. That is showing a gap where AI can do better and why we need to move forward now to ensure we have health equity in the clinical space, not relating to a restriction of ChatGPT in general, but the use of AI in the clinical space is showing that we can do better and improve, and we are just making sure we have health equity across the board.

Eliel Oliveira
Thanks, Rochelle. Steven?

Steven Eichner
I think we need to make sure we include things like clinical trials as being in scope, so it is not just clinical care in the most narrowly defined setting, but looking at things like clinical trials becomes important. I think it is also valid to lay out something about the quality of AI and safety in terms of looking at AI issues where it cannot count the number of Rs properly in the word “strawberry” or things like that, not like that should be a limiter or an immediate burden, but understanding what those limitations are so that everybody has an understanding of what those limits are so that we are not using AI to make bad, poorly informed decisions.

Eliel Oliveira
Thanks, Steven. So, make sure that we keep moving efficiently here. I think we have a proposal that this is an immediate area of attention to add to our proposed tier column. Yes, Steven, I think we could consider those comments related on that front as well, but I have one question for everybody. It does not seem this way, but I want to be clear before we jump to the next one. Does anyone disagree that this requires immediate attention? I do not think that is the case. If it is, raise your hand. Otherwise, we are going to move to the next one so we can keep moving.

Also under health equity is implementing health equity by design. This is something we have talked about quite a bit before. You guys have heard from ONC a long time ago, when it used to be called ONC, about health equity by design, and you see the recommendations that we have listed here: Developing action toolkits, odd policies and standards, and so on and so forth. Is this something that the team here feels is an immediate tier or something that can be left for the long term, which will be 2027 and beyond? Any thoughts or comments?

Medell Briggs-Malonson
I already know that there are thoughts. We would love to hear the workgroup’s thoughts because that way, we can actually have that discussion and go through each topic, so, any thoughts on this?

Eliel Oliveira
Maybe this one is undefined, and we should move to the next one.

Medell Briggs-Malonson
Well, Eliel, I will just put it on out there that this is already something that ASTP is moving forward with as we speak, so I think that it is immediate because ASTP is already committed to this work, and I think that we as HITAC can continue to support their work not only through the taskforce that we will be launching, but also through all of our other expertise on the HITAC committee, as well as bringing in additional experts, so I would say this is immediate because this has always been a priority for ASTP/ONC.

Eliel Oliveira
Thank you, Medell. I saw Hannah and Rochelle's hands go up and down.

Hannah Galvin
I was just agreeing with Medell.

Eliel Oliveira
Great. So, let's move on to the next one. So, here we are in use of technology that supports public health, optimizing public health data exchange and infrastructure, and we proposed several recommendations to HITAC, and you can see here a list of three of them here, and by Trusted Exchange Framework and Common Agreement (TEFCA) Recognized Coordinating Entity® (RCE™) to provide updates, identify best practices and challenges for State, Tribal, Local, and Territorial (STLT), so on and so forth. So, the question here is if this is an immediate or long-term tier. Rochelle, I saw your hand.

Rochelle Prosser
I vote for immediate. We actually have subcommittees looking at moving, adopting, or advancing this, and ASTP is already working on this.

Eliel Oliveira
Shila? You are on mute.

Shila Blend
Got it. I was just wondering on here about the opportunities with public health data exchange, talking about networks. Do we also want to include opportunities of not just TEFCA, but health information exchange networks, along with other networks, since there are health information exchange networks in all states, and a lot of them are already working with public health?

Eliel Oliveira
I think that is a good suggestion, Shila. It might be something for Michelle and others to consider. I have no issues with that. Do you believe that this is an immediate or long-term priority?

Shila Blend
I think it is immediate and long-term. They have been working with public health for years. For example, ours had a lot of infrastructure in place with public health even before COVID, and especially as health information exchanges (HIE) transition to health data utilities, there are going to be more opportunities for them with utilizing the data already available through health information exchanges/health data utilities.

Eliel Oliveira
Great, thank you. Jim?

Jim Jirjis
Thank you. I can provide some color here. First, I think it is immediate. We have tons of clients, we have the implementation centers up, so, right now, public health authorities are submitting their proposals for funding across the country to do case reporting, but also TEFCA, so it is perfect timing to check in, both with the RCEs and the public health jurisdictions and HIEs. What we are learning is that multiple electronic medical records (EMR) are becoming Qualified Health Information Networks (QHINs), and they are eager to participate in public health TEFCA, so I think public health TEFCA is a clear and present opportunity. I also think that if this is an ONC thing in the annual report, then I think the use of Fast Healthcare Interoperability Resources (FHIR) and United States Core Data for Interoperability (USCDI)+ may be good check-ins as well, and it may be that there is an opportunity

for the Office of Public Health Data Surveillance and Technologies to update because the public health data strategy could be something that informs HITAC that will help them determine what future public health work would be useful. Those are my recommendations.

Eliel Oliveira
Thanks, Jim. Good thoughts. Medell?

Medell Briggs-Malonson
I completely agree with Shila and Jim. I also think that this is immediate. Shila, to your point about some of the additional networks, which Jim was just mentioning as well, underneath the opportunity, as someone mentioned as well, whether Shila, Jim, or someone else, that is why we have other networks, but to both of your points, it may be something where we just make very clear that yes, it is TEFCA, but it is also some of these other information exchanges that are already in flight, so that may just be a comment back to Michelle and the team to make sure that we maybe have a few more examples of what we mean by other networks, just because of all the amazing work that is already being done by other entities. I, too, also agree that this should be immediate.

Eliel Oliveira
I agree. Thanks, Medell. Steven?

Steven Eichner
I think it is also important to include the STLTs through organizations like Council of State and Territorial Epidemiologists (CSTE) and others so that we are not looking solely at a federal perspective.

Eliel Oliveira
Great points, great points. I think what I am hearing here is that there is no thought that this is an immediate tier for these areas, and with that, Jim, do you have another point before we move on?

Jim Jirjis
To Ike's point, too, I think that CSTE and the partners are useful, but I think Association of State and Territorial Health Officials (ASTHO) is also an important one because they are actually one of the points on the implementation centers around TEFCA, so I want to agree with Ike and add ASTHO because the planning for public health and how it is engaging TEFCA lies with them. Thank you.

Steven Eichner
Absolutely. I did not mean to be limiting in any shape or manner. I am just trying to be conservative on time.

Eliel Oliveira
Thanks, Steven. Medell?

Medell Briggs-Malonson
Thanks, Eliel. Just to highlight and for clarification to make sure we are on the same page, Ike, we do have the STLT public health authority, and that is underneath the proposed recommended HITAC activities. Is that enough, or are you referring to something else? Ike, I think your point was well taken, which is how we incorporated that into the recommended activities. Is this what you were referring to underneath No. 2 under the proposed recommended HITAC activities, or was it something else?

Steven Eichner

I think that is it, but again, it is part of that discussion, because the technology choices we are making are not solely at the federal level, they are state and local needs as well, looking at state and local networks that may or may not be connected to TEFCA.

Eliel Oliveira
Very true. Thanks, Steven. Any objections? Otherwise, I think this is an immediate need, and we can move to the next topic. Let's keep moving. So, interoperability. There is quite a bit here. Support interoperability standards, laboratories, and pharmacies. I think this has a lot to do with what we just talked about. At the same time, that is a very hard problem, especially for the labs. Back to you all, again, the question is if this is an immediate or long-term priority for us. Hannah?

Hannah Galvin
I would take this as immediate. Again, I think that ASTP is already doing some of this work with the Pharmacy Interoperability Workgroup that took place this past year. I know that we do not want to list everything as immediate. I did take a look down our list, and I do not think we will be, but I do think that this is something that ASTP is already working on, and it is essential as we start to scale interoperability that we have the right standards for these ancillary services.

Eliel Oliveira
Thanks, Hannah. I think I am going to change my question here and ask if this should be a long-term topic, because if I get any hands up, then we can talk about that, but it seems like we have a lot of immediate topics. Shila, I see your hand.

Shila Blend
Mine is somewhat of a question or a suggestion, depending on what the answer is, but as we talk about standards for labs and pharmacies, as I know we work with pharmacies, is that included in those identifiers are things collected for a master patient index, because I know one challenge faced is, as we saw during COVID, which was really bad, as we send things to labs and different places that do not have the same identifier, it has a harder time on the patient indexing system, so I was just wondering if that is a part of the standards that we are going to be discussing, or if we can suggest it.

Eliel Oliveira
Shila, that is a great point. If we cannot link people to the right points of data, it becomes hard. I do not know if we have considered that here, but I think the US@ project was aimed at trying to address just that. What are the key demographics and other pieces of data elements that are necessary to make sure that linkages are happening appropriately? I think that was a great project. I am not sure how much has taken place on the ground, really. I recall that, just a year or two ago, we had a funded project by ONC to do some linkage, and we are not able to do so using USCDI because the standards and what electronic health record (EHR)s are capturing are not the same thing.

Shila Blend
So, you are saying what I am asking is a long-term vision. That is what I am hearing.

Eliel Oliveira
For that specifically, I will say yes, but for labs and pharmacies, without it, we are not going to be able to do much with the previous topic that we just went over. Maybe I will turn to Rochelle and Steven to see what their thoughts are, and we can circle back here.

Rochelle Prosser

Thank you, Ike, and thank you, Shila. Based on Shila and Hannah's comments, I do believe it is both an immediate and long-term issue because it is going to take time to be able to ensure we have appropriate interoperability based on standards, headers, patient-identified data, and outcomes, and so, I believe it is both immediate because we are working on it now in different departments across the government and also requires a long-term look as we come to a consensus on what that standardization will be.

Eliel Oliveira
I have not thought about it in those terms, but I kind of agree with both of you as well. It is both immediate and long-term, because the labs especially are a very hard challenge. Thank you for sharing. Steven?

Medell Briggs-Malonson
Eliel, before Ike jumps in, just to address that, one thing that we have done in the past for our Annual Report Workgroup is have recurring themes. There are some things, as we know, that are topics that are going to be top of mind for us from year to year, so that is one idea for this topic, where there is an immediate approach or immediate phase, but we know that this is going to be a topic that we need to continue to address until we reach where our goals are. As with many others, this may fall into one of our recurrent themes, similar to how we have had them in the past reports.

Eliel Oliveira
Thanks, Medell.

Steven Eichner
I am going to build on what you just said and suggest that we splinter the topics a little bit and call one "filling interoperability gaps" and the other "advancing interoperability" to really call attention to how we do have some entities that are currently lagging behind where we would like to be for basic interoperability, but we recognize that we can continue to grow interoperability across the entirety of the domain. Looking at the "filling the gap" piece, I certainly think the laboratories and pharmacies are in there, but we also have issues around long-term care and public health, especially looking at resource allocations and finding resources because that is another opportunity, gap, or challenge in that space. While there were billions of dollars allocated to healthcare providers through Promoting Interoperability and Meaningful Use, those dollars are no longer really available as incentives, but long-term care, public health, and other entities are facing very similar hurdles if they have not started, and it is a tough hill to climb.

Eliel Oliveira
Yes, I totally agree, Steven, and I think we have another topic on that, which is to advance interoperability for long-term post-acute care and other organizations. I agree that should be paid immediate attention as well. I think we are good with this one here, which is immediate and ongoing, or both immediate and long-term, so could we move forward, unless anybody has any disagreements?

Steven Eichner
This is Steve. I do think that relabeling will help clarity at a glance, and I think there is value in that so people understand what the goals are and what the timeframe is for the goals.

Eliel Oliveira
Right.

Medell Briggs-Malonson

Ike, your points are well taken, and of course, Michelle and the rest of the ASTP team are listening to all of this, and we will see exactly what some of their thoughts are in terms of how that can potentially be incorporated, but your points are well taken.

Eliel Oliveira
Yes, and keep an eye on the next version of the crosswalk before our next meeting, which should include some of those comments. Thank you, everybody. All right, next is supporting image interoperability. Does anyone believe that this is an immediate or long-term challenge? Rochelle?

Rochelle Prosser
I think this is one example of what Medell mentioned, which is immediate because our partners are working on this now, but is also long-term. What was the term you came up with, Medell? "Ongoing"?

Medell Briggs-Malonson
Yes. We are going to have recurring topics, so that is what we have actually used in some of our past annual reports. We have had recurring topics.

Rochelle Prosser
I vote for "recurring topic" on this.

Medell Briggs-Malonson
Well, unfortunately, we do not have that vote. A recurring topic is when it continues to come up in our Annual Report Workgroup, and so, that idea behind this is that we only have two options that we can select from: Immediate, meaning we need to start this work in this upcoming year, or we can actually delay it until 2027 or beyond, because maybe there is additional prework that is needed before we implement this topic. But, as the Annual Report Workgroup convenes every single year, it is not unusual for us to go back to a specific topic and say, "Okay, we accomplished this phase, but now we have to go on to the second phase, and therefore it becomes a recurring topic within our annual reports that are submitted."

So, we only have two options to select for, addressing it now or waiting until 2027, but that does not mean that the workgroup cannot come back every single year and say, "This is still a high priority." A perfect example is patient-generated health data, which has been a recurring topic. Interoperability has been a recurring topic in several different ways. Various aspects of health equity have been recurring topics. So, that is what I mean by "some topics," and I think patient generated health data (PGHD) is a perfect example because we are all trying to get PGHD to where we think we should be as a country in terms of thinking about those use cases and implications of patient-generated health data. So, there are two decision points, only two options, but we can continue to understand that this will likely be a recurring topic in the annual reports to come.

Rochelle Prosser
I feel that it is important because our colleagues in different agencies are currently looking at this right now, and it is part of the President's initiative.

Eliel Oliveira
Thanks, Rochelle. Steven, do you have some comments as well?

Steven Eichner
Yes, just a friendly amendment to No. 2 in the proposed recommendation. We need to include something about standardized interoperability, not just interoperability.

Eliel Oliveira
Sorry, Steve. I missed the last point.

Steven Eichner
Looking at No. 2 under "proposed recommended actions," we need to include standardized interoperability, not just interoperability, perhaps looking to develop a set of standards or work with stakeholders to encourage development of standards, perhaps based around whatever is finalized in Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2).

Eliel Oliveira
That makes sense. Thank you for that comment, Steven. Like we mentioned earlier, I think the Accel team is taking notes, and I want to keep moving. Anna, you had some comments as well.

Anna McCollister
I just wanted to say in terms of recommended actions, interoperability is obviously critical, but one of the biggest issues is that patients cannot access their imaging data. The only thing that they are given is the option of requesting it on a compact disc (CD), digital video disc (DVD), or whatever, and most people do not even have those anymore. So, in addition to making it interoperable from physician to physician, we should just come out and require real accessibility for patients because the technology that is offered is something that most people do not have. I do not know if it is web-based. Whatever the technology is, I do not really care, but right now, the option to be able to view your images is kind of moot because nobody has CD or disk drives anymore.

Steven Eichner
This is Steve. I am not saying it is not an issue. There is specific language in HTI-2 that at least partially addresses the issue by requiring links or Hypertext Transfer Protocol (HTTP)/ Hypertext Transfer Protocol Secure (HTTPS) links to be published providing access to images. Again, I am not saying that satisfies all issues, but it is a start and is included in HTI-2.

Eliel Oliveira
Excellent points. Any other final thoughts here on this? I think we all agreed on the immediacy of supporting image interoperability, and I do not think anyone disagrees and believes this is long-term, but if you think so, raise your hand. Otherwise, you see two other topics here, which is improving long-term post-acute care interoperability and behavioral health interoperability, which I think we touched on earlier already, and so, I am going to assume this is immediate unless anybody wants to raise their hand who believes it is long-term instead. Otherwise, I want to get moving. Like Medell is saying here, we should transition to these stories in a second, so let's keep moving. If anybody has any disagreements and wants to make something long-term, please raise your hand. Can we scroll down, please? Here, we have current improvement of data quality and sharing. Long-term or immediate?

Shila Blend
This is Shila. I think that is a fairly immediate need when it comes to other items, such as public health and the needs of data, so it would be long-term, but I feel it is an immediate need to improve it.

Eliel Oliveira
I agree, Shila. Otherwise, we cannot deal with many of the other things we just discussed. If anyone disagrees and believes it is long-term, please raise your hand. Otherwise, the next one is supporting data standards for maternal health. Do you believe it is an immediate need or could be one of the long-term ones? Rochelle says it is an immediate need. Anyone else? Medell?

Medell Briggs-Malonson

I know we are saying everything is an immediate need, so we may have to review this at the end, but I do think that this is an immediate need due to the abysmal maternal health outcomes that we have in this country compared to many of the other higher-income countries within our world, but also, of course, the horrible epidemic that impacts Black women when it comes to maternal health outcomes. But the other thing, too, is that there is a large number of initiatives that are coming down at a federal level as well as a state level in many different areas of the country that are also prioritizing maternal and child health outcomes, so I think that this has to be an immediate need, given the rest of the ecosystem and how fast additional regulation, which depends on data, is actually performing. So, of course, I spoke for immediate need.

Eliel Oliveira
Agreed. Thanks, Medell. Raise your hand if you disagree, and let's keep moving to the next one and see how much we can achieve today. We also have here supporting data standards for diverse abilities. Is that an immediate need? I see your smile, Medell. Hannah?

Hannah Galvin
I will just say that some states are already doing this, already requiring reporting on diverse abilities and accommodations, and so, for that reason, I would say it is immediate because states define their own value sets here that can limit interoperability in the long run.

Eliel Oliveira
I agree, Hannah. Does anyone disagree? Raise your hand. Otherwise, we have the next one: Provider use of AI in health and healthcare. I think we already had one vote previously on AI. This is in terms of standards and interoperability. My personal opinion here is that this is an immediate need. Anything related to AI needs some attention right away because it is too wild at the speed it is going, but that is my comment there. Does anybody else have any comments on this one? Hearing none, let's move on to the next. Thank you, Shila. So, here we are in privacy and security, the privacy of sensitive health data. I can say that this is probably an ongoing topic area, but there are specific recommendations to consider here that may or may not be immediate steps. I think you have all seen how many data breaches and hacking activities we have had, so is this long-term, anyone? Hannah?

Hannah Galvin
Unfortunately, I have to drop off at the top of the hour. I will say briefly that I do think this is immediate because it is currently happening. We are doing this work to build terminology value sets, we are doing this in response to some of the legislation that has been enacted in the past year and a half with the *Dobbs* decision and criminalization of data, and so, we are building out reference implementations of some of the standards for granular consent management and data segmentation, so this is actually happening currently, and ASTP has been involved, and I think that continued involvement is very important to have a national framework and, again, as I said before, not having states develop their own frameworks, which limits interoperability, as opposed to having a national framework, which helps to promote interoperability.

I do have to jump off, but I wanted to say very briefly that the following two topics that are related to this about lack of disclosure accountability and transparency in the use of deidentified data were the two that I marked as long-term, not that I do not think we need them immediately, but I do think they are dependent on some of the work that we are doing in this one, in developing the standards and terminologies around the privacy of sensitive data. And so, I actually do not think they can successfully be done immediately, and I think they require the work that is being done in this topic to enable them to be done in future states, so that is why I would vote for those two to be long-term. Thanks so much.

Eliel Oliveira
I agree with all you said, Hannah, both on this and the next two as well. Thank you for joining us today.

Hannah Galvin
Thanks so much. Sorry I have to run. Take care.

Medell Briggs-Malonson
Thank you for that, Hannah. That was amazing. Thank you.

Eliel Oliveira
Jim?

Jim Jirjis
I wanted to make a comment on the privacy of sensitive health data segmentation stuff. As long as we keep the words “evaluate” and “explore,” it is absolutely immediate because it is pressing. I know there have been challenges. We all have the intent of wanting to protect those things, but the promise of being able to do it flawlessly has been the challenge. I think we all think in terms of discrete data with which we could create interfaces where patients or others could identify or systematically identify, but then you get the women’s reproductive health, where somebody mentions a fetus, and I think there is a challenge. Look at models, figure out how to do it, but one of the challenges, as we all know, has been creating even the perception by patients and others that we are protecting all of the data that could be sensitive. That is a challenge right now. Maybe AI or machine learning will help us to scrub some of the narrative that some of that data can poke out from, but that was my only comment. I think we are in the “How do you actually do it?” mode. I think everyone agrees that we should. The question is how feasible it is and how you do it in a way that truly protects. Those are my only comments.

Eliel Oliveira
Thanks, Jim. I completely agree, and we cannot even have granular consent to be able to decide what to do or not about someone’s privacy. Great points there. I believe we are at the top of the hour, and we want to move into the user stories. I think we got to 80% of the topics here, and maybe we need to park them and finalize them on the next call. Medell, do you agree? Do you want to deal with the stories at this point?

Discussion of Illustrative Story Ideas for the HITAC Annual Report for FY24 (00:57:56)

Medell Briggs-Malonson
Yes, Eliel. I think we can go on to the next section. I think we only have two more in this, but we do want to make sure that everybody does see the stories because when we have our meeting the next time, we do want to make sure we have some additional context for our stories. Accel, can we take this down? We did capture Hannah’s vote for the next two topics under the privacy and security section. She voted for those next two topics to be long-term because, just as she mentioned and just like all the great points that Jim brought up, we still have to figure out how to do this appropriately, so I do want to make sure that that is on record in terms of us considering starting off in that section when we do come back in our next meeting.

So, let’s discuss our illustrative story ideas. Before we jump into the stories, I want to provide some background, especially for all of our new members on the Annual Report Workgroup. Last year, or maybe two years ago, as the years all blend together beautifully, one of the ideas that came out for our annual report was for there to be stories that are attached to each of the target areas that essentially demonstrate the future state of where the recommendations that we are providing in that target area can get us to as a country. And so, the story idea is that, while all the things we are recommending are very technical, anyone can pick up a story and say, “Wow, we can literally understand where HITAC is going, what they are thinking about in terms of making those recommendations, and what the future state of health and healthcare can look like if we implement those recommendations.”

So, that is the background behind these stories, and so, these are truly hot off the press. All of us are essentially seeing them for the first time. What we are going to do first is go over each one of these different story ideas, and I ask each of you to think about if this is the right type of story to highlight the recommendations of that target area, if this is the right type of context that we want to include that will make this very clear for others to read and understand, and if it is hitting the point that we as the workgroup and as larger HITAC really feel that the point should be solidified in. So, we are going to go through each one of the different story ideas, and we have about 20 minutes in order to try to get through some ideas and elicit a little bit of feedback, but during our next meeting, what we want to do is finalize that prioritization in the crosswalk, those last couple of target areas, and finalize the illustrative stories. Let's move to the next slide.

All right, here is the first one. On the slide, it has everything that I was saying, that these stories are supposed to be aspirational, demonstrating examples of what the recommended HITAC activities will enable in the future, rather than just describing the current state. We are going to go through each of the target areas. So, the first one focuses on the first target area of health equity, addressing bias in AI models for clinical care. So, here is the idea. A health system dermatology department uses an AI tool trained on diverse data, including minority group representation. Clinicians can better diagnose skin conditions on darker skin tones with this user-friendly, transparent AI tool. Staff training and bias mitigation have improved diagnosis speed and reduced disparities in treatment of cancer, psoriasis, and eczema. So, those are some initial ideas. I have one quick question. Do you all want me to go through all of the story ideas and then see if we have time for feedback, or do you want me to elicit a little bit of feedback as we go, not too much, as we want to get through all the improvement ideas?

Jim Jirjis
Medell, my vote would be to hear all of them first.

Medell Briggs-Malonson
Wonderful, all right. I was leaning that way as well, Jim, so that we could put it all together. So, that is health equity. All right, let's move on to the next story idea: Public health leveraging TEFCA for a viral outbreak. A female patient visits an urgent care clinic in the evening, complaining of cough and fever. Her health data are updated in real time through the TEFCA during her urgent care visit. Public health authorities use the deidentified data to identify and monitor a viral outbreak in her town. The TEFCA enables collaboration among state, tribal, local, and territorial authorities, ensuring resources are deployed efficiently to outbreak hotspots. That is the public health story idea. Next slide.

Interoperability: Enhancing post-surgical care coordination. A senior patient is transferred from the hospital to a post-acute care facility after hip replacement surgery. The post-acute care facility uses a certified health IT module for seamless data exchange with providers. Radiological images and progress reports are shared with the surgeon and primary care provider, ensuring coordinated care. The availability of post-surgery recovery data aids follow-up care with imaging updates added to the patient's longitudinal record. So, that was interoperability. Next slide.

Privacy and security: Accessing Protected Health Information (PHI) disclosures. A patient with sickle cell anemia has been seeing her hematologist for five years and participating in a sickle cell study at her doctor's suggestion. She is concerned about her privacy and curious about where her protected health information has been disclosed. A new patient portal feature of the hematologist's EHR system allows patients to request an accounting of PHI disclosures for the past six years in accordance with recently enacted Health Insurance Portability and Accountability Act (HIPAA) regulations. The feature was developed through a public-private partnership between the federal government and medical providers to simplify the disclosure tracking process. The system tags PHI disclosures, presenting the information in laypersons' terms at a 6th grade reading level. Next slide.

Patient access to information: Reducing patient burden. A woman who speaks English as a second language sees multiple healthcare providers in different networks for several health conditions, resulting in extra effort to gather her health data from various specialists. Health IT developers have implemented features, such as multiple languages, instructions in plain language written at a 6th grade level, and both digital literacy and health information tutorials. As a result of the new patient portal functionality, she spends less time coordinating her care. I believe that this was the last story idea because that is our fifth target area, but let's just make sure. Next slide. Excellent. Okay, so, let's go back to health equity now that we have seen all of the various different illustrative stories, so we will go back to the very first target area and see if anybody has any additional info. I know this may need to sink in because, even for me, I am reading this almost for the first time, and I already have some ideas, but I want to stew over it a little bit. We will open it up to see if there are any questions or additional revisions. Ike, I recognize that your hand is up.

Steven Eichner
Thank you much. I am looking at all five of them collectively, rather than going one by one. I do think that we do not have anybody with a rare condition in any one of the cases. There are also some factual issues around the use of deidentified or identified information in looking at public health investigation, case monitoring, and case investigation.

Medell Briggs-Malonson
Thank you so much, Ike.

Steven Eichner
Those are two observations.

Medell Briggs-Malonson
Sorry, Ike. I cut you off.

Steven Eichner
No worries. Those are my two observations.

Medell Briggs-Malonson
Thank you so much for those, and that is exactly why we are discussing them. I love the fact that you are looking at this comprehensively because I also have some thoughts about that from a comprehensive standpoint, but also, we do want to make sure that what is being presented is factual as well, so, thank you for those. That is exactly why we are going to review these.

Steven Eichner
Just to add, I will be happy to help correct the public health reporting stuff.

Medell Briggs-Malonson
Yes, as well because you helped out significantly with the last annual report, so we would appreciate that from you and the rest of our public health colleagues on the line. So, think about those things. I am going to go to Rochelle, as I see her hand is up next.

Rochelle Prosser
Thank you, Medell. I can agree with Ike on most of it, but there are some parts where I truly disagree, and it is under addressing health equity. It is routinely known that because of skin and the melanin in the skin, there is disparity in treating, diagnosing, understanding, and acting. That also goes with drug reactions. And so, if we are able to use clinical care, and I would say clinical care and clinical trial and drug use, just to broaden it a little bit and

bring in some of Ike's topic, this is a very serious issue in a very large population, although a minority population, but a very hot topic. I do see where this is representative in an overarching, generalized comment that can address clinical trials in other areas without spelling everything out.

Medell Briggs-Malonson
Thank you so much, Rochelle. To your point, just to make sure that everybody is on the same page, there are several studies and observations in the world of artificial intelligence, machine learning, and other neural networks, especially as it pertains to its ability to diagnose disorders or other diagnoses in various different shades of people's skin color. We know that a lot of the historic models did not actually have diverse and representative data in order to help support the AI tools in diagnosing some of these various different skin conditions, as well as very important diagnoses. Just to reframe it, that is why we are having these conversations, and we will have some time to stop for everybody to give their comments and send them in, probably on paper, because what we are trying to do is demonstrate where our technology can lead us. In these illustrative stories, we are trying to demonstrate how technology that developed, implemented, monitored, and tested appropriately can improve overall health and health outcomes and how it can, for instance, in this one particular area, advance health equity and justice.

So that is why I think this was used as an illustrative story, precisely to your point, Rochelle, of making sure that, since we know there have been such significant inequities in this space when it comes to dermatologic diagnoses, the idea is that we are trying to address the biases in these models so that we can achieve a better state of health outcomes for all. So, I want you to definitely take a look at the languages here, and we will incorporate everyone's thoughts and revisions so that we can make this as accurate and forward-facing as possible, as these are forward-facing stories. Thank you for those comments. Jim, you are up next.

Jim Jirjis
My first comment is on this first slide here. Having been at Hospital Corporation of America (HCA), we actually looked at using a tool like that, and one of the benefits for AI was that, since most of what we know comes from Caucasian skin, the promise of this and why we loved it was that it actually allowed you to bring in a diversity of skin color and its effects so you can study it and treat people better, so this is a great example, and it is real, it is out there. The other comment is about public health. Ike, maybe we can meet about this too. If you are talking about factual and what is happening right now with TEFCA, one of the compelling use cases that we might consider that would also include the rare condition piece that Ike mentioned is the use of what is live right now and is going to be spread over this next year, which is the ability for case investigators to use TEFCA with a viewer on top to follow up on case reporting.

It is an example of a use of TEFCA, and it is very lightweight because it does not require a lot of technical lift by the jurisdictions. It is a freestanding viewer. The connection is just to connect to the QHIN and get the TEFCA data, and the CDC is working on a tri-TEFCA viewer that fits case investigation. Ike, the reason I mentioned we should talk is because that use case is real, present, and getting the providers to connect. There is also a use case for… What is the program at CDC called? I am blanking on it. It deals with rare and impactful diseases that come up across the country. There is also a CDC use case to get permissions to be able to, while on the phone with state public health case investigators, be consulted and both be looking at the same record. So, I do not know how wedded we are to that use case, but I might suggest that I, Ike, and whoever else is interested in public health take a spin at a story, but I do not want to be audacious if this is the story that we are wedded to.

Shila Blend
Jim, this is Shila. Were you referring to the syndromic surveillance system with the rare, impactful ones?

Jim Jirjis
As far as which program? Oh gosh, I am so sorry. I am embarrassed about forgetting the name.

Shila Blend
It is fine. I was just curious.

Jim Jirjis
The nice thing about the TEFCA viewer on top of query is that there are so many different use cases for anything that needs to be followed up on, rare or common, day to day. It can be used in a local or state health department. Medell, is the cement dry on these?

Medell Briggs-Malonson
The cement has barely been poured.

Jim Jirjis
Ike, if you are game, I would love to dream up a great story together.

Steven Eichner
Jim, I am happy to do that.

Medell Briggs-Malonson
I think that is an incredibly important piece. We have so many public health experts, health equity experts, and patient data and advocacy experts. These are stories that the team has originally put in front of us, but we absolutely have the ability to recommend what we think might be most illustrative and most impactful. And so, Jim, if you, Shila, Ike, Bryant, and others want to come together to envision a great story idea for this annual report, that is why we are all here. We appreciate Michelle, as well as the rest of her ASTP colleagues, for putting something in front of us, but we also want to make sure we are incorporating all the expertise that we have from the workgroup. So, I would say absolutely, we just have to make sure that it is in the timeframe we need to have it in so that we can execute on developing the rest of the report. Thank you for recommending that you all get together and envision a story there. I am planning on adding some things on the health equity aspect.

Jim Jirjis
I volunteered Ike and others, so I wanted to make sure that they can weigh in and are willing to do so.

Steven Eichner
I would gladly do so. I was thinking about it a little further. One of the things we may want to do is expand our user stories a little bit, thinking about the American population as a whole and thinking about getting them engaged in the idea of health information exchange, so it may be very worth our while to invest in a story focused on the elderly or looking at a mother and parent in healthcare for their family and/or children. As an add-on I think it is important to look at people being engaged in their healthcare, not looking at what is being done to them in terms of looking at the exchange. While looking at using TEFCA to access data for supporting research and investigation is a good use, I think it is also important to highlight how everyone can use TEFCA as a patient for their own benefit.

Medell Briggs-Malonson
Absolutely. Those are all great comments that you mentioned, Ike. Anna, I see your hand. I just want to say one thing because Anna will be the last commenter before we go to public comment. What you said, Ike, was actually some of my observations about these five stories as well. What I would love to see is that each story actually highlights some of the various different people within our countries. So, yes, as you were mentioning, it can be an adult, it can be pediatric, it can people whose preferred language is not English, and it can have more gender diversity. It can have all of those things so that we can represent the American people in each one of these story ideas, so that is one thing that we do have an opportunity to make more impactful with that as well. So, I have

some thoughts, and I will provide them. Anna, we will go to you, and then we will talk about the next steps and go to public comment.

Anna McCollister
I guess the question is for this. I remember working on the stories last year. What would be the best way for us to give our input into the stories? Secondly, even for the crosswalk and topics, what would be the best way for us to give input into that? I know that on the last HITAC meeting, I had some comments that were not incorporated into the crosswalk because I had missed a couple of meetings to do personal stuff. What is the best way to incorporate that kind of feedback?

Medell Briggs-Malonson
Anna, thank you so much for that transition question because that is what I did want to cover during these last few minutes before public comment. First, Michelle, Seth, and the team will send out the story ideas to all of us here on the workgroup, and they will also give a deadline for when they need it back. Please move forward to include your various different thoughts and revisions. Use Track Changes so they can actually see what you are recommending, and then you will send it directly back to Michelle. We will send this out because we have another administrative meeting right after this meeting to finalize exactly what this process will be, but we will send all of these stories and the crosswalk out to you, particularly the stories if we do need to refine them or we have some other visions, and then you just submit your revisions in Track Changes back to Michelle Murray and the rest of the team that is supporting this work.

In terms of the crosswalk, it is just about finished, but even during today's meeting, we heard there were some tweaks or additions, so what I am going to ask is that you please go through the crosswalk in detail and provide all of your additional comments on the crosswalk using Track Changes. Again, Michelle, Seth, and the rest of the Accel team will send that out because we do want everyone's comment and recommendation so we can finalize that crosswalk because it is time to start drafting the report. And so, in our next meeting, what we would have to do is look at all the additional revisions of both the crosswalk and illustrative stories so that we can wrap that up so that the team can start to write the report itself to get it back to us for review and revisions as well. Those are all great questions. We will send this. Provide your feedback, we will look at the incorporation, and then we as a workgroup will take a look at all those different recommendations during our last meeting so that we can get it back to the ASTP team to continue to draft the report for us. Did that help everyone? Are there any additional questions on the process?

Anna McCollister
No, thank you.

Medell Briggs-Malonson
Wonderful, awesome. Thank you for the question. All right, Seth, I think we are just about at public comment, so I will turn it on over to you.

Public Comment (01:20:53)

Seth Pazinski
Thank you, Medell. So, we are going to open up the meeting for public comment at this time. If you are on the Zoom and would like to make a comment, please use the hand raise function, which is located on your Zoom toolbar at the bottom of your screen. If you are participating by phone only today, you can press *9 to raise your hand, and then, once called upon, press *6 to mute and unmute your line. While we give folks a few seconds to tee up with any public comments, I just wanted to remind everyone that our next Annual Report Workgroup meeting is going to be in two weeks on September 23rd, and that will be from 11:00 a.m. to 12:30 p.m. Eastern Time. We

have no comments on the line at this point. Let me just double-check the Zoom. We have no hands raised on the Zoom, so, Medell and Eliel, back to you for next steps and to close us out.

Next Steps and Adjourn (01:21:58)

Medell Briggs-Malonson
I lost Eliel. Do you want to start us off? I am happy to start us off. We had a wonderful discussion today and lots of great feedback and conversation, and I really appreciate each and every single one of you. I am looking forward to us meeting again, actually looking forward to us being on HITAC, where we will provide a quick overview of all the amazing work that each of you is contributing to, and then we will reconvene as a workgroup on the 23rd to put everything in a wonderful package with a bow. Thank you again for all of your hard work. Eliel?

Eliel Oliveira
Thanks, everybody. That was quite a bit today. Great job staying calm and on target. I think we covered quite a bit. I appreciate your comments, and we are looking forward to seeing everyone soon for the HITAC meeting in person as well. Thanks so much.

Medell Briggs-Malonson
Thanks, everyone. Have a great day. See you soon.

Eliel Oliveira
Bye.

Questions and Comments Received Via Zoom Webinar Chat

Jim Jirjis: Jim JIrjis joined

Rochelle Prosser: https://thehill.com/policy/healthcare/4387138-chatgpt-incorrectly-diagnosed-more-than-8-in-10-pediatric-case-studies-research-finds/?mc_cid=30734b53f2&mc_eid=b8b288eff2

Rochelle Prosser: I concur +1 Medell

Rochelle Prosser: Thank -you I fixed my mic volume.

Hannah K. Galvin: My guess is that all of our immediate topics will also be long-term as well. Very few topics will be fully addressed in a 12-month timeframe.

Medell K. Briggs-Malonson: Agree Hannah.

Eliel Oliveira: +1

Rochelle Prosser: +1 Hannah

Rochelle Prosser: +1 Anna

Hannah K. Galvin: The technology for sharing images (including with patients) is available, but it is behind a paywall; HEBD needs to be incorporated here.

Rochelle Prosser: Maternal Health is an immediate need

Medell K. Briggs-Malonson: Fully agree with Hannah

Rochelle Prosser: Agreed Hanna

Jim Jirjis: agree

Rochelle Prosser: Immediate on Privacy of Sensitive Health data

Shila Blend: Immediate

Rochelle Prosser: Thank - you hannah

Rochelle Prosser: +1 Jim

Rochelle Prosser: I agree with Hannah with the next two topics to be long term as other areas are stil creating the policy and critera.

Rochelle Prosser: I like this one

Rochelle Prosser: +1 Jim

Rochelle Prosser: I think taking a higher level look rather than in the weeds. that way we can truly share data

Rochelle Prosser: Project Impact and rare cancer Disesse

Shila Blend: Thank you @Rochelle

Jim Jirjis: thank you

Rochelle Prosser: Project Ultra and rare Cancer Diseases

Rochelle Prosser: This is the FDA link Jim

Rochelle Prosser: https://www.fda.gov/about-fda/oncology-center-excellence/oce-rare-cancers-program

Rochelle Prosser: But there is a new program coming

Questions and Comments Received Via Email

No comments were received via email.

Resources

AR WG Webpage
AR WG - September 9, 2024, Meeting Webpage

Transcript approved by Seth Pazinski, HITAC DFO, on 10/18/24.