Health Information Technology Advisory Committee

Annual Report Workgroup Virtual Meeting

Transcript | October 29, 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
Hans Buitendijk, Oracle Health
Steven (Ike) Eichner, Texas Department of State Health Services
Hannah Galvin, Cambridge Health Alliance
Anna McCollister, Individual
Kikelomo Oshunkentan, Pegasystems
Rochelle Prosser, Orchid Healthcare Solutions

Members Not in Attendance

Sarah DeSilvey, Gravity Project
Jim Jirjis, Centers for Disease Control and Prevention

ASTP Staff

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

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

Seth Pazinski
All right. Good afternoon, everyone, and welcome to the last Annual Report Workgroup meeting of 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 (ASTP), and I will be serving as your designated federal officer for today's call. As a reminder, all the workgroup meetings are open to the public, and public feedback is welcome throughout. Members of the public can type their comments in the Zoom chat feature throughout the meeting, and we also have time scheduled for verbal public comments at the end of our agenda for today. I am going to start off with a rollcall of the workgroup members, so when I call your name, please indicate that you are present. I am going to start with our cochairs. Medell Briggs-Malonson?

Medell Briggs-Malonson
Good morning and good afternoon, everyone.

Seth Pazinski
Hello. Eliel Oliveira?

Eliel Oliveira
Good morning, everyone. I am here.

Seth Pazinski
Hans Buitendijk?

Hans Buitendijk
Good afternoon.

Seth Pazinski
Hannah Galvin? Jim Jirjis? Anna McCollister? Shila Blend?

Shila Blend
Good morning.

Seth Pazinski
Sarah DeSilvey? Steve Eichner?

Steven Eichner
Good morning or good afternoon.

Seth Pazinski
Good afternoon. I guess it depends on where you are. Kikelomo Oshunkentan?

Kikelomo Oshunkentan
Good morning.

Seth Pazinski
Good morning. Rochelle Prosser?

Rochelle Prosser

Good morning.

Seth Pazinski
Good morning. All right, thank you. Is there anyone I missed or who just joined? Okay, I will turn it over to Medell and Eliel for their opening remarks.

Opening Remarks (00:01:50)

Medell Briggs-Malonson
Thank you so much, Seth, and it is great to be with you all. This is literally our last Annual Report Workgroup, and I just want to say thank you for all of the suggestions and all of the various different forms of engagement, and today, we are going to wrap things up in order to present to the full HITAC committee, so we will have a great day. Please make sure that you share your thoughts, and again, thank you for the hard work you all have put into this. I will now turn it over to Eliel.

Eliel Oliveira
Good morning and afternoon, everyone. I also want to express my gratitude to many of you for the hard work in this workgroup. As you know, we had a shorter timeline and more topics to address, and it has been tremendous to see the team coming together and putting together such a great report. We are excited about next year, which is right around the corner, and building on the work we have done this year in a much more streamlined and concise report, so thank you so much for your involvement, and I hope you can continue to join us in this work. Medell, I am going to turn it back to you.

Update on Workgroup Plans (00:03:15)

Medell Briggs-Malonson
Thank you so much. We can go to the next slide. The first thing we are going to do is an update on our workgroup plans. Next slide. As you can see, this is the progress and the completion of all of our meetings for the Annual Report Workgroup. Of course, we are here on October 29th, and what we are going to do is update the draft to the fiscal year 2024 annual report for HITAC's review and approval in November, and then, in December, we are going to submit the report for transmittal, so it will first go to our Assistant Secretary of Technology Policy and National Coordinator Micky Tripathi, who will then also submit it to not only our HHS secretary, but also Congress. Next slide.

This is our meeting schedule for the full HITAC committee. Again, we are going to wrap things up today so that we can present it on November 7th for full approval of the annual report, and I must say, especially to this workgroup, the comments that we received during the past HITAC meeting were very encouraging, and it seems, due to the diligence and the expertise of this workgroup, that our HITAC colleagues completely aligned with us in every way, and we have some great things to think about for next year's annual report, but at least for this annual report, everyone was very supportive, so, thank you again for all of your expertise. Next slide.

So, what are the next steps for development of our report? So, today, what we are going to do is discuss the list of HITAC members' comments and any revisions to the draft report. In addition, we are going to make sure that we are all in agreement because what we finalize today will be the revised draft report that will be provided to the full HITAC committee in order to vote upon on November 7th, which is our next meeting. HITAC will then transport that report to the national coordinator, as I mentioned, and then ASTP will send that report to the HHS secretary and Congress and post it on HealthIT.gov.

By the way, this is a public document, so I hope already, since this is the last time we are all together, that each and every single one of us as workgroup members posts this final report through our various different social media channels because I think it is something to be proud of, and while ASTP will post it on HealthIT.gov, I really think that all of us make great contributions, so it is great to expand this and present it also to our networks so that people can see the work that not only we recommend to ASTP, but hopefully that they can align and build upon some of our recommendations as well. Next slide. All right, so we will now jump into the business at hand, and Eliel, I will turn it back on over to you to go through all of the HITAC members' comments.

Discussion of Revised Draft Annual Report for FY24 (00:06:18)

Eliel Oliveira
All right, let's get to it. So, we summarized this in a table format here that I think is helpful for us to be able to track. Thanks, Anna, for joining. We are just going to go through each one of them and see if we hear anything back from any of you and get to the end of it. There is not a lot that we heard from the meeting, if you were there in person or remotely, but let's start here with the use of artificial intelligence that improves health and healthcare. Steve sent a comment that we should make some small edits here from applying to utilizing the emerging health IT by providers, patients, and other interested parties safely, securely, and equitably to achieve better health outcomes. We thought that even though this does not substantially change a lot of what is being said in the sentence, we would leave it for the workgroup discussion to make change or not, so we have not made a change on the report itself on this specific one at this stage.

I just want to walk step by step on each one of those changes, though there are not many, but I wanted to see any feedback specifically on this one. There are lots of thoughts here, and Medell, feel free to jump in as well and share your thoughts, but the key thing that we thought was that these edits came after the in-person meeting where we heard and made edits to the document. It is a matter of process by making an edit that the folks did not see in the meeting, and then changing the document before approval with something that was not considered then, and also, the other aspect here is that we did not feel the changes were substantial enough to require an edit at this point, but they could lead to more discussions next year when we revisit this specific area.

Medell Briggs-Malonson
Eliel, in addition to what you said, do you mind if I also add a little bit of context so that the full workgroup is reflecting on what we are referring to? Thank you so much for providing some recommendations for language for the target areas. The target areas, of course, are now six since we just added the use of artificial intelligence that improves health and healthcare. The descriptions of the target areas themselves are the descriptions that carry forward into many other areas of ASTP, as well as to multiple different documents that ASTP actually utilizes. And so, the brand-new one, the use of artificial intelligence that improves health and healthcare, is the newest target area that we recommended, and this was the original language that was present. Thank you, Ike, for proposing some changes to the language itself.

Now, there is more flexibility for us as a workgroup to decide if we want to change that language. This original language right now has been used in other areas of ASTP, but because it is so brand-new, it is not official until it actually goes in the annual report that is voted upon by HITAC and then transmitted. However, the other two sets of recommendations for design and use of technologies and use of technologies that support public health are fixed right now, and that is why ASTP was recommending no change because they are fully fixed and have been used for years, so in order to make this level of change for prior target areas, we would have to go through a pretty extensive process next year to ensure that everyone is on the same page. That is what we just wanted to bring to the workgroup, a real focus on the first one, because it has not officially been in an annual report yet, so we can discuss it, but with the last two, the recommendations are greatly appreciated, but ASTP would not be able to change it until we actually have some more discussion potentially next year, in fiscal year 2025.

Eliel Oliveira
Thanks, Medell, for the clarification. Steve, I see your hand up.

Steven Eichner
Thank you so much for the time and attention you are giving. I just want to provide one or two minutes about where these things came from. If they get incorporated, fantastic, and if they get put in the parking lot, that is okay too. Where my feedback came from was really looking at the collectivity and the collection of documents that HITAC and ASTP have produced over the last several years trying to harmonize community within that document, looking across the flavors so we are using language consistently and consistent language.

So, looking at the first example, really looking at health equity and health equality has been an ongoing theme. Perhaps more recently, looking at the Health Equity Workgroup that was launched earlier today, but looking at consistent language and consistent interpretation, which is where that came from, and again, looking at the second example, looking at engagement in health and engaging people in their own healthcare is another theme that is really evident across a broad collection of documents, produced not only by ASTP, but across HHS and, indeed, other spaces, trying to bring the documents into harmonization, not really introducing any new concepts, but really looking at the harmonization between this and other spaces and really building on the foundation provided by all of the other documentation or a wide spectrum of other documentation, though we cannot quite say all, but other resources that really align that same concept, and again, looking at the third piece, public health communities, trying to clarify.

We have used “public health authorities,” or PHAs. Again, that is consistent in federal statute, if nowhere else, but looking at that language to help clarify whether we are looking at public health authorities as governmental entities or public health communities, which sometimes can be interpreted to include providers in hospitals and other environments that are serving the public, but not necessarily in that governmental role, and therefore have different access to technologies or face different challenges in access to technologies and other components. So, that is where those three broad concepts came from, and I wanted to give that additional background as to where it came from.

Medell Briggs-Malonson
Thank you, Ike, and I can tell you that your intentions and sentiments were very clear. It was very clear you were trying to align with the work, like what is in the target area descriptions, to align it with the current work that we have been doing as HITAC, and where ASTP is going. It was very clear, absolutely. And so, this is what we discussed. At least right now, ASTP does not feel that we are at the point where we can change the last two target areas, design and use of technologies that advance health equity and use of technologies that support public health. That does not mean that we cannot, but just that we cannot do that at this moment. The first one is 100% still within our ability to discuss as a workgroup, and the reason why you chose “equitably” is very clear because we are launching Health Equity By Design and constantly talking about equity, so it absolutely makes sense. Of course, “utilizing” was just a little bit of a different term, but that is why we want to open it up for discussion for the workgroup, because we can make and accept those recommendations. ASTP just wanted us to discuss it as a workgroup before we move forward.

Steven Eichner
Thank you so much. I was just providing additional context to be abundantly clear because I did not include those in my notes as to where they came from. I wanted to lay it all out.

Eliel Oliveira
Thanks, Ike.

Medell Briggs-Malonson
Thanks, Ike. We appreciate it too.

Eliel Oliveira
What we are saying as well is that, like you said, the ones that we cannot make any changes to at this point will go into the parking lot, so they will get picked up early next year when we start working again and bring them back to discussion with the group here. The timing is just difficult for these ones at this point. But with that said, if all is well there, are there any other thoughts from anyone or Ike himself as well on the artificial intelligence (AI) line that we have here?

Medell Briggs-Malonson
You all are so quiet today. Really to make sure that everyone is on the same page, these are recommendations to change “applying” to “utilizing” and to change the word “fairly” to “equitably” in order to align with a lot of the work that we are doing throughout the rest of ASTP and HITAC. We just wanted anyone’s thoughts on whether they like these changes or not. It is just a point of discussion. Hans, I see your hand.

Hans Buitendijk
Yes, to break the silence, perhaps. On the first, changing “applying” to “utilizing,” I think it is actually clearer to use that word. They are very close, but to me, it sounds clearer. I am okay with the second change. To me, both terms imply the same thing, but for others, they might not, so I do not see a substantial difference, so that is why I am not concerned with changing it or keeping it the same way. I am neutral on it.

Medell Briggs-Malonson
Thank you, Hans.

Eliel Oliveira
Thank you. We agree.

Anna McCollister
This is Anna. I think it works. It is a nuance, not a departure. The first one is the one I have been focusing on.

Medell Briggs-Malonson
Any other thoughts or comments?

Eliel Oliveira
If nobody objects, I think we all agree that at least the first word, “utilizing,” adds a bit of extra clarity, and that would help us next year to consider whether to update original language for the other areas that we had already established.

Anna McCollister
I will actually add that I think it is a bit more of a nuance, to be fair and supportive. We do not want to just apply things to patients, providers, or other interested parties. We want to have this technology available to them for their use. It is more of a “we are all using this” than a “this is all being used on us” kind of approach, so I think “utilizing” is a much better word.

Eliel Oliveira
I agree.

Medell Briggs-Malonson
I can say that in terms of “fairly” versus “equitably,” I agree with both terms, but “equitably” is a stronger word. It is very clear, and this goes back to clarity. It is a much stronger word, and it does align. I think that “fairly” was probably initially chosen because of all of the various different frameworks that we are trying to apply to artificial intelligence, which is still fair and just, so those words are not interchangeable, but I think “fairly” was possibly initially selected to align with some of the other language around AI, which has to be applied fairly, but “equitably” is a much stronger word in my mind because it is making it very clear that we expect for there to be equity in the design and implementation. So, I am totally fine with the recommendations as well.

Eliel Oliveira
Thanks, Medell. Ike?

Steven Eichner
To me, the big difference between fairness and equity is fairness is where somebody is deciding what is fair, and the question about fairness is fairness to whom? Is it fair that somebody gets three quarters of the pie and somebody else gets a quarter? That is absolutely fair if you are the one making the determination about who is dividing the pie and how it is divided. When you use the word “equitable,” that has a completely different tonation that may create a better overall balance in terms of looking at resource allocation with a little less discrimination, perhaps, for one party versus the other in terms of looking at who is making the decision and who is getting the benefits.

Medell Briggs-Malonson
I agree, Ike, in every way.

Eliel Oliveira
Me too. It depends on the type of pie as well. If it is a pecan pie, I will take the three quarters, but if it is a pumpkin pie, you can take the three quarters. Any objections to proceeding with this change? Please raise your hand. Otherwise, we can proceed to the next page and move to the next edits. Again, the other two up there are going to the parking lot. We are going to revisit them next year. Under interoperability, another recommendation by Ike here is to add… Let me read the whole sentence. “Achieving a health IT infrastructure that allows for the electronic access, exchange, and use of healthcare information across a range of entities and individuals, including patients’ secure access to all data about them.” As you see here, no change was made. Again, the suggestion has been placed on the list of topics for consideration in 2025, but Ike, since we gave you an opportunity here, I want to hear as well if you have any other thoughts on the suggestion so that we get better clarity at this stage, and if you have any concerns on leaving these for 2025.

Steven Eichner
I have no concerns about pushing it off. I know there were comments that were coming in a little bit that even I might have liked to get them in, so it is perfectly rational, they are all important, but we are not hitting a cliff in that, if we do not get it now, we are going to have earth-shattering consequences as a result, especially if they are still in the parking lot and are all on the public’s radar, which perhaps is the most important concept.

Eliel Oliveira
Thanks, Ike. One question I want to raise here, Michelle, and I am sorry to put you on the spot, but just as a clarification for all, a key reason here for this parking lot to many of this for the year ’25 is because of some of the comments that came after the in-person meeting. Is that accurate to say, Michelle, just so everybody is clear?

Michelle Murray

They actually came in writing around the same time. We were able to consider them, but it goes more to the point that you both made a little bit earlier, that we need more discussion than we have time for, both here and at the HITAC meeting itself, because they are more foundational concepts and tied to the law and other documents that ASTP has published or at least used in public meetings recently, so we need a little more time for coordination and discussion than we have. That is the real reason for most of these on this page.

Steven Eichner
I do want to clarify. The comments were submitted in advance of the meeting, more than 24 hours prior to our in-person meeting. I am not suggesting that that alters the processing time and I have no problem putting it in the parking lot, but I just want to be clear that the comments were submitted within the time period by which comments were requested.

Eliel Oliveira
Thank you, that is very helpful. That way, we all know that the key reason here, like Michelle is saying, is that there are other considerations before making these types of edits that could impact other things related to the report.

Steven Eichner
Right. The scope of the feedback might have been beyond the expectations, but the delivery time was well within the defined parameter.

Eliel Oliveira
Yes. Okay, thank you for those thoughts there, Michelle and Ike. Again, the same goes for interoperability, where we had advanced interoperability, suggested by Hans. I am going to keep going here and finish on this page. Under privacy and security, Hans also suggested adding protecting privacy and security when accessing and sharing patient data, and on patient access to information, which is duplicated there, the facilitation of secured access by an individual to access an individual's health information was added here from the original language. Finally, another comment by Hans was patient access to information should enable patient access to information. Again, all of these have the same logic that we put them into the parking lot for additional discussions next year, so just be assured that they are not going to be missed.

Medell Briggs-Malonson
Eliel, I have one quick thing. I want to thank both Ike and Hans for looking at both the target area description and title because I think what the two of you intentionally did is that as our work evolves, we need to be a little bit more specific and even ensure that our descriptions, the scope, and the titles evolve as well. I really like that the two of you all brought these items up because you are correct. There are some times that they are just called privacy and security, but what does that mean? For instance, protecting privacy and security. It is the same thing, Ike, that you have done with that same piece when looking at a lot of our various different descriptions. So, I do look forward to next year for this being part of some of our initial work for us to really ask if the descriptions or titles are truly reflective of the work that we are currently doing and having some of those different recommendations for us to move these target areas forward. So, I just wanted to say thank you for that.

Steven Eichner
Thank you. Having cochaired workgroups before, I really do appreciate and understand the hard work that you, Eliel, and the ASTP support staff have done to bring this together. It is a tremendous amount of work and effort, and I applaud you broadly. I do wonder if we can look at the workflow for the next cycle to figure out if there is a way we can create a little bit better of a gap to create this opportunity to feedback because, just in general, we certainly worked through segments of information as we were going through our meeting, but we did not really have much of a chance as a workgroup to sit back and reflect on the entirety until the very last moment. I understand the rationale and I am not questioning it, but it is kind of a shame to have to put the feedback for the

next report in the parking lot basically because we do not have an extra week or a little bit of time to review the report in total, or at least, we reviewed it in total as laid out, but there was not sufficient time to incorporate that feedback in a final version.

Medell Briggs-Malonson
Ike, you are correct, and we have already started to talk about workflows. If you remember, this is the first year that we have had to submit the report by the end of the calendar year, and we also did not start exactly in January, either, so we had a much shorter time to get this report done than what we have had traditionally, but now that we are on this new cycle, we can actually make sure that we are allotting the appropriate amount of time for us to kind of absorb all this information and for there to be appropriate buffers to provide feedback. I can already see that this may be at the very beginning of where we are, like when we start getting the Annual Report Workgroup back together, and also some of the other parking lot items that we have been discussing that have not been incorporated here, such as the health plans and all these other items.

So, the answer is there are already some ideas about how to streamline and make the workflows very efficient. This was just an atypical year because we absolutely had to get it done before the end of the calendar year, and we also have not had to do this in the past, so we had six or eight months versus two to three-plus more months than we have in the past. So, all points are well taken, and we will continue to work on making sure that everyone's voice is incorporated and there is enough time for the workgroup to deliberate on these items and get it to HITAC for feedback. Thank you for that.

Eliel Oliveira
I agree. That is very well received, and another point was that we literally changed the format of the report this year as well. This was a very typical year, like Medell was saying. The report format changed, we have a much shorter time, and to be honest, we have a much larger group compared to previous years, so there were a lot more thoughts here to consider this year. I am very excited about starting next year with a calendar year in hand with the parking lot here already full of things for us to discuss and address, but, at the same time, with a new format, and even some other things that will be talking about how the report can further be enhanced next year. So, I will keep that for next year's discussion, but I totally agree with you, Steve.

At the same time, I am very thankful, just like Medell said, of you and Hans taking the time to do this review. I very much appreciate it, and I hope we are going to have you guys join us again to advance this report for next year as well. Thank you for all that, and for understanding that this has been a very different format than what we are used to. Any other thoughts, concerns, or questions on this page that we are looking at and all the parking lot items that we have? Please raise your hand. Otherwise, we can move to the next page.

Here we have some edits on one of the stories for the public health area. There was a comment from Bryant in the meeting, and he basically said the stories should go further and focus on the fully automated vision of the future using application programming interfaces (APIs), where the clinician does not have to take time away from providing clinical care to provide information to public health. So, the text was revised. "An outbreak team is established by the state public health authority. The team quickly obtains contact information for impacted patients from the facilities via an API. They reach out to patients to ask them what and where they had eaten, as well as where they had purchased groceries, before getting sick." This comes on the heels of the *E. coli* outbreak that we have right now, as you have all seen on the news, so it helps to see the change here instead of working with the staff from the hospitals and clinic, including those who support the health IT systems to each person, so we should not have to be talking to staff, but instead call the APIs. I like the edits as well, but I am hoping to hear from all of you if you have any other edits or comments related to this, but the change was made in the report. Thanks for joining, Hannah. Steve?

Steven Eichner
I appreciate Bryant's addition. I do wonder if you want to add another sentence or another phrase in there looking at legal authorization in that space, because one of the concerns about API and opening up all data to whoever is asking for it is, again, going to reflect that there is a digital context or control on accessing the information, so it really is not a free-for-all, and part of the reason the original text may not have been as clear about an automated poll was trying to be respectful and say there are gates in terms of information availability, and there is respect for and focus on patient privacy and confidentiality.

Eliel Oliveira
On that note, Ike, I wanted to ask you something. Wouldn't a public health authority be able to perform this action?

Steven Eichner
The action of requesting data? Absolutely. Looking at the mechanism of retrieval is kind of the piece. In terms of looking at reaching into a system and pulling data, it may be a little bit different than issuing an order to report the data. Who is taking the action, and under what pretense or ability to say, "Hey, wait a second, this is not a legal request"? Looking at Bryant's addition, it is great, but again, adding in text from an authorization perspective becomes important so that we are reflecting that, not only in this case for public health, but more broadly, the existence of an API interface does not mean there are not security controls in place, and we want to make sure we reflect that there are security controls in place, and it is not a free-for-all for information.

Eliel Oliveira
That makes sense.

Medell Briggs-Malonson
I am just thinking about process here, because one of the things is that we know that people did make some of… I also want to stay respectful because Bryant and other recommenders are not here. They have incorporated the elements directly from the recommendations, so we do want to respect some of the different thoughts, but yes, if there is something that is going to truly enhance it. Ike, you are recommending that it include that facilities be an API, but still with appropriate authority. Is there something very simple we can add?

Steven Eichner
Yes, exactly. I have not wordsmithed yet, and I am not suggesting not included Dr. Karras's suggestion, but just adding a hair more clarity, or including the fact that this is a statutorily based legal request, not just a reach-in.

Medell Briggs-Malonson
Got it. I am trying to get the right language, but…

Steven Eichner
"As a legally authorized entity" or something in that space.

Eliel Oliveira
My thinking here, Steve, is that because we do not have a ton of time to wordsmith **[inaudible – crosstalk] [00:38:09]**…

Steven Eichner
Exactly.

Eliel Oliveira

…that is great feedback for the ONC team here on the call to take back and see what their legal team can finance here.

Steven Eichner
For the group on the phone, if we can get consensus that it would be good idea to include something about legal basis, that might be enough guidance for the team to add some text.

Medell Briggs-Malonson
Yes, and there may just be one or two words that help say clearly that it is being done legally, and not just reaching into systems.

Steven Eichner
Exactly. I think it is four or fewer words.

Eliel Oliveira
Great. Any other thoughts or comments on this one? Hearing none, I am moving to the next one, from Fil. It is also from one of the stories on interoperability, where we had the comment "The term 'EHR' is broadly adopted in assistive and retirement living. I also suggest we modify this language to reference the assisted living electronic health record." You see the revision that the assisted living community shares timely progress reports with her orthopedist and PCP, and previously was there on site with the information system, so Fil is suggesting to basically change it to "EHR" so that recovery of data is available for follow-up appointments. Any thoughts or concerns on this change? I think it helps clarify that it is broadly adopted already by those types of organizations. Please raise your hand.

The other one here is along the lines of what we had earlier under the interoperability topic list from Derek, who recommended adding a topic next year of interoperability and administrative burden. So, we captured that note, and as he recommended, that will be a topic for next year. I would not expect any comments here, so we can move to the next page. Here, another one under interoperability, while waiting for next year for Derek's request… Yes, Rochelle, go ahead. Let's go back to that page again. We cannot hear you. Are you on mute?

Rochelle Prosser
No, I am off. I was waiting for you to go back. I think Derek's request is a valid one, and we are having issues with payers and payers blocking with approvals and authorizations, and patients accessing their information and getting access to care, this should be like the fire of all authority across every forest. Why did we push this back to 2025?

Medell Briggs-Malonson
I am happy to answer that, Rochelle. This report has to be submitted to HITAC in less than a week, and therefore, this is not deprioritizing, and that is why I even mentioned what I just mentioned, which is that payer interoperability and the challenges with the administrative burden are key issues that we want to address, but we do not have the time to add a topic and build it out in order for us to hit this very clear deadline that we are addressing. So, that is why, when we do go into our next report workgroup, which is only in a matter of months, that will absolutely be one of the key topics that we start to dive into, because payers are so incredibly important, and they have been absent from a lot of the work we have done, so that is the reason why we have literally less than a week to get this to the full HITAC, and we cannot build out and give the time to this, which is why Derek agreed that we should dive into it on the next report. There are going to be several different topics, but that does not mean this is not important. We need to invest the appropriate time and develop the appropriate recommendations for us to move that forward.

Rochelle Prosser
Okay, that is fine.

Eliel Oliveira
Thanks, Rochelle. Again, these are not going to be missed. I joked yesterday when we met with the group here that Christmas is pretty much next week because time is flying for the end of the year, so, very soon, we are going to be addressing all these additional topics in the next round.

Medell Briggs-Malonson
I have one quick thing, just to make sure that everyone knows the process of how things go into our next annual report. Our ASTP team tracks everything behind the scenes, and on our very first annual report workgroup, they will have a list of all the various different recommendations and topics and everything that was discussed throughout the entire past year that we put in the parking lot so that we are starting from the very beginning with all those different items. And so, as Eliel said, nothing is going to be missed, and we now watch this process, and they are very expert in this process, so then, we can actually dive in and give it the appropriate time, going back to making sure we have the time to engage and develop the recommendations and strategies that these topics deserve. And, honestly, there may be some changes coming up. We are in a significant change of propositions in the political climate, so there are going to be a lot of changes, too, that are coming down that we know are on various different ballots, so this will allow us to be even more informed about some of the various different forms of recommendations that we provide from our Annual Report Workgroup and HITAC.

Eliel Oliveira
Thanks, Medell, and I will say thank you to Michelle and the team that works behind the scenes. I do not know how they get all this done because they do capture everything that we discuss very succinctly in this report, so, thank you very much to that group. With that said, I think we are halfway through our meeting and there is still a bit to cover, so let's keep moving to the next section. We have improving long-term care and post-acute care interoperability by Fil as well. You see it there under the original language. He proposed modifying the key opportunities column to include LTPAC-focused certified HIT incentive structures. The change was made in the report, and you can see the change there. It is saying, "Examining opportunities to incentivize LTPAC providers and increase the availability of LTPAC-focused certified health IT modules that support interoperability across the care continuum." I am going to continue on this because, again, those are all LTPAC-related, and then we can cover any comments and suggestions.

There are two others from Fil. The next recommendation was to add skilled nursing facilities and community-based providers to the description, and as you can see below, there are edits that the team provided. Explore additional certification needs for LTPAC providers' health IT systems to support bidirectional exchange with acute and ambulatory providers that have already adopted certified health IT modules, as you all know. Priority settings for this initiative could include skills nursing facilities, community-based organizations, home health, and durable medical equipment.

The last edit that Fil suggested also wanted to recommend reporting around LTPAC and, more broadly, the specialty HIT sector so that we have the necessary data to drive change, and you see the edits below. Potential new recommendations for HITAC activity for consideration: Encourage ASTP, in coordination with relevant HHS agencies, to proceed to increasing its reporting around the adoption and use of health IT in LTPAC and other specialty settings. So, that change was not made because we believe there is quite a bit more discussion to go over that specific one, but the other two on the top have been made to the report, and I wanted to hear if there are any thoughts, comments, or concerns with these edits from anyone. Hearing none, I like the edits that Fil suggested.

I think these are important ones to be advanced on the LTPAC front, especially expanding certification criteria and to other organizations like he listed here. I thought that those were good suggestions. Thank you, Rochelle. If there

is nothing else, let's continue to the next page. Please raise your hand if you have a comment. I am trying to move, but, at the same time, not ignore anyone's thoughts, so please raise your hand. There is another one here from Fil related to LTPACs. He suggested that we can add a specific task force recommendation for LTPAC task force into another specialty HIT task force and hold a listening session to identify elements of a framework that supports increased interoperability and standards for the LTPAC setting. We have not made that specific change, but again, like we talked about, we will discuss it in the next round. I think it is a great suggestion, but there is probably quite a bit to be discussed on this specific front.

On the other ones here, from Michael… Rochelle, I am reading your note. "I understand our need to grab a better and more organized response. I agree to the topics that are needed moving to 2025." Thank you, Rochelle. So, we got two others on this page here from Michael that I want to go over quickly, recommending breaking the topics for further improvement of data quality and data sharing in two, and I think we did not make this change because it would require exploring further details on this topic and potential topics, so it is not that we do not agree, but it was not a relevant change at this point for us to then address in the next year. Also, in the same comment, he suggested exploring opportunities to incentivize data sharing by providers. How can we make providers feel like they are benefiting from data sharing? Again, we did not make any changes to the report itself, but it is on our topic list for next year. Hans, I saw text from you here. "I agree with the first update." Hans, I just want to clarify. Do you mean the one about creating a task force? Is that the one that you agree to?

Hans Buitendijk
Correct.

Eliel Oliveira
Thank you. Yes, I do as well. Any other thoughts or comments from anyone on these ones? Michelle?

Michelle Murray
Hi. I think I am a little unclear on the end of Page 4 and the one on the top of Page 5 because they are recommended activities that we do usually take a little more time to talk through first. Are you saying you do want to add them right now as elements in this current report or not?

Eliel Oliveira
No, I think we do not want to add it to the report, Michelle.

Medell Briggs-Malonson
I took it as the workgroup not wanting to, so let's make sure we have very clear conversations so that this can be on the record and the ASTP team clearly knows if we as the workgroup want to add this or not. I want to make sure that people remember there is a topic, and that the topic itself is underneath the target area. And then, we provide the opportunities, gaps, and recommendations, and then, there is also just the recommendations. So, I think we are all in agreement that when there is a topic, because there is so much that has to be built out to it, it is not just a recommendation. We have to look at the gaps. We have to look at what we are trying to achieve. We have to then define all the various different recommendations. That is why we want to defer some of these really important topics to next year so we can fully build them out and give them the justice they deserve. Here are just the recommendations to a preexisting topic.

So, Fil is actually recommending that we add an additional recommendation, encouraging ASTP, in coordination with other HHS agencies, to consider increasing its reporting around the adoption and use of health IT in LTPACs and other special settings. So, just like what Eliel is mentioning, is this an additional recommendation that we would like to add to this year's annual report? I guess I took silence or lack of objection as consensus, but are there any concerns about adding this additional recommendation to our report? Okay, I guess there are no

concerns about this additional recommendation, so, Michelle, that silence is the vote or consensus of the workgroup for that one, meaning yes, we would like to proceed with it. Okay, is everyone good? We want discussion. We want to hear everyone's voice.

Michelle Murray
Medell, I will add one clarification for everybody. On top of Page 5, where he had asked for an actual task force, in recent years, ASTP and the workgroup have come together to say we should back off a little bit on prescribing how it should be done because that is more in the purview of ASTP to charge the full committee, so we would make it a broader suggestion of wanting to talk about this in the public forum. It might become a task force, but we do not want to prescribe that up front. I just wanted to clarify that.

Medell Briggs-Malonson
Thank you, Michelle. Again, it is not Fil's recommendation that is on the table to discuss right now because, as you mentioned, there are several different logistics of ASTP adding a task force. However, the revised friendly recommendation from Fil is to hold a listening session to identify elements of that framework. So, Hans, you had mentioned that you supported the recommendation, but just for clarity, which recommendation were you referring to?

Hans Buitendijk
I was referring to holding a listening session to identify elements.

Medell Briggs-Malonson
Excellent, thank you. And then, that would help to inform what some of the next steps are.

Hans Buitendijk
Correct.

Eliel Oliveira
It could be a task force or something else.

Medell Briggs-Malonson
Yes, absolutely. Any other thoughts or discussion around this item? Any objections to adding it in? Okay, I think we are good there, then, with no objections and no additional discussions. I think holding a listening session is a great idea as well.

Steven Eichner
This is Steve. I have one quick question. Is it only LTPAC? We are very focused there. Are we including home health in that space? I want to be cautious that we have not left people off of that table.

Eliel Oliveira
Steve, I think that is where the listening session would probably help, because instead of trying to define a place of recommendation in this report for a task force that is just LTPAC, to me, the listening session may identify other aspects, like you are saying.

Steven Eichner
Right, but adding this as a recommendation at this time with the very small group here… There are other entities than LTPACs that may be very interested in having a listening session as well. At one point, I think we did not talk about having a listening session for organizations affiliated with rare disease, both from patient support organizations, home health, or other communities of interest. Does that make sense?

Medell Briggs-Malonson
It does, Ike, and at least for this specific topic, if you look at the subsection, interoperability is under LTPAC.

Steven Eichner
Right.

Medell Briggs-Malonson
To your point, I do not think it excludes us holding sessions in other areas, but this was just a recommendation that was tracking to LTPACs in particular.

Steven Eichner
Okay. Do you see where I am going?

Medell Briggs-Malonson
I do. There is going to be a lot of pre-work because, again, we are having a lot of different rate ideas come up. As we go into next year's report, we should try to think about how we can be more comprehensive from the very beginning. As we go through the processes, we can think, "Oh, we may be missing this group or this idea," and this year, we did not have the chance to do a brainstorming session with all the workgroup members like we have done in the past. And so, we did that in the past and it worked beautifully, but this year, because of the short schedule, and also our in-person HITAC meeting, it did not work, but I think that is what we need to do moving forward so we can think about what we have done in the past, what is in the parking lot, and what we also need to add before we start our work with the Annual Report Workgroup. Great suggestion.

Steven Eichner
Right, and, in that same context, thinking about recommendations, there is always a bit of cleanup that has to happen with any report, and the last meeting or so should be focused on cleanup, not looking at introducing new ideas. To me, this is teetering on the brink of a new idea. It is not clarifying language or wordsmithing, it is really introducing a new idea. Does that make sense?

Medell Briggs-Malonson
Well, it is introducing a new recommendation.

Steven Eichner
Right, exactly, which is a new idea. It is not clarifying a previously made recommendation.

Medell Briggs-Malonson
And so, that is something for us as the workgroup to discuss because that then goes back to the other recommendations, which is why we wanted to bring those to everyone.

Steven Eichner
Right, exactly.

Medell Briggs-Malonson
So, even if we go up to the LTPAC or the interoperability on the preceding slide, then that is why we wanted to pause and say, "Hey, everyone, what are your thoughts?" because that would be a new recommendation also here in terms of encouraging ASTP to coordinate. That is a brand-new recommendation. So, I think that we as a workgroup have to decide. We know we cannot accept new topics, but are we accepting new recommendations as well? Hans, your hand has been up also.

Hans Buitendijk
I appreciate that we want to be cautious about not introducing new topics per se, but given that the topic is very much around improving long-term care in the LTPAC environment that we have, to me, these are still relatively clarifying statements on helping further clarify how we can advance this and improve it. So, it is not that we are going beyond LTPAC, but within LTPAC, what is a cohesive set of recommendations to make sure there is clarity and opportunity to move that forward? That is why I am comfortable with still including it at this stage of the progression, but I am cautious about going substantially beyond LTPAC. At that point in time, I would agree there are other areas. Steve highlighted some. We can also think about other diagnostic services that we have not talked about. We did recently talk about pharmacy, we have talked about payer interactions, and there are many, many other ones that we still need to visit as well, but given that we have LTPAC at this point in time, I do feel comfortable that it is not stretching the topic too far.

Medell Briggs-Malonson
Thank you so much, Hans. Really quickly, is there anyone else from the workgroup that has some thoughts? We want to make sure everyone's voice and opinion is heard on this. It is really important. We would love to hear your thoughts on this.

Eliel Oliveira
I guess the big question is if there are any objections to those two additions. Like Hans was saying, they further highlight what we are promoting under the LTPAC interoperability, and it is okay to say we need to back off. I think we are hoping to hear any opinions from anyone. Those are the two edits or additions that we want to hear from you. It is not an edit to any language that was in the report, but additional things to be considered. If we can scroll up a little bit to see the two at the same time, I think we have this last one on Page 4. Unfortunately, we cannot fit both on the screen at once. So, coordinate with HHS agencies, and then, the other one is holding a listening session for us to uncover the things we need to be doing to improve interoperability for LTPAC.

Steven Eichner
This is Steve. I would feel slightly more comfortable if there were surrounding language that recognized LTPAC as one example of a stakeholder group, but that there are others that exist out there as well, and this may be one of a number of different listening sessions in different areas. Does that make sense?

Medell Briggs-Malonson
Yes, it does, Ike. I think one of the most important things we need to do is consider how we are almost taking this out of context with the rest of the topic and the other recommendations. We do have to move forward, so I am going to be very clear with the workgroup. Are there any objections to incorporating? Ike has added some friendly revisions and Hans has added that he is in support of these recommendations because they still align with the premise of the topics, so are there any other ideas or thoughts about this? If there are no other ideas or thoughts, I am going to be very clear that I take your silence and lack of objections as acceptance.

What I would ask is that we meet with the ASTP colleagues because we have to see this in all of the contexts of this exact topic, so, Ike, to your point, this is a very specific LTPAC topic, and the majority of the other recommendations that have been reviewed and approved are specific for LTPAC, but we will take a look and ask our ASTP colleagues to take a look at all the other recommendations to try to see exactly, to your concern, if there is a way that that can be incorporated. If all the other recommendations are purely for LTPAC, as you can see here, even in the "encourage ASTP," it does say "in LTPACs and other specialty healthcare settings," so it is at least trying to bring in some of that context that you are referring to. We will take a look at it and see if there is any way to help to clarify exactly the important point that you are bringing up. Thank you, everyone. This is really important. All right, Eliel. I will turn it back on over to you.

Eliel Oliveira
Okay. So, we had some recommendations from Michael. Again, I am just touching on that. I wanted to see if there are any comments on these two before we move forward, but I think no changes were made, based on Michael's recommendations, because they are going to require more discussion, but we still have the one here on No. 22 that is basically breaking out further improvement of data quality and further improvement of data sharing, so I think no change was made. I think we were hoping to hear here from anyone if there is a need to do that, but no change was made. We do not disagree with Michael that data quality is a world of its own and that data sharing is too, but we are not sure about the importance of breaking that up right now in this report and having to clarify that specifically. Are there any thoughts from anyone about breaking it at this stage or leaving it as is?

Medell Briggs-Malonson
I thought we would not be able to break them apart right now because it is almost like adding an additional topic, just because that would be a whole entire buildout, especially of each one of those topics separately. We may not be able to move forward with breaking them out as new topics, but we wanted to hold onto that because we know that data quality and data sharing are very different, but from this process, we have not incorporated all of the elements to build them out separately as two topics in this short time period. We know this is an uncomfortable and unideal situation because of the limited time that we have had, and we are really going to strive to make sure that we have more time for the report just to simmer on the draft report because all these things that are coming up today are just so incredibly important.

Eliel Oliveira
Hans?

Hans Buitendijk
I would agree that it is a little bit challenging to flesh out the remaining part, but since both are mentioned effectively, it is not that we have dropped one or the other. This is a good topic for next year to flesh them out more separately with the rest of it, so I do not think we have lost anything. We still have points in both, but we need time and effort to do justice to both of them in more detail.

Eliel Oliveira
I agree. Thanks, Hans. Anyone else? Any thoughts before we move on to what may be the last page? We have 20 minutes left, or less. Okay, here we are again on privacy and security. We got another recommendation from Michael that we did change in the report itself. He asked, "Is there such a thing as really being deidentified? I just wonder whether you might consider calling it 'legally deidentified' or something like that. I think we also suspect that these things can be reverse engineered, and you can figure out sometimes who somebody really is based on deidentified data," and I agree with Michael. So, we made an edit here, revised to say "transparency in use of deidentified data pursuant to HIPAA determinations of deidentification." With the other edits here from both Michael and Deven, we have not made those changes, and we are putting those in the parking lot for next year as well.

Again, there is one from Michael on deidentified data, where he shared, "Consider the findings of NIH Novel and Exceptional Technology and Research Advisory Committee in regard to patient preferences, including informed consent and exploring the opportunity to work across HHS for best practice." That sounds great. It is a topic for next year because we could not address much in this report. From Deven, "Patient access to data is not a solved problem, and it should be a continued point of emphasis in future reports. It would be helpful to continue to do check-ins on the status of API access and TEFCA individual access services," and we agree, but again, it is something to maybe consider adding in the next round. Any thoughts, questions, or comments here on those? If

not, I think that takes us to the end of the edits to the report, and with that, Seth, I do not think we have anything else on our agenda, besides maybe public comment.

Public Comment (01:11:44)

Seth Pazinski
Yes, there is nothing further on the discussion on revisions to the report, so we are ready to move into public comment. Accel, please open up the public line. If you are on the Zoom and would like to make a comment, please use the raise hand function, which is located on the Zoom toolbar at the bottom of your screen. If you are on the phone only today, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. While we wait for any public commenters, I wanted to express my appreciation on behalf of ASTP for all of the time and expertise that you all have contributed to the Annual Report Workgroup for this FY '24 cycle. We are looking forward to the HITAC vote coming up at the November 7th HITAC meeting. I see we have no comments on the line at this time, and I see no hands raised in the Zoom, so, Medell and Eliel, I will turn it back to you to close us out.

Next Steps and Adjourn (01:12:43)

Medell Briggs-Malonson
Awesome. Thank you so much, Seth. Again, thank you all so much. This has been an incredibly not only fast-paced but impactful journey, and we have incorporated so many different items directly into this annual report that we have never had before. I also want to congratulate this workgroup for adding an additional target area. We know that we started off directly from Congress with a certain number. Two years ago, we added the health equity target area, and because of the wisdom of this workgroup, we also were able to introduce and get approved a new target area that focused on artificial intelligence and its impact on health and healthcare.

In addition, one of the things we did is that we as a group took all the illustrative stories to the next level. While the illustrative stories have always been a fantastic part of our recent reports, what happened is that each and every single one of you provided contributions on how we can transform those stories to the future and really make sure we are pushing everyone to the future, and all the feedback has stated that those stories are so incredibly meaningful because they converse and are then followed by the topics and recommendations, so it makes sense why we are stating that this needs to be our future state.

I just wanted to say thank you, thank you, thank you for all the incredible work you have put in, for all of your incredible comments over these past few months, and for making what I feel is one of the best annual reports that has come out of HITAC in its history. Of course, thank you so much to our ASTP colleagues for revising the report, for being our incredibly important ears in the background, to try and take on the information we are seeing, and not only translating it directly into the report, but also archiving all of this rich discussion because while we have made significant progress, we all know there is so much more to accomplish in this space, and I am very confident that with each annual report, we are going to continue to push the envelope even more to ensure that our standards, policies, procedures, and how we conduct business when it comes to health IT is not only top-notch and rooted in excellence, but is equitable and accessible for all people within our country. I just want to thank you all because I know of all the great work you have been doing and I am really grateful to be part of this workgroup with you.

Eliel Oliveira
Well said, Medell. I do not think there is much to be added to that, except to be very thankful to all of you as well for your involvement, and I hope you can continue to support this work. One of the things I want to say that I am excited about with the stories that we added is the fact that, to me, that opens up the doors to this report to actually be read by the overall public because in the past, even though we shared and talked about it, unless you were in

the space of health IT, you would not do much with it. But I could actually share this with my family and say, “Hey, guys, listen. Here is what we are trying to achieve,” and they can read those stories and get a sense of what it is. So, I am very thankful to all of you for your efforts here, especially on those stories, and to the Accel team and Michelle for their great support here. We would not have made it to the end if it was not for all of you, so, thank you so much, and I am looking forward to seeing the final version in a few weeks.

Medell Briggs-Malonson
Less than a week! Thank you, everyone. Have a wonderful day.

Questions and Comments Received Via Zoom Webinar Chat

Anna McCollister: Anna McCollister has joined

Rochelle Prosser: WHy waiting for next year on Dereks request

Hannah K. Galvin: I agree with Derek, and would consider asking CMS to speak to us on 0057 about this topic.

Rochelle Prosser: I agree with the edits.

Rochelle Prosser: Understanding the need to craft a better and more organized response. I will agree to the topics that are in need of moving to 2025.

Anna McCollister: I need to jump. Thanks to all for so much great work!

Questions and Comments Received Via Email

No comments were received via email.

Resources

AR WG Webpage
AR WG - October 29, 2024, Meeting Webpage

Transcript approved by Seth Pazinski, HITAC DFO, on 11/07/24.