

## HITAC Annual Report for Fiscal Year 2020 List of HITAC Members' Comments

The Annual Report Workgroup collected comments from HITAC members on the version of the draft annual report dated 1/13/21 and convened to propose solutions for each comment, as noted below.

Section	Subsection	Page	HITAC Member(s)	Original Language	HITAC Member Suggestion	Proposed Solution
<b>Overall</b>						
Federal Activities across the Target Areas			Steven Lane		Comment: "One of the criticisms that could be made of the ONC process over the past year, and improvements that could be made going forward, would be to assure GREATER coordination of federal HIT efforts, assuring that ONC has a meaningful seat at the table whenever HIT is being addressed by other federal agencies. I imagine that this could be accomplished through a simple rule or even executive order and could lead to greater coordination across programs and agencies as well as a more significant role for ONC."	No change was made. Rationale: No action needed for the annual report.
Target Area: Public Health			Les Lenert, Aaron Miri		<p>Comment: "Emphasize the urgency of public health concerns more throughout the report."</p> <p>A specific edit was made in the Executive Summary in the public health target area summary paragraph: "However, the pandemic has also exposed deep, systemic gaps within the nation's public health and interoperability infrastructure presenting an opportunity to improve bidirectional information sharing between the clinical and public health communities <b>and therefore enable increased coordination between federal and state public health agencies.</b>"</p>	Changes were made throughout the report to address vaccine tracking, biosurveillance efforts, and exchange for public health purposes in more depth.

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Target Area: Privacy and Security			Terry O'Malley		Comment: "Add mention of national patient identifier, or network of regional enterprise master patient indices (EMPIs)."	No change was made. Rationale: This comment has already been addressed in the gap analysis on p. 42.
<b>Executive Summary</b>						
Target Area: Public Health		p. 4	Steven Lane	"There has been widespread innovation to combat the pandemic, such as health information exchange notifications, CommonPass, and The Situational Awareness for Novel Epidemic Response (SANER) Project."	"There has been widespread innovation to combat the pandemic, such as <b>the roll-out of COVID-19 electronic case reporting</b> , health information exchange notifications, CommonPass, and The Situational Awareness for Novel Epidemic Response (SANER) Project."	Change was made.
Target Area: Public Health		p. 4	Les Lenert, Steven Lane	"However, the pandemic has also exposed deep, systemic gaps within the nation's public health infrastructure presenting a disconnect in information sharing between the clinical and public health communities."	From Steven: "However, the pandemic has also exposed deep, systemic gaps within the nation's public health <b>and interoperability</b> infrastructure presenting <b>an opportunity to improve</b> information sharing between the clinical and public health communities." From Les: "However, the pandemic has also exposed deep, systemic gaps within the nation's public health infrastructure presenting a disconnect in information sharing between the clinical and public health communities, <b>particularly two-way information sharing.</b> " OR revised as: "However, the pandemic has also exposed deep, systemic gaps within the nation's public health <b>and interoperability</b> infrastructure presenting <b>an opportunity to improve bidirectional</b> information sharing between the clinical and public health communities."	Change was made with modification to the proposed text. Rationale: Comments combined and made more concise.



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Target Area: Interoperability		p. 4	Steven Lane	“Although most clinicians now use electronic health records (EHRs), interoperability remains fragmented and several barriers need to be addressed.”	“Although most clinicians now use electronic health records (EHRs), interoperability remains <b>somewhat fragmented, inconsistent across stakeholder groups</b> , and several barriers need to be addressed.”  OR revised as: “Although most clinicians now use electronic health records (EHRs), interoperability remains <b>somewhat fragmented, variable across stakeholder groups</b> , and several barriers need to be addressed.”	Change was made with modification to the proposed text. Rationale: A similar word was substituted.
Target Area: Interoperability		p. 4	Steven Lane	“Additionally, tracking and sharing health information to support health equity initiatives, tracking adverse patient safety events, and attending to the needs of additional care settings are also essential to the success of the nation’s health IT infrastructure.”	“Additionally, tracking and sharing health information to support health <b>and healthcare</b> equity initiatives, tracking adverse patient safety events, and attending to the needs of additional care settings are also essential to the success of the nation’s health IT infrastructure.”	No change was made. Rationale: “Health equity” is a term of art used throughout the report. However, this suggestion has been placed on the list of potential topics for consideration for the FY21 annual report.
Target Area: Privacy and Security		p. 4	Steven Lane	“Data generated or stored outside of federal privacy laws are growing, and patients are often unaware that some of their health data are not protected by laws such as the Health Insurance Portability and Accountability Act (HIPAA).”	“ <b>Health</b> data generated <b>and/or</b> stored outside of <b>the protection of</b> federal privacy laws are growing, and patients are often unaware that some of their health data are not protected by laws such as the Health Insurance Portability and Accountability Act (HIPAA).”	Changes were made.
Target Area: Patient Access to Information		p. 4	Steven Lane, Denise Webb	“Patient access to health information can have a positive impact on health, healthcare, and health equity by supporting shared decision-making between patients and clinicians. Continued education, improved accessibility, and increased use of application programming interfaces (APIs)	“Patient access to health information can have a positive impact on health, healthcare, and health equity by supporting shared decision-making between patients, <b>their caregivers</b> , and clinicians. Continued education, improved accessibility, and increased use of application programming interfaces (APIs) and patient-generated	Changes were made.

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				and patient-generated health data (PGHD) are needed to increase patients' ability to safely and securely access and use their data. Patients often have trouble correcting incorrect data in their health records and that data may be shared with other clinicians, perpetuating any errors across the healthcare ecosystem."	health data (PGHD) are needed to increase patients' ability to safely and securely access, <b>share</b> , and use their data. Patients often have trouble correcting incorrect data in their health records and that data may be shared with other clinicians, perpetuating any errors across the healthcare <b>information</b> ecosystem."	
Crosswalk Table	Introduction	p.5	Steven Lane	"The Cures Act requires an analysis identifying existing gaps in policies and resources for achieving the ONC objectives and benchmarks and furthering interoperability throughout the health IT infrastructure, as well as recommendations for addressing the gaps identified."	"The Cures Act requires an analysis identifying existing gaps in policies and resources for achieving the ONC objectives and benchmarks and furthering interoperability throughout the health IT <b>infrastructure information ecosystem</b> , as well as recommendations for addressing the gaps identified."	No change was made. Rationale: In this context, the phrase "health IT infrastructure" refers to language used in the Cures Act. This language is consistent across multiple annual reports.
Crosswalk Table	Introduction	p.5	Steven Lane	"Within each target area, topics are grouped by the timeliness of the opportunity to be addressed by the HITAC."	"Within each target area, topics are grouped by the timeliness of the opportunity to be addressed by the HITAC <b>and ONC</b> ."	No change was made. Rationale: The HITAC would address the opportunities and recommended activities for future recommendations to ONC. This language is consistent across multiple annual reports.
Crosswalk Table	Public Health target area, Bidirectional Exchange topic	p. 5 (also see pp. 24, 43, 48)	Les Lenert		Comment: "Enable providers to use individual patient data from public health systems in care delivery."	No change was made. Rationale: Already addressed in the report so no changes are necessary.
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, topic column	p. 5 (and p. 48)	Steven Lane	"Bidirectional exchange of clinical and administrative data for public health purposes"	"Bidirectional exchange of clinical and administrative <b>health</b> data for public health purposes"	No change was made. Rationale: "Administrative data" is a term of art used throughout the report.

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Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Gap column	p. 5 (and p. 41)	Steven Lane	“Public health authorities face interoperability challenges to be able to collect and exchange information bidirectionally between clinicians and laboratories, particularly data needed for proper reporting.”	<p>“Public health authorities face interoperability challenges to be able to <del>collect and</del> <b>access</b>, exchange, <b>and use</b> information bidirectionally between clinicians and laboratories, particularly data needed for proper reporting.”</p> <p>OR revised as: “Public health authorities face interoperability challenges to be able to collect, <b>access, and use information, as well as</b> <del>and exchange information</del> <b>it</b> bidirectionally between clinicians and laboratories, particularly data needed for proper reporting.”</p>	Change was made with modification to the proposed text. Rationale: The revisions retain the broader scope of the original text. Also, bidirectionality usually applies to exchange rather than collection, access, or use.
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Opportunity column	p. 5 (and p. 48)	Steven Lane	1. “Improve bidirectional interoperability between public health reporting systems and EHRs.”	<p>1. “Improve bidirectional interoperability between public health <del>reporting data</del> systems and <b>certified</b> EHRs.”</p> <p>OR revised as: 1. “Improve bidirectional interoperability between public health <del>reporting information</del> systems and EHRs.”</p>	Change was made with modification to the proposed text. Rationale: The revisions retain the broader scope of the original text.
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Opportunity column	p. 5 (and p. 48)	Steven Lane	2. “Explore an expanded role for Health Information Exchanges (HIEs) to support public health.”	2. “Explore an expanded role for Health Information Exchanges (HIEs) to support public health <b>data access and exchange.</b> ”	Change was made.
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Recommended HITAC Activities column	p. 5 (and p. 48)	Les Lenert, Steven Lane	1. “Encourage further support for minimum necessary datasets and consideration of technical requirements for exchange for public health, e.g., with laboratories, especially for test order entry and case reporting.”	<p>From Les: 1. “Encourage further support for minimum necessary datasets and consideration of technical requirements for exchange for public health, e.g., with laboratories, especially for test order entry and case reporting. <b>Encourage further support for the development of standards for</b></p>	Change was made with modification to the proposed text. Rationale: Combined the suggested revisions.

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					<p>population-level data exchange (“Flat” FHIR).”</p> <p>From Steven:</p> <ol style="list-style-type: none"> <li>“Encourage further support for the identification and exchange of minimum necessary datasets and consideration of technical requirements for exchange for public health, e.g., with laboratories, especially for test order entry, results, and case reporting.”</li> </ol> <p>OR revised as:</p> <ol style="list-style-type: none"> <li>“Encourage further support for the identification and exchange of minimum necessary datasets and consideration of technical requirements for exchange for public health, e.g., with laboratories, especially for test order entry, results, and case reporting. Additionally, encourage further support for the development of standards for population-level data exchange.”</li> </ol>	
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Recommended HITAC Activities column	p. 5 (and p. 48)	Les Lenert, Steven Lane	2. “Identify stopgap solutions implemented to improve reporting capabilities and assess whether additional long-term solutions are needed.”	2. “Identify <del>stopgap</del> interim solutions implemented to improve reporting capabilities and assess whether additional long-term solutions are needed.”	Change was made.
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Recommended HITAC Activities column	p. 5 (and p. 48)	Steven Lane	3. “Compile a set of useful health IT resources to communicate with public health organizations.”	<p>Comment about “communicate”: “Does this refer to communications resources, a plan to share and develop HIT-specific resources, new models for bidirectional communications between ONC and PH, or something else?”</p> <p>Note: The suggestion for the activity was originally made by Terry O’Malley.</p>	Change was made.

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					Revised as: 3. "Compile a set of useful health IT resources to <del>communicate with</del> <b>raise awareness among</b> public health organizations."	
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Recommended HITAC Activities column	p. 5 (and p. 48)	Steven Lane	4. "Facilitate acceleration of the practical use of data standards to improve situational awareness for local, state, and federal government emergency response."	4. "Facilitate acceleration of the practical use of data standards to improve situational awareness for local, state, and federal government <b>public health</b> emergency response."	Change was made.
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Recommended HITAC Activities column	p. 5 (and p. 48)	Les Lenert	5. "Learn about the successes and remaining barriers to exchange by HIEs to support public health, including how to expand their role and address regional differences."	From Les: 5. "Learn about the successes and remaining barriers to exchange by HIEs to support public health's <b>geographically oriented information needs</b> , including how to expand their role and address regional differences <b>in capacity. Identify approaches to combine data from national HINs to address regional public health data needs.</b> "  From Steven: 5. "Learn about the successes and remaining barriers to exchange by HIEs to support public health <b>use cases</b> , including how to <b>optimize, standardize, and potentially</b> expand their role <b>and methods</b> , and address regional differences."  OR revised as: 5. "Learn about the successes and remaining barriers to exchange by HIEs to support public health's <b>geographically oriented information needs</b> , including how to <b>optimize, standardize, and potentially</b> expand their role and methods and address	Change was made with modification to the proposed text. Rationale: Combined the suggested revisions.

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					regional differences in capacity. Identify approaches to combine data from national HINs to address regional public health data needs.”	
Crosswalk Table	Public Health target area, Bidirectional Exchange topic, Recommended HITAC Activities column	p. 5 (and p. 48)	Denise Webb	5. “Learn about the successes and remaining barriers to exchange by HIEs to support public health, including how to expand their role and address regional differences.”	Comment: “I suggest adding as a recommended activity for HITAC here and the other applicable sections of the report as part of #5, expanding the charge of the TEFCA Task Force to assess and make recommendations on how the RCE and the qualified QHIN's could address the gaps in bidirectional exchange between clinicians and labs, and public health.” Revised as: 5. “Learn about the successes and remaining barriers to exchange by HIEs to support public health, including how to expand their role and address regional differences in capacity to address any gaps.”	Change was made. Rationale: Made a further revision to the combined suggestions from Les and Steven.
Crosswalk Table	Public Health target area, Privacy and Security topic, Topic and Opportunities column	p. 5 (and p. 49)	Steven Lane	Topic: “Privacy and security for public health purposes”  Opportunity: 1. “Discuss the tradeoffs between increasing interoperability, protecting privacy security, and ensuring public safety during pandemics.”	Topic: “Privacy and information security for public health purposes”  Opportunity: 1. “Discuss the tradeoffs between increasing interoperability, protecting privacy and information security, and ensuring public safety during pandemics.”	No change was made. Rationale: “Privacy and security” is a term of art used 70+ times throughout the report and in the underlying Cures Act report requirement.
Crosswalk Table	Public Health target area, Privacy and Security topic, Gaps column	p. 5 (and p. 49)	Steven Lane	“Biosurveillance efforts, including contact tracing, as well as increased use of telehealth and remote monitoring face privacy and security issues”	“Biosurveillance efforts, including case investigation, contact tracing, and proximity notification, as well as increased use of telehealth and remote monitoring face privacy and security issues”	Changes were made.
Crosswalk Table	Public Health target area, Privacy and	p. 5 (and p. 49)	Les Lenert	3. “Identify educational approaches that offer improved transparency of	Replace recommended activity with: “Review of the risks, benefits, and the effectiveness of so called privacy-	Change was made with modification to the proposed text.



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	Security topic, Recommended HITAC Activities column			privacy protections applicable to contact tracing apps and biosurveillance technologies.”	<p>protecting exposure notification strategies in control of the pandemic.”</p> <p>OR revised as:</p> <p>3. “Identify educational approaches that offer improved transparency of privacy protections applicable to <del>contact tracing apps and biosurveillance technologies</del> such as contact tracing and exposure notification apps.”</p>	Rationale: Added mention of exposure notification apps. However, other portions of the suggestion represent an opinion not shared by a majority of HITAC members.
Crosswalk Table	Public Health target area, Privacy and Security topic, Recommended HITAC Activities column	p. 5 (and p. 49)	Les Lenert	4. “Encourage guidance about privacy and security protections of public health information across varying state laws.”	<p>4. “Encourage the development of guidance and harmonization of privacy and security protections of cell phone information for public health across varying state laws.”</p> <p>OR, to:</p> <p>4. “Encourage the development of guidance about and harmonization of privacy and security protections of mobile health data used for public health information across varying state laws.”</p>	Change was made with modification to the proposed text. Rationale: Adjusted some terminology.
Crosswalk Table	Public Health target area, Vaccine Tracking topic, Gap column	p. 5 (and maybe gaps on pp. 24, 27, 42)	Sheryl Turney, Arien Malec, Les Lenert, Clem McDonald	“Pre-COVID-19, questions arose about whether the Centers for Disease Control and Prevention (CDC) or other groups might be tracking unimmunized populations, where patients are obtaining vaccines, and if others can access that data.”	<p>Expand the scope of the gap to integrate more pandemic use cases that have emerged in recent months, particularly around data exchange for public health purposes.</p> <p>From Les: “Pre-COVID-19, questions arose about <del>whether</del> how the Centers for Disease Control and Prevention (CDC) or other groups might be tracking able to track unimmunized populations, where patients are obtaining vaccines, and if others (e.g., payers) can access that data.”</p> <p>Revised as:</p>	Change was made with modification to the proposed text. Rationale: Expands scope of the gap to include the impact of the pandemic.

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					“Pre-COVID-19, questions arose about whether how the Centers for Disease Control and Prevention (CDC) or other groups might be tracking able to track unimmunized populations, where patients are obtaining vaccines, and if others (e.g., payers) can access that data. The pandemic has greatly increased the need for health data collection and bidirectional exchange to support vaccine administration.”	
Crosswalk Table	Public Health target area, Vaccine Tracking topic, Recommended HITAC Activities column	p. 5 (and p. 50)	Les Lenert, Steven Lane	“Identify opportunities and barriers for healthcare and public health organizations, and highlight successful vaccine program interventions with the use of predictive analytics, and assess how health IT can better support a balance of data being pushed vs. pulled for public health purposes.”	“Identify opportunities and barriers for healthcare, community-based service, and public health organizations to work together to target vulnerable populations for vaccination campaigns, and highlight successful vaccine program interventions with the use of predictive analytics, and assess how health IT can better support a balance of vaccine data being pushed vs. pulled for public health purposes.”	Changes were made.
Crosswalk Table	Public Health target area, Vaccine Tracking topic, Recommended HITAC Activities column	p. 5 (and p. 50)	Sheryl Turney	1. “Identify opportunities and barriers for healthcare and public health organizations, and highlight successful vaccine program interventions with the use of predictive analytics, and assess how health IT can better support a balance of data being pushed vs. pulled for public health purposes.”	Add an activity: 2. “Encourage needed improvements to community registries for easier exchange and use, e.g., increased normalization and standardization of data.”	Change was made.
Crosswalk Table	Public Health target area, Vaccine Tracking and Patient Matching topics	p. 5 (also see pp. 25, 28, 43, 44, 50)	Les Lenert		Comments: “There are some major inaccuracies with regard to use of cell phone apps for exposure notification (erroneously called contact tracing in the report) that need to be addressed. Things have evolved quite a bit since this was written.”	Changes were made to address the concerns. Rationale: Smartphone apps are available for both exposure notification and contact tracing, so both activities can be

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					“Exposure notification is NOT contact tracing.”	addressed in the Landscape Analysis.
Crosswalk Table	Public Health target area, Patient Matching topic	p. 6	Arien Malec, Les Lenert		Comment: Address alignment of incentives and certification programs to encourage an ecosystem-based approach (rather than government mandates) to better match EHR and public health data.	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY21 annual report.
Crosswalk Table	Public Health target area, Patient Matching topic	p. 6	Les Lenert		Comment: Address patient identity and matching needs to support tracking multiple vaccine doses for an individual over time.	Changes were made. Note: This concern overlaps some with the vaccine tracking topic.
Crosswalk Table	Public Health target area, Patient Matching topic	p. 6	Terry O’Malley		Comment: “Add call for the development and maintenance of a unique patient identifier for clinical care, research and public health.”	No change was made. Rationale: This comment has already been addressed in the gap analysis on p. 42.
Crosswalk Table	Public Health target area, Patient Matching topic, Recommended HITAC Activities column	p. 6 (and p. 50)	Les Lenert	“Develop tactical recommendations based on ONC’s forthcoming Patient Matching Report to Congress, including consideration of expanded use of AI and related privacy and security concerns as well as increased alignment of government public health reporting requirements and guidance.”	Add an activity: “Develop recommendations for enhancing State Immunization Information Systems (IIS) with enhanced patient matching technology.”  OR the existing activity could be edited: “Develop tactical recommendations based on ONC’s forthcoming Patient Matching Report to Congress, including consideration of expanded use of AI and related privacy and security concerns. <b>Also as well as consider</b> increased alignment of <b>various</b> government public health reporting requirements and guidance <b>and enhanced patient matching technology.</b> ”	Change was made with modification to the proposed text. Rationale:
Crosswalk Table	Public Health target area, International Exchange topic,	p. 6 (and p. 50)	Les Lenert	“Identify opportunities and barriers for the use of health IT in international exchange as well as lessons learned that can be	“Identify opportunities and barriers for the use of health IT in <b>support of compliance with international health regulations and international data</b>	Change was made using the first suggestion.



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	Recommended HITAC Activities column			applied domestically. Experts consulted could include the CDC, World Health Organization (WHO), Global Digital Health Partnership (GDHP), Department of Commerce, clinician representatives, and privacy and security experts.”	<p><del>exchange as well as lessons learned that can be applied domestically.</del> Experts <b>to be</b> consulted could include the CDC, World Health Organization (WHO), Global Digital Health Partnership (GDHP), Department of Commerce, clinician representatives, and privacy and security experts.”</p> <p>Alternate suggestion from member: “Identify opportunities and barriers for the use of health IT in international <b>data exchange for early containment of pandemics</b> as well as lessons learned that can be applied domestically. Experts consulted could include the CDC, World Health Organization (WHO), Global Digital Health Partnership (GDHP), Department of Commerce, clinician representatives, and privacy and security experts.”</p>	
Crosswalk Table	Interoperability target area, Exchange of Health Data across the Care Continuum topic, Recommended HITAC Activities column	p. 6 (and p. 52)	Terry O’Malley		<p>Add a recommended activity to the topic, which is in the Immediate Opportunities section:</p> <p><b>4. Leverage the current federally mandated assessment instruments (MDS, OASIS, IRF-PAI, LCDS) as the basis for a shared, semantically interoperable dataset.</b></p> <p>OR revised as:</p> <p><b>4. Leverage the current federally mandated assessment instruments as the basis for a shared, semantically interoperable dataset.</b></p>	Change was made with modification to the proposed text. Rationale: The references to specific assessment instruments were added to the Landscape Analysis rather than in the Recommended HITAC Activity.
Crosswalk Table	Interoperability target area, Exchange of SDOH data topic, Recommended	p. 6	Steven Lane		<p>Add a recommended activity to the topic, which is in the Immediate Opportunities section:</p> <p><b>3. Seriously consider including Level 2 SDOH data elements in USCDI V2.</b></p>	Change was made with modification to the proposed text. Rationale: Broadened the language to include

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	HITAC Activities column				OR revised as: 3. <b>Suggest SDOH data elements for inclusion in the USCDI.</b>	multiple versions of the USCDI over time.
Crosswalk Table	Interoperability target area, Health Equity topic	p. 7 (and pp. 30, 52)	Steven Lane		Comment: Move topic from Longer-Term Opportunities to Immediate Opportunities.	Change was made.
Crosswalk Table	Interoperability target area, Health Equity topic, Recommended HITAC Activities column	p. 7 (and p. 53)	Clem McDonald	<p>“Convene stakeholders...to discuss:</p> <p>a. How to improve collecting and sharing of data that can support identifying and addressing disparities in healthcare.”</p>	<p>Comment: CDC surveillance sites don’t track race codes for individuals, so other users of that data (clinicians, public health agencies, researchers) can’t target at-risk patients for interventions. Call attention to the need to collect race codes so various stakeholders can target at-risk patients for interventions.</p> <p>“Convene stakeholders...to discuss:</p> <p>a. How to improve collecting and sharing of data that can support identifying and addressing disparities in healthcare, e.g., race codes.”</p>	Change was made.
Crosswalk Table	Interoperability target area, Health Equity topic, Recommended HITAC Activities column	p. 7 (and p. 53)	Denise Webb	<p>a. “How to improve the collection and sharing of data that can support identifying and addressing disparities in healthcare</p> <p>b. The current state and potential improvements of the accessibility of consumer-facing health IT by diverse populations</p> <p>c. Non-traditional sources of health information that could be made interoperable to better serve at-risk populations”</p>	<p>a. “How to improve the collection and sharing of data that can support identifying and addressing disparities in healthcare.</p> <p>b. The current state <b>of</b> and potential improvements <b>for</b> <del>of</del> the accessibility of consumer-facing health IT by diverse populations.</p> <p>c. Non-traditional sources of health information that could be made interoperable to better serve at-risk populations.”</p>	Changes were made.
Crosswalk Table	Interoperability target area, Sharing data with	p. 8 (and p. 44)	Denise Webb	“Researchers are challenged by data quality and consistency concerns, limited governance	“Researchers are challenged by data quality and consistency concerns, limited governance structures and	Change was made.

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	the research community topic, Gaps column			structures and policies allowing access to the data, inconsistent implementations across technical architecture, and varying needs of individuals and organizations that create and use data.”	policies allowing access to the data, inconsistent implementations across technical architectures, and varying needs of individuals and organizations that create and use data.”	
Crosswalk Table	Interoperability target area, Sharing data with the research community: Metadata topic, Recommended HITAC Activities column	p. 8 (and p. 54)  Landscape analysis on p. 31  Gap analysis on p. 46	Terry O’Malley		Comment: Add a recommended activity to the topic, which is in the Longer Opportunities section: 2. <b>Expand exploration of metadata standards beyond research to include public health, data segmentation, authorized uses, and data flows.</b>	Change was made.
Crosswalk Table	Privacy and Security target area, Rules for Sharing topics, Opportunities column	p. 8 (and p. 54)	Denise Webb	“Support increased transparency and patient education for business practices and other potential uses of patient health data when healthcare organizations share or license data to technology companies.”	“Support increased transparency and patient education <b>on</b> <del>for</del> business practices and other potential uses of patient health data when healthcare organizations share or license data to technology companies.”	Change was made.
Crosswalk Table	Privacy and Security target area, Patient Consent topics, Gaps column	p. 8 (and p. xx)	Denise Webb	“A lack of clarity exists about the parameters of data sharing and disclosure, and their implications for consent.”	“A lack of clarity exists about the parameters <b>for</b> data sharing and disclosure, and their implications for consent.”	Change was made.
Crosswalk Table	Privacy and Security target area, Clear Rules Lacking topic Recommended HITAC Activities column	p. 8 (and p. 54)	Denise Webb	1. “Learn more about HHS and Federal Trade Commission (FTC) activities, as well as approaches of or any security lapses by third-party app developers.”	1. “Learn more about HHS and Federal Trade Commission (FTC) activities, as well as <b>security</b> approaches of or any security lapses by third-party app developers.”	Change was made.
Illustrative Stories			Aaron Miri		Add the illustrative stories in the Recommendations section to the Executive Summary.	Change was made.
<b>Foreword</b>						
None						

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<b>Overview</b>						
None						
<b>Progress Report</b>						
None						
<b>Landscape Analysis</b>						
Federal Activities across the Target Areas	ONC PULSE-COVID	p. 23	Les Lenert		“We should have a presentation on PULSE COVID at the next HITECH meeting. I am supportive but hesitant to include ONC work that has not been discussed at HITECH.”	No change was made. Rationale: This initiative was presented to the HITAC on 4/15/20 by the CIO of The Sequoia Project. Also, other federal activities are described that have not been discussed at HITAC meetings, so this may not be an important criterion for inclusion.
Target Area: Public Health	The Saner Project	p. 25	Les Lenert		“Again, SANER was not presented to HITECH. Same comments as above.”	No change was made. Rationale: Other private sector activities are described that have not been discussed at HITAC meetings, so this may not be an important criterion for inclusion.
Target Area: Public Health	Biosurveillance topic	p. 25	Les Lenert	Subsection title: Biosurveillance	Subsection title: <u>Novel</u> Biosurveillance <u>Technologies</u>	Change was made.
Target Area: Public Health	Biosurveillance topic	p. 25	Les Lenert		The member substantially rewrote this section, adding technical detail and a second paragraph, and deleted some privacy and security information.  Or revised as a single paragraph: There is an urgent need to be able to conduct nationwide surveillance and contact tracing of COVID-19 cases. To supplement traditional contact tracing strategies, various IT companies have	Changes were made with modifications to the proposed text. Rationale: The proposed text was edited for length and level of detail consistent with the report approach. The existing paragraph on privacy and security was retained to reflect the



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					<p>proposed solutions using cell phone location data and mobile apps <b>to enable exposure notifications</b>. <del>For example,</del> In April 2020, Google and Apple launched a collaborative tool for individuals and state public health agencies to support <del>contact tracing</del> <b>exposure location</b> using Bluetooth technology. <b>Apple and Google have also developed a tool that allows state jurisdictions to rapidly build an app from a standardized template.</b> Exposure notification apps notify users when they have been in the same geographical location in the past 14 days as another user who has reported a positive COVID-19 test; however, the app's success depends upon adoption rates and voluntary reporting of results. Additionally, various employers have adopted mobile app tools that harness employee data, such as COVID-19 test results, to facilitate a return to office work. <b>These apps, which may be required by employers, are often not subject to HIPAA protections.</b> Employees, state public health authorities, and other stakeholders have voiced concerns over how these companies will handle and store the data over the long term and may use the data for unrelated activities.</p>	opinion of a majority of HITAC members.
Target Area: Public Health	Vaccine Tracking topic	p. 27	Les Lenert		The member suggests adding "a discussion of Meaningful Use certification criteria that contributed to infrastructure for vaccine tracking."	No change was made. Rationale: MU is not directly related to the purpose of this section.
Target Area: Public Health	Vaccine Tracking topic	p. 27	Les Lenert	"Vaccine tracking is a common practice during a communicable disease outbreak at the state level and states are using their diverse, existing immunization information systems to track this information.	The member suggests adding the following sentence after the original text: "In addition, IIS systems lack the capacity for returning data to clinical systems for tracking of the delivery of	Change was made with modification to the proposed text. Rationale: First mention of IIS in the report is spelled out.





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				However, the magnitude of the COVID-19 pandemic is greater than other recent outbreaks and is straining these systems.”	immunizations to targeted groups patients as part of population health strategies.” OR, revised as: “In addition, <u>state immunization information systems (IIS)</u> systems lack the capacity for returning data to clinical <u>information</u> systems for tracking of the delivery of immunizations to targeted groups of patients as part of population health strategies.”	
Target Area: Public Health	Patient Matching topic	p. 27	Les Lenert	“In June 2020, HHS released guidance that outlined required data elements for all lab tests conducted. These elements include demographic information such as the patient’s address, phone number, sex, race, and ethnicity.”	The member suggests adding the following sentence after the original text: “These data elements support the application of advanced technologies for patient matching but the infrastructure for this remains largely unavailable to public health. Approaches to use cloud-based technologies to make advanced technologies for patient matching more available to public health organizations are needed.”	Change was made.
Target Area: Patient Access to Information	Safety and Impact of Mobile Health Applications	p. 39	Terry O’Malley		Comment: “Should there be an ISA section for app ranking, a “Consumer Reports” for apps.”	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY21 annual report.
<b>Gap Analysis</b>						
Target Area: Public Health	Privacy and Security Concerns Related to Public Health topic	p. 41	Les Lenert	“There is an urgent need to be able to conduct nationwide surveillance and contact tracing of COVID-19 cases. Various IT companies have proposed solutions to accomplish this using cell phone location data. However, there are privacy concerns regarding these systems.	The member suggests replacing the original text with the following, saying that he thinks the original text is erroneous: “The United States now has broad experience with the use of privacy protecting Bluetooth proximity-based exposure notification solutions. However, there has not been any review	Changes were made with modifications to the proposed text. Rationale: The proposed text was edited for flow. Portions of the existing section were retained to reflect the opinion of a

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				<p>Due to the novel nature of these technologies, great ambiguity is created on the privacy protections afforded to the users of such technology, hindering widespread use. In addition, much of the data generated from these mobile apps and technologies are separate from state or federal databases. Therefore, public health authorities are not able to access insights from these apps. This silo means that the data generated by these technologies can fall outside the scope of federal or state privacy laws.”</p>	<p>of the effectiveness of these strategies. A systematic review of the data from these systems, of the accuracy and completeness of tracking of exposures, of rates of adoption, and of their impact on pandemic control is needed to drive policies. This is particularly relevant as the technology for these apps is embedded in current versions of the operating systems of both iOS and Android devices.”                      OR revised as:                      In addition, much of the data generated from these mobile apps and technologies <b>are siloed from health delivery and public health systems, so public health authorities are often not able to access insights from these apps. A systematic review of the data from exposure notification systems is needed, including the accuracy and completeness of tracking of exposures, rates of adoption, and their impact on pandemic control.</b></p>	majority of HITAC members.
Target Area: Public Health	Vaccine Tracking topic	maybe on pp. 24, 27, 42 (and p. 5)	Sheryl Turney, Arien Malec, Les Lenert, Clem McDonald	<p>Gaps already identified:                      p. 24 in Landscape Analysis: “However, widespread implementation of the new vaccine administration codes may take some time.”                      p. 27 in Landscape Analysis: “However, the magnitude of the COVID-19 pandemic is greater than other recent outbreaks and is straining these [CDC and state vaccine tracking] systems.”                      p. 42 in Gap Analysis: “A nationwide database would allow federal agencies to track vaccine supply and distribution on</p>	<p>Comment: Expand the scope of the gap(s) to integrate more pandemic use cases that have emerged in recent months, particularly around data exchange for public health purposes.</p>	<p>Changes were made throughout the report to address vaccine tracking, biosurveillance efforts, and exchange for public health purposes in more depth.</p>

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				a macro level, making it easier to predict resource allocation and understand patterns across the country.”		
Target Area: Public Health	International Exchange topic	p. 44	Les Lenert	“Although there is potential value of exchanging clinical data between countries to support public health, the ability to do so is not yet present.”	Member suggests adding a sentence: <b>“Rapid integration of state and jurisdictional disease reporting at a national level is essential to collaboration with the WHO on global infection control and compliance with the international health regulations.</b> Although there is potential value of exchanging clinical data between countries to support public health, the ability to do so is not yet present.”	No change was made. Rationale: There has been a lot of controversy over CDC’s attempts to create a national database of identifiable immunization information for vaccine tracking purposes (and some states have refused to provide identifiable data). Such aggregation is not required to support the sharing of travelers’ health status.
Target Area: Public Health	International Exchange topic	p. 44	Les Lenert	“Within the United States, the prevailing interoperability challenges would preclude data sharing with other countries.”	Member suggests adding a sentence: “Within the United States, the prevailing interoperability challenges would preclude data sharing with other countries. <b>Such data may be critical in understanding transmission risks and the impact of policies in the early phases of a pandemic.</b> ”	Change was made.
<b>Opportunities and Recommendations</b>						
Target Area: Public Health	Bidirectional Exchange topic, Opportunity	p. 49	Les Lenert	“Opportunity: Explore an expanded role for HIEs to support public health. Public health authorities need to be able to collect and exchange information from clinicians and laboratories for proper reporting.”	“Opportunity: Explore an expanded role for HIEs to support public health. Public health authorities need to be able to collect and exchange information from clinicians and laboratories for proper reporting <b>in their jurisdictions.</b> ”	Change was made.

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Target Area: Public Health	Privacy and Security topic, Opportunity	p. 49	Les Lenert	“Opportunity: Increase clarity on the privacy and security concerns associated with biosurveillance activities. Technologies that facilitate biosurveillance and contact tracing have raised privacy concerns. Additional clarity is needed about how existing privacy laws affect these technologies.”	“Opportunity: Increase clarity on the privacy and security concerns associated with <b>novel cellphone-based</b> biosurveillance activities. Technologies that facilitate biosurveillance and contact tracing have raised privacy concerns <b>as well as issues related to the power of information technology monopolies to direct government responses to a pandemic.</b> Additional clarity is needed about <b>the effectiveness of so-called privacy-preserving Bluetooth methods and the long-term role of the private sector in determining what approaches for pandemic control are optimal from a public interest perspective</b> <del>how existing privacy laws affect these technologies.”</del>	No change was made. Rationale: The edits narrow the scope of the opportunity and are too technical for this report. Portions of the suggestion represent an opinion not shared by a majority of HITAC members.
Target Area: Interoperability	Health Equity topic, Recommended HITAC Activities	p. 53 (and p. 7)	Clem McDonald	“Convene stakeholders...to discuss: b. How to improve collecting and sharing of data that can support identifying and addressing disparities in healthcare.”	CDC surveillance sites don’t track race codes for individuals, so other users of that data (clinicians, public health agencies, researchers) can’t target at-risk patients for interventions. “Convene stakeholders...to discuss: b. How to improve collecting and sharing of data that can support identifying and addressing disparities in healthcare, <u>e.g., race codes.</u> ”	Change was made.
<b>Other</b>						
Crosswalk Table	Public Health target area, Privacy and Security topic, Gaps column	p. 5	Denise Webb		Comment: Add a period at end of text in this cell.	Change was made.
Overview, Objectives and Benchmarks section	ONC Activity column, all 3 rows	p. 13	Denise Webb		Comment: Add a period at end of text in this cell.	Change was made.

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Overview, Objectives and Benchmarks section	Benchmarks column, TEFCA row	p. 13	Denise Webb		Comment: Add a period at end of text in this cell.	Change was made.
Overview, Objectives and Benchmarks section	Benchmarks and Progress columns, Standards and Certification row	p. 13	Denise Webb	"HL7® published Fast Healthcare Interoperability Resources (FHIR®) Release 4 (R4), updated US Core Profiles for R4, and a Bulk Data Access Implementation Guide."	Comment: A verb is missing in front "...a Bulk Data Access Implementation Guide." Was this supposed to be published or updated? Assume it was supposed to be published, so suggest this should read: "HL7® published Fast Healthcare Interoperability Resources (FHIR®) Release 4 (R4), updated US Core Profiles for R4, and <b>published</b> a Bulk Data Access Implementation Guide."	Change was made.
Landscape Analysis, Target Area: Interoperability	Health Information Exchange topic	p. 28	Denise Webb	"Beyond these data points, however, there is little information available describing the benefits of increased connectivity and data flow, or on the gaps that remain to be addressed."	"Beyond these data points; <sup>;</sup> however, there is little information available describing the benefits of increased connectivity and data flow, or on the gaps that remain to be addressed."	No change was needed.
Landscape Analysis, Target Area: Interoperability	Exchange of Health Data across the Care Continuum topic	p. 29	Denise Webb	"Administrative data, such as prior authorizations, may be recorded in one care setting, however, this information is not always exchanged for reuse in other care settings."	"Administrative data, such as prior authorizations, may be recorded in one care setting; <sup>;</sup> however, this information is not always exchanged for reuse in other care settings."	Change was made.
Landscape Analysis, Target Area: Interoperability		p. 33	Denise Webb	"A unique device identifier (UDI) is an alphanumeric code that identifies a specific medical device that may be added to relevant records such as hospital purchase orders, patients' health records, or insurance claim forms."	"A unique device identifier (UDI) is an alphanumeric code that identifies a specific medical device that may be added to relevant records such as hospital purchase orders, patients' health records, or insurance claim forms."	Change was made.
Gap Analysis, Target Area: Public Health	Bidirectional Exchange topic	p. 42	Denise Webb	"This Implementation Guide has set the technical standards for such capability; however, the standards need to be validated in a practical setting."	Comment: Replace comma with semicolon before the word "however,"	No change was made. Rationale: The semi-colon already exists, so no change needed.

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References	Endnote #249	p. 77	Ram Sriram		Comment: "Minor error: one page 77 Googl'es should be Google's."	Change was made.
Research	Target Area: Interoperability		John Kansky		Comment: Member may share a white paper that he authored with David Horrocks from CRISP about designating HIEs at the state level, which can help support public health.	The Annual Report Workgroup obtained a copy of the white paper.