



Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) ANNUAL REPORT WORKGROUP MEETING

June 22, 2021, 12:00 p.m. – 1:00 p.m. ET



Speakers

Name	Organization	Role
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Co-Chair
Carolyn Petersen	Individual	Co-Chair
Brett Oliver	Baptist Health	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michelle Murray	Office of the National Coordinator for Health Information Technology	Staff Lead





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

Operator

All lines are now bridged.

Mike Berry

Thank you. Good afternoon, everybody. I am Mike Berry with ONC, and we are starting our annual report workgroup meeting today. With us is one of our co-chairs, Carolyn Petersen. Aaron Miri is away today, and we also have Brett Oliver with us. Thank you for joining, and I would like to turn it over to Carolyn to kick us off.

Opening Remarks, Meeting Schedules, and Next Steps (00:00:23)

Carolyn Petersen

Good afternoon, everyone. Or good morning, if you are in the western part of the U.S. We are starting to get into the specifics of our annual report planning to bring to the HITAC another annual report based on the collective knowledge, and interest, and perspective on what is happening in health IT in the U.S. We have some discussions today about topics, potential topics, and then, we may start working on the draft crosswalk that we use to keep the HITAC up to date as to our progress and kind of help us be sure we are on track and really conveying the full interest and perspective of the HITAC. Welcome to Brett Oliver. Brett, any thoughts or anything to share as we get started?

Brett Oliver

No, ma'am, ready to go.

Carolyn Petersen

Great. Well, I think with that, we probably can start bringing up the documents to look at today. We will have a public comment period, I want to say, at 12:50. Does that sound right, Mike?

Mike Berry

Yes, it does. If you are moving quicker, then we could move it up a little bit as well.

Discussion of List of Potential Topics for the HITAC Annual Report for FY21 (00:01:45)

Carolyn Petersen

Okay. If ONC wants to bring the discussion list of potential topics up to the screen. Michelle, are you able to help us advance to the right place in the document? I know we have worked on some of this before.

Michelle Murray

Yes, I think our goal for this list right now is to just double-check any text that was in red about the next steps, so we can keep doing the research that we need to do for you. Then, the goal is to present this list, but maybe in slide format, to the HITAC next month. We just want to double-check if there is any text you'd want to change. It is really the first column that we are presenting next month. Then, the other items are more for our own information. Then, this information gets transferred into the crosswalk that you can turn to later. For this document, we are just checking the first column and then, any red text. In order. Probably through the first few pages of the document.





Carolyn Petersen

Okay. Thanks, Michelle. With that, it looks like we have red text on the second line of this first page. I will read it. On June 2nd, the workgroup said that we can focus on standards development rather than direct funding and could discuss state incentives further. This gets at the issue about a need for an incentive and funding structure that aligns incentives for public health data sharing, which is the result of an EHR incentive program without a corresponding public health incentive infrastructure and funding model. I cannot think of any changes or further refinements off the top of my head. What do you think, Brett?

Brett Oliver

Yes, Carolyn, I agree with you. I do not have any suggestions for changes.

Carolyn Petersen

Okay. Then, on the next line, the issue is that public health data is typically divided by disease or condition, whether integrated with clinical data to show a broader picture across diseases and conditions. There is a need to encourage more interaction between public health and clinical data sets. The comment from our earlier meeting this month was that the workgroup would like to learn more and align with any public health data task force results. Those draft recommendations will go to the HITAC on July 14th, and there should be some vote about what to adopt. We would know after July 14th how we can proceed with this item in terms of the annual report.

Brett Oliver

Yes, I feel good about that too.

Carolyn Petersen

Okay, can we go to the next page, please? The first item, the issue here is about addressing alignment and incentive and certification programs to encourage an ecosystem-based approach, rather than just government mandates to better match EHR and public health data. Here, we note that this falls in the public health target area, but it also engages with other target areas. I am thinking about privacy and security, interoperability. That is maybe a note for us internally in terms of thinking where we put this information in the report. Perhaps, we will have some additional thoughts about that after the public health data systems task force meets and finalizes its work with HITAC in July. Then, coming to the next topic, health equity, the issue is to expand the health equity phrase to explicitly include healthcare such as track and share health information to support health and healthcare equity initiatives.

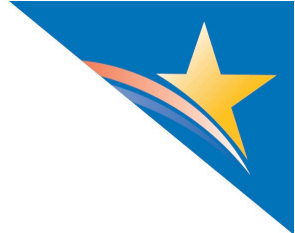
The note here is that earlier this month, the workgroup decided to learn more and align with any of those draft recommendations from the public health draft systems task force. Again, I think no action item today. Then, it is also the case for the next item question about whether there should be an ISA section for app ranking, kind of like a consumer report for apps.

This gets at safety and impact of mobile health applications within public health. Then, still, a further issue, ensuring public health discussions. Consider future needs beyond the COVID-19 response. I think that it gets at the HITAC's concern that what comes out of public health is broader and also more integrated with the clinical environment in a single ecosystem approach.

Brett Oliver

It sounds like we have a lot coming after July.





Carolyn Petersen

Yes, that task force is working pretty hard to bring forward a slate of recommendations. Our timeline is quite tight, but I think we have some really good input and discussions from the public health task force. I think there will be quite a lot that will inform this report coming out of that task force.

Brett Oliver

Agreed.

Carolyn Petersen

Then, the next one, the topic there would interoperability across the care continuum. There was a thought that we should discuss this topic for the moment. The issue here is whether the new federal requirements, like the CMS condition of participation notification requirement, are they there, helping to address the existing gaps? Are you still feeling like that is an acceptable way to go forward, Brett?

Brett Oliver

Oh, one hundred percent. Yes, I am good with that.

Carolyn Petersen

Okay, let us take this one-off, then, going forward. Then, scrolling down to the next page, the next topic, interoperability, standards, priority uses, which is with close looped referrals, that was just a tightening up of that topic a bit. Do you have any further concerns about that, Brett, or any other ideas on how to make that a little more focused?

Brett Oliver

No. I think, particularly with the community-based organizations, I think a lot of inter-organizational referral loops are being worked on, but that is one where I think there is a gap, the community-based organizations. Then, when you start moving hospital care to the home, as we have started seeing that, closing that loop is even more challenging than bringing in third parties to supply medications, and food, and transportation. How does that come back with the order? How do you get the order? I like the way it is. It is about as specific as we can get right now.

Carolyn Petersen

Yes, I think that is a good perspective, and I agree with that. Then, we come to the topic, robotics. This is a topic that has come up in previous years and has been deferred. It is an emerging issue. What we noted from our discussions earlier this month is that it may still be an emerging issue, and it would be worth taking a look at that and determining whether that goes into this report or is held for '22. I do not have any different thoughts about that at this point.

Brett Oliver

Yes, it might be worth revisiting in a couple of months. I certainly think it depends on how you define robotics because it could be a privacy and security issue, but I like where it is positioned right now.

Carolyn Petersen

Yes, definitely in terms of privacy and security. Maybe we can come back to that in, say, August or September, when we get past the public health data systems recommendations and understand the implications of that work on this report.





Brett Oliver

Yes, I like that.

Carolyn Petersen

The next topic, electronic lab reporting and electronic case reporting. This has to do with some of the issues are taken up by the public health data systems task force. Again, the notes from the earlier meeting this month were to hold onto this until we see what the recommendations look like. I think that is probably about the only way we can go forward at this point.

Brett Oliver

I agree.

Carolyn Petersen

I see it definitely as something we want to leave on the topic list for HITAC.

Brett Oliver

For sure.

Carolyn Petersen

That brings us to other potential topics based on research. We have a topic, the information exchange to facilitate care and monitoring of patients with long COVID. The concern here is that some patients who have had COVID-19 suffer a diverse spectrum of symptoms for a prolonged period after diagnosis. What is happening with longitudinal data across settings to address their care needs? It falls in the public health area, target health area, but we noted that it also crosscuts with some other areas as well. Interoperability and, perhaps, access. Our note from the June second meeting is that we would like to look at the definition of the condition and how health IT needs might be different than for other chronic conditions. As well as aligning with recommendations that come out of the public health data systems task force. I have not seen anything since our last meeting to suggest we would handle this any differently.

Brett Oliver

Yes, I agree, Carolyn. I still have the same questions.

Carolyn Petersen

Okay. I think that, well, if we scroll way down to page eight, if there is still yet one more topic where we had some discussion. Okay, and this is the health IT support for the opioid response. The issue there is that health IT is an important tool in addressing the opioid epidemic, which has persisted during the COVID-19 pandemic. This is in the interoperability priority area.

Earlier this month, we said we want to know more about the impact of the epidemic on the opioid response. There has been some general news articles that talk about how the pandemic has made the opioid epidemic worse. It would bear some looking into to understand how this fits into the annual report.

Brett Oliver

Yes, I think it is both, and maybe we mean that in the wording here, the impact of the pandemic, but the pandemic and the response to the pandemic. Anecdotally, we have seen huge increases in the state of Kentucky in overdose deaths within the seven to ten days after stimulus checks come out. It may not just be health IT data. Some kind of financial response data as well, but I think in a little box like that, it is





pretty well summarized. I just wanted to make the note that it is the pandemic and the response to it that I think needs to be with that.

Carolyn Petersen

Yes, that is a great point. It may be that perhaps our research in this report helps to bring to the attention of the national coordinator and Congress some additional understanding of how they work together and perhaps stimulate some fresh thinking about how to address them through health IT. With that, I think we have gone through all of the topics in this list of potential topics where there were comments to be reviewed from the last meeting. Do you think we are ready to move on to the crosswalk, Michelle, or is there anything else you would like from us or on this document?

Michelle Murray

No, this discussion was what we needed, so I appreciate that. We can move on to the crosswalk.

Discussion of Draft Crosswalk for the HITAC Annual Report for FY21 (00:15:57)

Carolyn Petersen

Okay and I think on this one, we were going to skip ahead through the first couple of pages, is that right?

Michelle Murray

Yes, you wanted to move to the privacy and security section because we are waiting for that report to come out for public health. We will circle back to the public health piece after that happens.

Carolyn Petersen

Yes, okay. Yes, I pulled up a full-sized copy of the word doc on my screen so I can read it because I have to confess, I struggle to read what is on the connect screen.

Michelle Murray

Yes. It will start with page four, which clearly does not have much on it yet. Public health is taking up a lot of our space, the first three pages so far. This is what needs work anyway. Privacy, and security, and patient access, and any of their emerging issues.

Carolyn Petersen

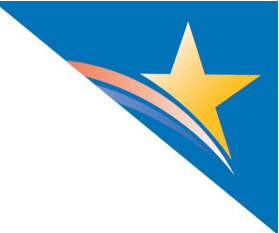
Okay. Why do we not start with what we have got on the page and work from there? Our priority target area here is patient access to information, and the landscape analysis topic is the safety and impact of mobile health applications. The gap is, as the third-party apps continue to be introduced, there is concern about the clinical accuracy of these apps and the potential for patient harm.

The challenge is that the use of apps that are built without using sound clinical knowledge can produce incorrect conclusions or readings. The opportunity is twofold. First, to support initiatives that review and rank the validity and safety of mobile health apps. Second, to be determined based on the public health data systems task force discussion. I was thinking, what can we do around mobile apps based on what we learned about how the public health task force suggests ONC go forward?

Brett Oliver

There is probably an opportunity in education as well, Carolyn, in terms of, there are digital therapeutics that undergo FDA approval. That is not what we are talking about. I do not know if that is from a public





perspective that is not known. **[Inaudible] [00:18:23]** prescribe to one of my patients. There may be a cost **[inaudible] [00:18:29]**, but versus going to the app store and just downloading this diabetes tracker that is supposed to help me with my insulin dosing, it does not have that kind of approval. There may be an educational piece to this as well.

Carolyn Petersen

I would say it is not only educational in the sense of helping people understand the difference between an app that is regulated as a medical device, versus, you know, an app that you can just get at the app store. Also, I am wondering what the role for health IT would be in recognizing something about the app that can pull up an alert, perhaps, or in some other way, notify the user that this is not a reviewed, FDA-approved sort of medical device type app. It is an entertainment app.

Brett Oliver

Yes. Good point.

Carolyn Petersen

That is just kind of spit balling, but in terms of

Brett Oliver

Because they are going to look the same to you, right? You download it. You put it on your phone. How am I to know that it is any different?

Carolyn Petersen

Absolutely. Maybe to frame that, we should be framing that more broadly as actions, functions that can be undertaken or accomplished via health IT that help to alert the user to the need for additional education or awareness.

Brett Oliver

Yes, that sounds good.

Carolyn Petersen

The new standard. Of course, given that people get so much of their record through patient portals, trying to think through what the connection might be there. There is some educational awareness that can happen through the portal.

Brett Oliver

That is a good point. If you have got your "chart" on your phone now, you can filter that information through any app. The outcome may or may not be clinically validated.

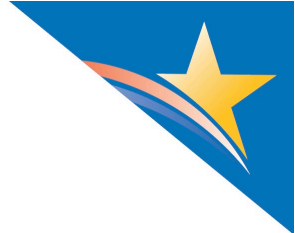
Carolyn Petersen

Yes, I think there is more here that can be talked through and discussed. Perhaps taking a look at the research later in the fall will help us propose some recommendations. I feel like I am kind of designing on the fly, and that is usually not the best way to get to the best answer.

Brett Oliver

Agreed. Agreed.





Carolyn Petersen

Fun, but.

Brett Oliver

I think it just emphasizes this is one that, I don't know, Mike, maybe there is something going on that we are not aware of. I have not read anything about some kind of, you know, initiative from the government's perspective to, not necessarily regulate, but label.

Carolyn Petersen

Right. I recall we had a presentation from Dr. Pool. It was FDA earlier in the year, in January. Perhaps there is something coming out of that work that would support this.

Brett Oliver

Good point.

Carolyn Petersen

In any event, it is something we can research and take a look at later on in the year. Other topics to look into for patient access to information? We do not have any on our list today.

Brett Oliver

Not from me, Carolyn.

Carolyn Petersen

Do we need to say something about technology that helps to assess where information blocking is occurring? Or is that more of an evaluative process that HITAC would be disinclined to take up?

Brett Oliver

Can you give me an example?

Carolyn Petersen

The information blocking regulations are in place, and providers and facilities are not supposed to be withholding information. Is there a HITAC recommendation around what should be done to assess whether that is really happening? You know, what are the exceptions that are being used, and how often are they being used? For that, perhaps, some evaluation as to whether they are being used in the way they were intended, or if they are being used to continue the processes that we are trying to prevent in the first place?

Brett Oliver

Like an audit of sorts?

Carolyn Petersen

Yes, it is an auditing kind of function.

Brett Oliver

It certainly would be interesting to understand because I can tell you from the CMI perspective, there is still a lot of disagreement as to how people are interpreting the regulations. We are releasing everything immediately with the exception of Huntington's, which we never order.





That is not my colleagues, even just within the state. That is not the way they are handling it. Particularly with pathology, even after the very specific Q&A that I wanted to put on back in January. I think it would part of HITAC's responsibility to follow up on audit and make any suggestions. Mike, are we out of bounds there, or is that something we could talk about?

Mike Berry

I am sorry, Brett, I did not hear you.

Brett Oliver

With an audit of the information blocking, is that something that is already planned? I just was saying to Carolyn that there are different interpretations of legislation and the rules despite some of the very specific ONC Q&As, [inaudible] [00:25:08] lawsuits happen and see how it shakes out. Does ONC have auditing plans?

Mike Berry

I do not know the answer to your question. We would have to get back to you on that, Brett.

Brett Oliver

Okay.

Carolyn Petersen

Why do we not add a line, "landscape analysis topic" there and just note it something like "audit process," "info blocking rule audit process," or something? When Aaron is back, and if we get additional members, perhaps in another future meeting, we can talk about this more fully and think about what kind of recommendations that might look like. At that point, we would be able to understand if it is something that is out of our range.

Brett Oliver

Perfect.

Carolyn Petersen

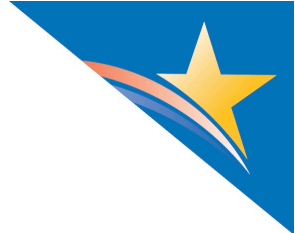
We also have privacy and security as another area to come up with additional landscape analysis topics. I am not sure if this is close enough to health IT to be something that is within the HITAC purview, but it would be interesting to assess how the public feels about health IT forms that could impact privacy and security. For example, have public opinion about things like contact tracing changed? Where are we at now, and what are going to be the public concerns and perhaps challenges to overcome if new technologies related to public health or other situations are implemented or being looked at?

There is the download data for some of those apps, but I think that has been a year or more for some of those things. It might be, I am wondering if there is public opinion data or other kinds of information that can help better understand the situation to lead to better health IT design and implementation that is more in tune with what users expect around privacy and security.

Brett Oliver

Yes, that makes sense. I like that. I wonder if you would include the recent ransomware attacks in terms of under routing some of that as well.





Carolyn Petersen

Those are excellent topics. Influence of malware and ransomware and how that impacts what users will do and what needs to be done by health IT to make technology acceptable and used.

Brett Oliver

I think we are doing pretty good on the fly.

Carolyn Petersen

Oh, good. I have to confess, I am feeling a bit of issue fatigue because we have had so much to think about and to sort of assimilate and process. Maybe I am feeling a little slower off the block.

Brett Oliver

Well, it is good to understand where we are in terms of taking it offline because robotics might be more of a privacy and security issue currently. Although I do not know as far as an emerging issue, **[inaudible]** **[00:29:30]** looking at it in terms of the gap and challenge. Michelle, do you remember how that was added in context to robotics?

Michelle Murray

I just looked back at last year. It was an emerging issue. I think it was probably was more of a privacy and security angle, considering it came from Aaron, and that is his primary interest. We would have to search through the report first.

Brett Oliver

Okay.

Carolyn Petersen

Is there a value in taking a look at **[inaudible]** **[00:30:07]** in terms of privacy and security? I ask because it seems like maybe three years ago, that was a very hot topic. There was a lot of expectation that that would really change things. I am certainly not steeped in it in the way that I am with some other things, but I am wondering if it has come to pass or if for whatever reason, we have kind of moved beyond it.

Brett Oliver

Certainly, an area to investigate. Yes.

Carolyn Petersen

Or, alternatively, is what comes out of it that it is not going to be a game-changer, and we should be looking for the next new thing?

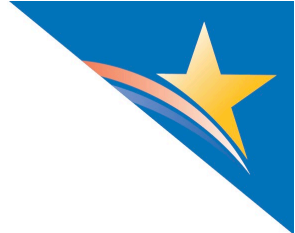
Brett Oliver

Good question.

Carolyn Petersen

I am thinking back, again, under patient access to information, if there is anything to be investigated in terms of the digital divide and broadband? If there is something we have learned about looking at the pandemic data and understanding what things were worth. If there is some connection with broadband or other accessibility for people in terms of getting online and managing their health, telehealth appointments, accessing testing and vaccinations, and being able to make appointments and such. I think





we mentioned that as a topic in previous years, but we did not look at it in terms of the pandemic. I am wondering if there is anything new there to think about or if it is another flavor of the same thing.

Brett Oliver

It is worth looking at, understanding a little bit further.

Carolyn Petersen

Okay.

Michelle Murray

You have the option if you want to circle back to the interoperability section in this document, the previous page. You covered some of the topics just now in the topic list, but if you want to double-check this chart within this document, you could.

Carolyn Petersen

Okay. Are you online, Brett, or do you want me to read this?

Brett Oliver

I am on.

Carolyn Petersen

Okay, then, I will not read it out loud to you. I do not see disparities called out. I see health equity. I am wondering if we need to bring in disparities at all or social determinants of health.

Brett Oliver

Yes, I like adding, expand health equity and disparities. Their initiatives because those can be two very different things. Again, would they want to wait and just grab that after the PHDS task force?

Carolyn Petersen

I am trying to think of what Christina would say. She was really, really good at articulating the gaps, and challenges, and opportunities in this area. Maybe we can add them to the list without getting too specific and keep that in mind when we review what comes out of the public health data systems group.

Brett Oliver

Yes, that is good.

Carolyn Petersen

Do you have other sections for us that you would like us to review today, Michelle?

Michelle Murray

I do not. I think this is still some progress that we can use to get to the next meeting in July.

Carolyn Petersen

It feels like right now, a lot of things are dependent on the public health data systems output, and those recommendations are still in draft. Some not even really draft formulated yet. I hesitate to try to get more specific without any of that because it might really change.





Michelle Murray

Right. I have a question. It might be too early, but do you see, in the final report, that public health will still be a very dominant part of the report?

Brett Oliver

I feel like it is unavoidable, do you not?

Carolyn Petersen

I do, and I think probably also, as the charge is framed for that task force, there is an emphasis on the bidirectional flow of data and greater integration between public health and the clinical environment to try to make it more of a single **[inaudible] [00:36:04]** system. That will also highlight areas and newer issues to think about. We will see clinical stuff coming out of those recommendations, I suspect. It will be fairly dominant. Of course, I do not see things like privacy and security and information access for consumers. When is our next meeting, out of curiosity?

Michelle Murray

I think it is the 22nd of July. It was in our slides today.

Carolyn Petersen

Yes, you are right. The 22nd of July, and then, August 20th.

Michelle Murray

Right. Yes, it is on the screen now. Right, so we will have a tight window between the July HITAC meeting, when you may have a draft ready of that report. Try to build some of that into our crosswalk so we can discuss it on the 22nd.

Carolyn Petersen

Yes. I mean, we will not be able to bring back to HITAC any other work that comes out of the public health data systems task force after the July 14th meeting because of the executive order and the fact that HITAC does not meet until September. It will be a small turnaround, but whatever gets approved and agreed upon at the July HITAC meeting is what we will have. That will not change.

Michelle Murray

Right.

Carolyn Petersen

Well, I am not feeling like we have anything else to cover. Is there anything else that you wanted us to look at or to do today, Michelle?

Michelle Murray

No, this is exactly what we needed, and close to the amount of time that I thought it might take, so we are on track.

Carolyn Petersen

Well, great. Is it too early to go to the public comment, Mike?





Public Comment (00:38:16)

Mike Berry

No, we can do that. Operator, can we open up the line for public comments?

Operator

If you would like to make a comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 if you would like to remove your line from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys. One moment while we poll for questions. There are no comments at this time.

Mike Berry

Okay, thank you. Carolyn?

Carolyn Petersen

Well, I feel like we got quite a lot done today. You know, a relatively brief amount of time. I would ask again, Michelle, if there is anything that you or your team would like from Brett and I today?

Michelle Murray

I think you are good.

Carolyn Petersen

Okay. Final thoughts or considerations, Brett?

Brett Oliver

No. I appreciate your time, everybody. Maybe we will have some other folks join us so you will not get tired of listening to us.

Carolyn Petersen

I have no further comments or questions. I want to reiterate my appreciation to Brett and to ONC for all of your support in helping us to bring this report forward. It feels like we accomplished what we set out to do today. I am really looking forward to seeing where we can go with the public health data systems recommendations and the rest of this work starting next month. Thank you very much.

Michelle Murray

Thank you.

Brett Oliver

Thanks, everyone.

Adjourn (00:40:27)

