

Meeting Notes

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC)

November 10, 2021, 10:00 a.m. – 12:45 p.m. ET

VIRTUAL



EXECUTIVE SUMMARY

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone to the November 10, 2021, virtual meeting of the HITAC and thanked the departing HITAC members for their years of service and many accomplishments. The co-chairs of the HITAC, **Denise Webb** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, and the minutes from the October 13, 2021, HITAC meeting, which were approved by voice vote. **Elise Sweeney Anthony**, **Seth Pazinski**, and **Vaishali Patel** presented an overview of ONC's Objectives, Benchmarks, and Measurements. **Norman E. Stone III** and **Yvonne Cole** presented an update on behalf of the Federal Electronic Health Record Modernization (FEHRM) office on the interoperability modernization strategy of the United States Department of Defense (DOD) and the United States Department of Veterans Affairs (VA). **Mike Berry** provided an overview of the Calendar Year 2022 (CY22) HITAC Work Plan and next steps. HITAC members discussed the presentations and submitted feedback. One public comment was submitted by phone during the meeting, and there was a robust discussion in the public meeting chat via Adobe.

AGENDA

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| 10:00 a.m. | Call to Order/Roll Call |
| 10:05 a.m. | Welcome Remarks |
| 10:20 a.m. | Remarks, Review of Agenda and Approval of October 13, 2021, Meeting Minutes |
| 10:25 a.m. | ONC Objectives, Benchmarks, and Measurements |
| 11:25 a.m. | Interoperability Modernization Strategy |
| 11:55 a.m. | Break |
| 12:00 p.m. | CY22 HITAC Work Plan |
| 12:30 p.m. | Public Comment |
| 12:45 p.m. | Final Remarks |
| 12:45 p.m. | Adjourn |

CALL TO ORDER/ ROLL CALL

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the November 10, 2021, meeting to order at 10:00 a.m.

ROLL CALL

Aaron Miri, Baptist Health, Co-Chair
Denise Webb, Indiana Hemophilia and Thrombosis Center, Co-Chair
Lisa Frey, St. Elizabeth Healthcare
Valerie Grey, New York eHealth Collaborative
Jim Jirjis, HCA Healthcare
John Kansky, Indiana Health Information Exchange
Ken Kawamoto, University of Utah Health
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Brett Oliver, Baptist Health
Terrence O'Malley, Individual
James Pantelas, Individual
Carolyn Petersen, Individual
Raj Ratwani, MedStar Health
Abby Sears, OCHIN
Alexis Snyder, Individual
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Sheryl Turney, Anthem, Inc.





Robert Wah, Individual

HITAC MEMBERS NOT IN ATTENDANCE

Michael Adcock, Magnolia Health
Cynthia A. Fisher, PatientRightsAdvocate.org
Steven Hester, Norton Healthcare
Clem McDonald, National Library of Medicine

FEDERAL REPRESENTATIVES

James Ellzy, Defense Health Agency, Department of Defense (Absent)
Adi V. Gundlapalli, Centers for Disease Control and Prevention (CDC)
Ram Iyer, Food and Drug Administration (FDA)
Jonathan Nebeker, Department of Veterans Health Affairs
Michelle Schreiber, Centers for Medicare and Medicaid Services
Ram Sriram, National Institute of Standards and Technology

ONC STAFF

Micky Tripathi, National Coordinator for Health Information Technology
Steve Posnack, Deputy National Coordinator for Health Information Technology
Elise Sweeney Anthony, Executive Director, Office of Policy
Avinash Shanbhag, Executive Director, Office of Technology
Mike Berry, Designated Federal Officer

PRESENTERS

Vaishali Patel, Branch Chief, Data Analysis Branch, ONC
Norman E. Stone III, Federal Electronic Health Record Modernization Office (FEHRM)
Yvonne Cole, Federal Electronic Health Record Modernization Office (FEHRM)

WELCOME REMARKS

Micky Tripathi, the National Coordinator for Health IT, welcomed everyone to the final virtual meeting of the HITAC in 2021 and thanked everyone for their dedication and accomplishments over the past year, which included nine HITAC meetings, one public health hearing, and the ongoing meetings held and reports delivered by five subcommittees. In addition to the recommendations outlined in the Annual Report, the HITAC submitted 148 recommendations to ONC in 2021, and he described the process by which ONC and Congress will review and consider the recommendations.

Micky announced that the ONC Annual Meeting will be held virtually on February 2 and 3, 2022, and he described an ongoing series of clinician-focused webinars on information sharing and information blocking. He directed listeners to the [healthIT.gov](https://healthit.gov) website for additional information on the meetings.

Micky announced that the Comptroller General of the United States is expected to announce five new HITAC members by the end of 2021, while the Secretary of HHS is expected to appoint one new member. All six new members will serve three-year terms. Then, he recognized the following HITAC members, whose terms will expire at the end of the year, and he thanked them for their many achievements.

- **Michael Adcock:** served as a HITAC member since January 2018, and he was also the co-chair of the Information Blocking Task Force.
- **Terry O'Malley:** in addition to serving as a committee member, he was the co-chair of the United States Core Data for Interoperability Task Force (USCDI TF) and a member of the Interoperability Standards Priorities Task Force (ISP TF).





- **Sasha TerMaat:** served on the HITAC since its inception and has been a member of multiple task forces, including the Trusted Exchange Framework and Common Agreement Task Force (TEFCA TF), the ISP TF, Conditions and Maintenance of Certification Requirements Task Force, the Information Blocking Task Force, the USCDI TF, the Intersection of Clinical and Administrative Data Task Force (ICAD TF), and the Electronic Health Record (EHR) Reporting Program Task Force (EHRRP TF).
- **Andrew Truscott:** in addition to his role as a HITAC member, he also served on several task forces to including the TEFCA TF, the ISP TF, the Information Blocking Task Force, the ICAD TF, and the USCDI TF.
- **Carolyn Petersen:** Carolyn served as the first co-chair of the HITAC from 2018 until 2020, along with several other important roles, including co-chair of the HITAC Annual Report Workgroup (AR WG) and the Public Health Data Systems Task Force (PHDS TF). Also, she served as a member of the TEFCA TF, the Health IT for Care Continuum Task Force, and the Conditions and Maintenance of Certification Requirements Task Force.
- **Robert Wah:** Robert has been an instrumental member of the HITAC, having served as the first co-chair of the HITAC from 2018 until 2020.

Micky wished everyone a happy holiday season and reminded them to watch for calendar invites for the 2022 meetings of the HITAC.

Denise and **Aaron** also expressed their thanks to the departing HITAC members for all of their contributions.

REMARKS, REVIEW OF AGENDA, AND APPROVAL OF OCTOBER 13, 2021, MEETING MINUTES

Aaron Miri and **Denise Webb**, HITAC co-chairs, welcomed all members and presenters.

Denise invited members to examine the minutes from the October 13, 2021, meeting of the HITAC and called for a motion to approve the minutes. The motion was made by **Andy Truscott** and was seconded by **Sasha TerMaat**.

The HITAC approved the October 13, 2021, meeting minutes by voice vote. No members opposed, and no members abstained.

Aaron reviewed the agenda and list of planned presentations and reminded attendees that a break is scheduled at the mid-point of the meeting. **Aaron** gave a brief update on the recent work of the Annual Report Workgroup (AR WG) and requested that HITAC members provide feedback on the draft Annual Report via email. The AR WG will present a full draft of the report to the HITAC in early 2022. He thanked his co-chair, **Carolyn Petersen**, and the other members of the AR WG and the supporting ONC staff.

ONC OBJECTIVES, BENCHMARKS, AND MEASUREMENTS

Elise Sweeney Anthony, **Seth Pazinski**, and **Vaishali Patel** introduced themselves and presented an overview of ONC's Objectives, Benchmarks, and Measurements. This information was detailed in presentation materials posted at <https://www.healthit.gov/hitac/events/health-it-advisory-committee-38>.

Objectives and Benchmarks

Elise began by highlighting the charges set within the 21st Century Cures Act (the Cures Act) requirement for ONC and the HITAC to establish and update objectives and benchmarks for measuring progress and explained that they are useful in the regular development of the HITAC Annual Report. She asked HITAC





members to consider the larger federal health information technology (health IT) framework laid out within the [2020-2025 Federal Health IT Strategic Plan](#) when submitting feedback on ONC's objectives and benchmarks.

Seth explained that, in 2020, ONC presented its objectives leading to the goal of connecting healthcare with health data and the activities for benchmarking progress through Fiscal Year 2022 (FY22). He highlighted several key focus areas for ONC as they pursue this goal, which were defined on slide #4 in the presentation materials. ONC's activities for benchmarking progress focus on the areas of standards, certification, and exchange, with coordination with other partners cross-cutting all activities. Then, he presented an overview of the activities related to standards, certification, and exchange that ONC completed during Fiscal Year 2021 (FY21), which were detailed on slides #6 through #9 of the presentation. The standards activities focused on the Standards Version Advancement Process (SVAP), Fast Healthcare Interoperability Resources (FHIR), and public health initiatives. Certification activities included the publication of several fact sheets, as well as compliance requirements, which went into effect during FY21.

Seth presented ONC's FY22 plans for standards (USCDI, SVAP, FHIR, and public health), certification, and exchange which were detailed on slides #10 through #15. ONC's future plans related to exchange were focused on Information Blocking, TEFCA, and health information exchange (HIE) services, including ONC's STAR HIE grant program. He highlighted the applicable target areas in the Cures Act for the HITAC, which were detailed on slide #16, and he invited HITAC members to submit comments and feedback.

Discussion:

- **Steven Lane** asked for clarification regarding the language used on slide #13 in the discussion of the scope of information sharing rules, which stated that EHI means electronic protected health information (ePHI) to the extent that ePHI would be included in a designated record set as these terms are defined for HIPAA. He asked if the wording should be "is included," instead of "would be included."
 - **Elise** responded that this topic could be reviewed in greater depth during the [upcoming Ask ONC sessions](#), one of which will be led by Mike Lipinski in December.
- **Abby Sears** asked how topics that are foundational to ongoing efforts to modernize public health systems, including social determinants of health (SDOH) and mental health data, will be incorporated into ONC's plans.
 - **Elise** responded that ONC is working with partners at HHS to understand and identify health IT opportunities to support mental and behavioral health beyond ONC's role.
 - **Abby** asked for clarification on how ONC's plan will drive a more equitable sharing of data and a more equitable infrastructure.
 - **Elise** described how ONC uses data to build equity into every initiative, including adding new data classes and elements for sexual orientation and gender identity (SOGI) and SDOH in Version 2 of the USCDI. She described ONC's recent work to support greater health equity by promoting SOGI and SDOH data.
 - **Seth** added that, as part of the Annual report, ONC would like to leverage feedback from the HITAC to promote and advance health equity.
 - **Aaron** suggested that more information around timelines for when USCDI v2 goes from voluntary to required would be useful.
 - **Avinash Shanbhag** agreed with **Aaron's** comments and added that USCDI upgrades depend on stakeholder input and submissions, and determining what is in scope for the next upgrade is important.





- **Abby** described challenges she faced as a previous member of the USCDI TF and suggested that ONC's roadmap should streamline and expedite the process for adding new elements/classes to prioritize health equity for the country.
- **Aaron** agreed with the need to convey a sense of urgency.
- **Steven** explained that the most recent iteration of the USCDI TF recommended that ONC create a process to identify priorities within various maturity levels. Also, he suggested that ONC provide more details regarding the plan, scope, and timing for the newly announced USCDI+ data sharing initiative.

API Measurement and the Current State of Patients' Access to their Electronic Health Information

Vaishali presented a data update on behalf of ONC's Data Analysis Branch and explained that ONC's measurement focused on key points that are critical to the goal that individuals should be able to use an app, smartphone, or the device of their choice to access and use their EHI. She explained ONC's measurement of patient access to their electronic health information (EHI), which was depicted on slide #19 in the presentation materials involved the interplay between the following factors:

- Availability of FHIR-based APIs
- Implementation and adoption of FHIR-based APIs
- Patient access to their EHI
- Smartphone health app use to access and use EHI
- Availability of apps leveraging FHIR-based APIs

Vaishali described the current ONC measurement activities, which were detailed on slide #20 in the presentation, and explained how ONC leverages national survey data from partners like the American Hospital Association (AHA), ONC's Certified IT and Certified Health IT product list, the National Cancer Institute, and information published by electronic health record system (EHR) developers. She shared illustrative examples of data ONC has been tracking in relation to the key factors, which were depicted in the presentation slides (#22 through #31), and highlighted changes in the landscape that have occurred over the years.

Vaishali explained that ONC has identified several key gaps in their measurements, and she described some of the actions ONC is taking to address the gaps. These were highlighted on the two future measurement slides (#33 and #34). She explained that the [Lantern Project](#) will monitor FHIR API endpoints to identify the locations and capabilities of nationwide FHIR deployment, thru providing more information on the capabilities and characteristics of FHIR APIs and the number/types of organization that have turned on their FHIR-based APIs. Also, the EHR Reporting Program will use measures proposed by the HITAC to provide insights into patient access and use of EHI, including the usage of third-party apps to access EHI and the availability and characteristics of apps to support patient access to and use of EHI. She added that ONC is still in the process of analyzing disparities related to patients access to and use of their data. They plan to share more information with HITAC members in the future.

Aaron thanked the presenters and invited HITAC members to share comments and questions. He also acknowledged the comments that were submitted in the public chat in Adobe during the presentation.





Discussion:

- **Abby Sears** thanked the presenter and inquired if specific data points were or would be available around health equity and patient access to data. She listed several questions that ONC could investigate and noted that policy could be developed to create a more equitable process.
 - **Vaishali** responded that ONC is still analyzing this information that will eventually illustrate disparities related to race/ethnicity, socioeconomic factors, education, income, patients with chronic health conditions, and more. However, she noted that, though the survey data are rich, the information is self-reported. Additionally, ONC does not have data on who is using third-party apps and has a difficult time getting this data.
 - **Aaron** suggested that future data classes could be developed for the USCDI because of ONC's work.
- **Steven Lane** thanked **Vaishali** and the ONC team for their hard work and highlighted several comments he entered in the public chat. He noted that the increase of data accessed via API patient queries via apps like Apple Health and CommonHealth has increased greatly in recent years, though they do not routinely query patient notes. He anticipates that access to more information will increase.
 - **Aaron** agreed and described a workaround his team developed to provide notes to certain apps.
- **Sheryl Turney** highlighted the value of the presentation and ONC's work on the topic and submitted several comments:
 - Will ONC expand the number of third-party apps surveyed in the collection of data?
 - It is difficult for patients to access all their information in one place, and the process for gathering it is disjointed.
 - What can be done to capture information from providers who are connected to a hospital but not the EHR system?
 - **Vaishali** described how ONC uses the EHR Reporting Program to gather information with regards to third-party app usage and access. ONC is working to find a way to better tap into information about app usage, because the data reside mainly with healthcare providers and developers and is open to suggestions on this front. ONC is also working on assessing the gaps/challenges around measuring data are integrated after having come from different providers. She stated that as third-party app usage increases, patients can be enabled to integrate data from various sources into one place. ONC did not present on the topic, but they have some research on gaps in interoperability, as experienced by patients. She stated that measurement and technical challenges remain, but ONC is continuing to work on them and will report back to the HITAC.
- **Les Lenert** asked for additional information about the Lantern Project and how it measures API usage and performance.
 - **Vaishali** directed HITAC members to the tool on the Lantern Project's website at https://lantern.healthit.gov/?tab=dashboard_tab, where two developers have published their endpoints already and Lantern has done analyses around them. The deadline for the publication of endpoints is not until December 2022, so further analysis is forthcoming. The website also includes a dashboard, and ONC plans to hold a public webinar on Lantern shortly. Vaishali encouraged HITAC members to connect offline via email with further questions and added that ONC will present to the HITAC on this topic again in the future.





- **Les** responded that the Lantern Project is a better, more reliable way to get data than survey methods, and **Vaishali** agreed, noting that survey methods are still useful for capturing the perspectives of end-users.
- **Aaron** emphasized that the information is deidentified, so the focus is on usability, equitability, and how/where to best use the data to create a more equitable healthcare environment. He suggested that there are opportunities to partner with devices to create a landscape across the United States and offered the partnership of his organization.

INTEROPERABILITY MODERNIZATION STRATEGY

Norman E. Stone III, Lt Col, USAF, MC, Clinical Informaticist, Federal Electronic Health Record Modernization Office, and **Yvonne Cole**, Metrics & Analysis Lead, Federal Electronic Health Record Modernization Office presented an update on behalf of the Federal Electronic Health Record Modernization (FEHRM) Office on the interoperability modernization strategy of the United States Department of Defense (DOD) and the United States Department of Veterans Affairs (VA). The presenters introduced themselves and shared background information on FEHRM.

Yvonne briefly reviewed the agenda for the presentation and provided an overview of the DOD-VA Interoperability Modernization Strategy timeline and phases of work, which was depicted in the [DOD-VA presentation materials](#). She explained that work began in December 2019 and that Phase 3 (identifying Performance Measures and drafting a Performance Measurement Plan) is currently underway. She described the goals and objectives (developed as part of the Phase 1 work) and the supporting plan (Phase 2), which were detailed in full in the presentation materials. Of the 27 initiatives documented in the supporting plan, six (6) were identified as foundational and pervasive enough to enable a wide spectrum of interoperability and able to support most of the objectives identified in the strategy.

Yvonne reviewed the presentation slides that detailed an alignment between the Phase 1 goals and objectives and the initiatives identified in Phase 2 and encouraged HITAC members to reach out with comments or questions. **Norman** explained that this effort relates to the recent work underway at ONC/by the HITAC because it has been the VA and the DOD's best effort to measure interoperability and performance thus far. They have done an inventory of DOD and VA initiatives to which might already be supporting the identified goals/objectives. The next/current step, Phase 3, will be to develop a performance measurement plan that enables the tracking of progress toward the objectives identified in the Interoperability Modernization Strategy. Then, he invited **Jonathan Nebeker** to comment on behalf of the VA, and **Jonathan** described ONC's version of the Federal Health IT Strategic Plan, adding that it is the best example he has encountered of a government agency connecting a strategic plan to a list of specific goals. He called on ONC and the HITAC to continue to find ways to operationalize strategic plans and to find ways to measure progress. **Norman** thanked **Jonathan** for his expertise and guidance and continued to review the goals (phrased as vision statements) and objectives while discussing challenges related to the creation of the list, connecting the vision to specific actions, and then determining the best method for measurement. He highlighted reoccurring stakeholder groups within the presentation slides and invited HITAC members to comment.

Norman provided an additional overview of work completed as part of Phases 1 and 2, including delivering the goals and objectives to Congress in October 2020, the inventory of active VA/DOD programs/initiatives, and aligning them to the specific goals/objectives. Then, he provided an overview of the purpose, process, and deliverable for Phase 3: Performance Measurement Plan. He described how the five workgroups approached their tasks, which then resulted in the definition of categories of performance measures, the alignment of performance measures to objectives, and other work that is currently underway. The workgroups have reviewed 19 initiatives thus far. He explained that, after reviewing a variety of theoretical underpinnings as defined by other groups, they outlined the following categories of performance measures to inspire conversation and invite feedback from the HITAC: transactional metric, programmatic metric, and outcome metric. However, the FEHRM team is open to





feedback and willing to discuss process measures, organization levers, financial levers, or measures and topics. He described how they have used performance measure categories to get measurable feedback, provided definitions of each metric, and described several examples/milestones for each category, all of which were detailed in the presentation slides.

As an example of an initiative that has provided satisfaction and time savings to Veterans across all performance measures, **Norman** provided an overview of the Chart Search API software program. The Chart Search API was designed to reduce the amount of time needed for Benefits and Claims Examiners to complete the “evidence gathering” phase of the response to Veterans’ claim for benefits. He explained that the Chart Search API will search multiple systems simultaneously, then allow “tagging” of specific information and transfer of the information to the Veteran’s case file. He described the four candidate performance measures that were defined for this work, which were detailed in the presentation slides.

Discussion:

- **Sheryl Turney** submitted several comments:
 - She agreed that there is difficulty around measuring goals and objectives and discussed her recent related experiences.
 - She suggested that two key variables are ensuring that the right things are measured and that the goals are translated to achieve the appropriate results. Additionally, the overall goals and objectives must then be framed to ensure that future work is calibrated to achieve the overarching goal of access to data via interoperability.
 - She congratulated the FEHRM team on their work but inquired how they plan to collect information on whether providers can provide care no matter where the patient and their data are located. She stated that interoperability does not always exist between VA healthcare providers and “regular”/non-VA providers.
 - **Norman** agreed that the lack of interoperability is an issue that they are focused on rectifying.
- **Arien Malec** thanked the presenters and noted his appreciation for an outcome-based approach to interoperability. He submitted several comments and questions:
 - Due to TRICARE, Veterans receive care in a variety of places in the community outside of military/VA treatment centers. Is this fully incorporated in the objectives?
 - He inquired about the inputs to the outcome statement and asked how quarterly results tie back/demonstrate measurable progress to the outcomes?
 - What are inputs and key results that tie back to them?
 - Are there ways to build learning loops between the FEHRM Interoperability Measurement Program and the work ONC has completed to identify key priority areas to advance interoperability nationwide? He described several situations, including work on 360 referrals, where ONC/the HITAC could benefit from VA/DOD learnings and experience.
 - How can they align the Interoperability Measurement Program (value-based care and providing better care, given units of taxpayer expenditure) with the non-military value-based care programs from CMS, HHS, etc.?
 - Are there specific areas in which the current standards, as implemented in EHRs deployed across the VA and DOD, are insufficient to achieve the Program’s identified outcomes? How can VA/DOD feedback on standards be fed back into interoperability development to better allow them to achieve their mission?





- **Norman** noted **Arien's** comments and questions and encouraged him to share additional feedback offline.
- **Jonathan** also encouraged **Arien** to participate and highlighted the benefits of further collaboration between HITAC members, the ONC team that created the Federal Health IT Strategic Plan, and the VA/DOD teams.
- **Seth Pazinski** explained that ONC brought the Federal Health IT Strategic Plan before the HITAC to solicit feedback and expressed interest in connecting with the FEHRM/VA/DOD teams to ensure alignment at the goal levels of both plans.
- **Yvonne** and **Norman** expressed interest in future collaboration.
- **Robert Wah** thanked the DOD and the VA for the excellent presentation and for sharing with the HITAC. He described his personal experiences serving in the military and as the Associate CIO for Military Health, highlighting the progress that has been made in the DOD and the VA. He asked the presenters for an update on the status of the COVID-19 registry and related workgroup focused on public health IT work. He explained that members of the DOD/VA do not report to state-based vaccine registries when they get immunized, so there is a disconnect for those members who want a Smart Health card/to report their vaccination status digitally.
 - **Norman** offered to connect **Robert** with the team that is working on the COVID-19 registry.
- **Jim Pantelas** explained that because he is ex-Navy, he receives his care at the VA based on a full-service-related disability. While he is excited by the information shared regarding the Chart Search APIs, he asked if it is being developed in conjunction with end-users/Veterans, noting that Veterans have difficulties gaining access to supportive documentation when filing claims. He asked if APIs could be made available to Veterans for searches and citing available evidence.
 - **Norman** responded that he would connect Jim with the Chart Search API Program Office for a follow-up discussion. The program was discussed during the current presentation to illustrate a clear dependency on interoperability between systems and organizations.
- **Denise Webb** thanked the presenters and invited them back to a future HITAC meeting to present the additional information included in their presentation slides.

BREAK

The HITAC took a short break. **Mike Berry** reconvened the meeting at 12:02 p.m., and **Aaron** and **Denise** welcomed HITAC members, presenters, and the public back to the meeting.

CY22 HITAC WORK PLAN

Mike Berry, Designated Federal Officer of the HITAC, presented an update on the Calendar Year 2022 (CY22) Work Plan for the HITAC. He explained that ONC has been working on the plan and would like to invite the HITAC to submit input prior to finalizing it. He referred to the target areas, as defined in the Cures Act, which were detailed on slide #2 in [the CY22 Work Plan presentation materials](#). He described the planning and work process used to develop the plan (detailed on slide #4) and reviewed the HITAC activities that were completed and in progress during the current calendar year (CY2021).

Mike presented the CY22 HITAC Work Plan at a Glance (slide #6) and list of additional potential topics for HITAC discussion in CY22 (slide #7). He invited the HITAC to review the planned topics and timing and then to discuss opportunities for other HITAC work in CY22 and beyond. Additional discussion questions and next steps were included in the presentation materials. **Aaron** thanked **Mike** for the presentation and asked HITAC members to respond to the discussion questions and provide additional





feedback/questions. Following the discussion period, Mike thanked HITAC members for their input, reviewed the next steps, and invited everyone to contribute additional feedback to him via email.

Discussion:

- **Steven Lane** voiced his support for the suggestion to combine the ISP TF and the USCDI TF into a single body to coordinate their efforts better. Also, he suggested that the HITAC consider improving the interoperability of lab order data, in addition to lab results data (under the category of lab data). The ISP TF previously discussed this topic.
- **Terry O'Malley** asked to include care plans and transitions of care under the work to advance the care continuum within health IT.
- **Abby Sears** urged the HITAC to call out SDOH data and emphasized the urgent need to ensure the interoperability of this data and the complete patient record. She explained that laws around behavioral health, mental health, and substance abuse only changed recently.
 - **Aaron** agreed and suggested that the HITAC better define what SDOH data means.
- **Jim Pantelas** asked if anyone is working on creating centralized health information capabilities for research on expired patients (under the category "Intersection of Research and Health IT"). He noted that many HIPAA restrictions are removed upon death but that there does not seem to be a cross-institutional, central repository for this information.
- **Steven Lane** highlighted comments made in the public chat via Adobe about the opportunity afforded by the Congressional repeal of the Section 510 Provisions and the potential benefits of creating a group to review patient identity/the potential option of a universal patient identifier.
 - **Aaron** voiced his support for the comment and explained that the topic was bundled under the privacy and security and patient access target areas within the HITAC Annual Report. Any work done must be respectful of applicable remaining regulations.
- **Denise Webb** commented that the focus for patient access has been on giving patients access to their data but that the HITAC could also explore how to allow patients to share data electronically from their devices in the EHR. How would connecting these devices affect certification and privacy and security?
 - **Aaron** agreed that this topic warrants further exploration and gave credit to **Carolyn Petersen** for focusing on patient-generated health data in previous HITAC Annual Reports.
 - **Steven Lane** discussed how EHRs are recently able to accept FHIR Write Access to their databases and how some apps are now able to push data into the EHR. He asked the HITAC to think about patient-generated health data and the ability to make that data available by looking at FHIR Write Access to the EHR or View Access from the EHR (out to another app). They could examine how leveraging the APIs will be part of that solution set.
 - **Aaron** voiced his agreement and added that the legal ramifications of pushing data back into the medical records (which are not legal documents) should be explored.
 - **Denise** suggested that they could work on Health IT Certification Programs, and app developers and product developers could apply to them.





- **Aaron** highlighted comments from the public chat in Adobe around the care continuum and suggested that this work could provide a more accurate picture of what is happening in and out of acute care settings.

PUBLIC COMMENT

Mike Berry opened the meeting for public comment and reminded attendees that written comments could be submitted at ONC-HITAC@accelsolutionsllc.com.

Questions and Comments Received via Telephone

There was one public comment received via telephone:

Shelly Spiro: Good morning. My name is Shelly Spiro. I am the Executive Director of the Pharmacy HIT Collaborative, representing over 250,000 members of the majority national pharmacy associations, including pharmacy education accreditation and 11 associate members. Pharmacists play an important role in transitions of care and from a health IT provider standpoint, we value the most from receiving and exchanging medication-related data during transitions of care. According to the 2014 HHS National Action Plan for Adverse Drug Event Prevention, we find patients being transitioned between care settings are the most vulnerable for hospital readmissions due to adverse drug events. The likelihood of ADEs occurring may also increase during transitions of care. For example, discharge from a hospital to a nursing home or a patient's move from one health care provider or setting to another. When information may not be adequately transferred between health care providers, our patients may not completely understand how to manage their medications. The pharmacy profession stepped up, and over the last six years have adopted a FHIR-enabled pharmacists electronic care plan validated at NCPDP and HL7. This eCare Plan is highly adopted by 21 system vendors and is being taught in 93 colleges of pharmacy. In another initiative through a joint effort with NCPDP and HL7, we are working on a FHIR resource for a standardized medication profile to help exchange medication-related data during transitions of care. Thank you very much for allowing me to make these comments.

Questions and Comments Received via Adobe Connect

Mike Berry (ONC): Good morning, and welcome to the HITAC meeting!

Norman Stone: Good morning. I am hearing classical music; no dialogue. Is that intended?

Jim Jirjis: Jim Jirjis Joined

Adi Gundlapalli (CDC): Adi from CDC here..trying to connect by phone..

Abby Sears: Abby Sears is here

Bryant thomas Karras MD 2: the Star HIE program was relatively [*sic*] small in number of awards and size of awards. are there plans to expand ?

Abby Sears: The challenge is that without data fields that are clearly defined the USCDI will not be interested in adding the data elements to the USCDI.

Steven Lane, MD, MPH (he/him): It would be very helpful if ONC could provide some detail regarding the planned scope and timing for the recently announced "USCDI +" effort.

Aaron Miri: Slide 36 / 37 - These are very telling slides. Interesting research





Steven Lane, MD, MPH (he/him): There is a substantial subset of apps available and in use that are NOT posted in vendor app galleries, as there is a cost to developers to get their apps posted.

Aaron Miri: @Dr Lane - Exactly correct

Steven Lane, MD, MPH (he/him): Note that we are (finally) starting to see apps that EHR vendors are allowing to write data back into the EHR's database. For our vendor, thus far, this capability appears to only being allowed for apps in the gallery.

Aaron Miri: @Dr Lane - and/or requiring to use a specific protocol (e.g.: Direct only) etc.

John Scott: I think that personal health records use should also be considered in ONC's evaluation, not just portal use. I think they are key to real patient ownership of a copy of their data and to deliver personalized *[sic]* care advice on the patient's own time. Do real PHRs truly provide the benefits envisioned (better health, lower utilization, lower costs, better experience of care)? If so, then shouldn't ONC be promoting them? (By PHR I mean a system allowing patient full control of a copy of their health information, which means independent operation from health system's EHRs. They work WITH patient portals, but have many features no single portal can provide, since health information comes from more than one portal provider for most people. While a smart phone app can provide some of the functionality envisioned, there are other cloud based commercial products with much broader set of capabilities *[sic]* than any single app.)

Aaron Miri: @john - are you aware of ONC's PHR work back in the day for the Ignite Project? All about PHR promotion. Data may be a little dated but it was very good work <https://www.healthit.gov/buzz-blog/consumer/personal-health-record-phr-ignite-demonstrates-exchange-consumer-health-information>

Susan Clark: Would be curious if the "demand" of patients to use their portal is influenced by the usability or engagement on the part of the provider. For instance, I would love to use my portal more but it is not user-friendly and my provider will not engage with it. If I send a message she has her assistant call me on the phone with a response (frustrating to me). And I go to a large health system with one of the "big two" EHRs.

Steven Lane, MD, MPH (he/him): At our organization we have seen a substantial increase in data access via API query over the course of the pandemic, driven largely by increased queries coming in via Apple Health.

Alexis Snyder: Good point Susan! I was just thinking the same thing. I do believe *[sic]* this is the case a majority of the time for many users Abby Sears: Is there any data on the demographics of the patient's access? What is the race, ethnicity, federal poverty level or any SDoH data on the patients that are accessing their data?

Jonathan Nebeker: I'm sorry that I may have missed this information: How do we obtain a copy of this excellent presentation? I don't see it in my email or a link to meeting materials in agenda.

Brett Oliver, MD: Interesting to see the majority of access to a patient portal was from a desktop (61%) and 39% from some use of a smartphone. Our data is almost opposite with over 65% of access coming from mobile devices for our portal.

Steven Lane, MD, MPH (he/him): There has also been a comensurate *[sic]* increase in portal usage over the course of the pandemic, though the proportional change has been much greater for API access.





John Scott: @aaron - yes, aware of some of the early work. I helped develop the department of defense policy on PHR and patient controlled data based on discussions [sic] with the ONC task force in 2016-7. Since then I am aware of advances made by several commercial products, but the DoD and VA offerings for PHR have not advanced much while their focus has been on transition [sic] to the new EHR and its patient portal.

Abby Sears: Is there equitable access across our population in this Country?

Leslie Lenert: This was an amazing presentation with very rich and detailed data!

Steven Lane, MD, MPH (he/him): We are in the process of building reports to look at patient demographic differences in data access.

Aaron Miri: @abby - equitable app environment / access environment - two thumbs up on your comment. Totally agree. We must level the playing field

Jonathan Nebeker: Ah. I see now that it is at the end of the previous presentation..... [sic]

Carolyn Petersen: +1 re: Abby's comments now and earlier re: equity and issues around measuring and addressing it meaningfully

Alexis Snyder: +2

Robert Wah: @StevenLane Yes, we are seeing increased uptake with CommonHealth, it was the top health app download from the Android app stores now that it is taking in Smart Health Cards for Covid vaccine and testing status and facilitating putting this into digital wallets.

Carmen Young 2: has it been considered to have one common app for patient portals vs the hundreds that are out there.

David Grinberg: Does anyone know of any research quantifying the impact of various barriers to interoperability, i.e. identity management vs structured/unstructured vs vendor siloed vs provider siloed, etc?

Aaron Miri: @carmen - without speaking for them, I believe that was the hope for apple healthkit and similar

Avinash Shanbhag: https://lantern.healthit.gov/?tab=dashboard_tab

John Scott: @carmen - agree with Miri. Portals are for communicating with the health care system and getting a copy of the information. A portal can only help you with your care if ALL of the relevant information for your care decisions has been provided and updated to the system making the portal. A PHR is the necessary aggregator, and they are becoming able to include [sic] all sorts of information from things like step counters that health care systems and their EHRs cannot easily obtain. The Apple health app is an example. But requires an iPhone to use. Web-based applications exist that can be accessed from any internet connection device, and some large payers have begun to provide those to their beneficiaries.

Steven Lane, MD, MPH (he/him): We will sorely miss these amazing HITAC volunteers who have contributed so much to our work, to ONC and the country as a whole.





Jonathan Nebeker: I couldn't get my hand to work for the API discussion. VA is starting to make its own apps. We are also trying to consume apps by others. With the demise of OSHERA and transition issues at Logica, VA does not know of a forum in which we can post and share our work other than through the cumbersome FOIA process. It would be super helpful for VA to have a public forum. If there is a neutral forum that already exists and facilitates open source, please bring this to my attention.

Sheryl Turney: Best wishes to all and thank you all for your amazing work. It has been such a pleasure to work with all of you.

Carolyn Petersen: Thank you. It's been an honor to serve the HITAC and the health IT community.

michelle schreiber 2: Thank you so much, and best wishes to all the retiring HITAC members. Great work by all of you; has been a pleasure to work with you. michelle

Terrence O'Malley: To All, it's been an honor and a privilege to work with you. Best wishes. Terry

Abby Sears: I learned so much from all of you. Your contributions were immeasurable. Thank you for your service and commitment to driving this work.

Sasha TerMaat: It's been so rewarding to see all of the collaboration of this group over the last four years!

Robert Wah: It has indeed been a privilege and pleasure to work with this amazing committee. Looking forward to continued progress in Health IT and interoperability.

Holly Miller, MD: Is there any intention for the DOD to adopt 360X for Closed Loop Referral Management?

Steven Lane, MD, MPH (he/him): I do not see a goal related to data exchange between DOD-VA and Public Health. This would seem desirable.

Steven Lane, MD, MPH (he/him): Ah, there it is - 1C.

John Scott: @norm - The Departments have come a very long way in making information available to clinicians and to patients. But how has that impacted care quality? I know you are quite familiar with the work that was done to try and show that clinicians who used the DoD-VA viewer (JLV) were less likely to order duplicate *[sic]* tests, and a few other measures. You'll recall it was hard to develop strong evidence of what we consider basic benefits of that interoperability *[sic]* work. The Departments have continued to invest in the viewer, and in the joint HIE gateway (which does essentially the same thing as the DOD-VA viewer, but reaches other health systems). Use of these remains voluntary. It seems that simple measurement of how frequently they are used would be an appropriate start. IN my own practice in DoD, I note that the majroity *[sic]* of clinicians are not even aware of their value. What are the Departments doing to measure or incentive the use of these tools? What are the obstacles?

John Scott: The Departments have in fact come a very long way in making information accessible. Education and insertion of the tools provided seems to be the larger obstacle behind the observation of the previous speaker. Every EHR user, and every adult beneficiary, of the DOD and VA health care systems can easily access the entirety of the electronically available health recor *[sic]* information from both Departments. An ability to query eHealthExchange and Commonwell is just a few clicks away from every EHR user. The tools need to be improved, to be sure. The information needs to be even easier to access. But an important lesson from teh *[sic]* DoD VA experience is that just providing access tools is not enough.

Holly Miller, MD: Brett Andriesen from ONC heads up the ONC sponsored 360X project.





Terrence O'Malley: One high level performance measure is "time to complete" which is both process and outcome measure and is applicable to any process. It bears directly on "usability" an important system goal. The advantages of measuring time spent doing something is that time is an important barrier to use, can be measured accurately, and translates directly to cost, value and efficiency.

Bryant thomas Karras MD 2: RE: agree w/ Steven Lane, MD, MPH: 1C Health and benefits team members and public health organizations are able to access and analyze data and communicate findings and recommendations to improve individual-and population-level health and wellness vaccines administrations reported to State Public Health can easily be measured

Bryant thomas Karras MD 2: Yes thank you! big gap can we measure interop to State registries

David Grinberg: Suggest one additional category of measures to accompany outcome measures - plausibility measures. That is, things that should be changing in a given direction if the outcome change is actually the result of the intervention. For example, if you are claiming that a given intervention is producing a reduction in diabetic A1C measures then you should also see an INCREASE in, say prescription [sic] fill rates and primary care visits. If the plausibility measures are not moving in the anticipated direction, then the change in the outcome measure may be coincidental rather than a result of the intervention.

John Scott: Dr. Wah - I think a potential solution to address the gap you mention is integrating IZ Gateway with the Departments' Joint HIE Gateway. IZ Gateway is an HHS promoted effort to develop a network which will be able to communicate to all the Jurisdictional IIS's.

Robert Wah: @John Yes, the IZ gateway is another potential pathway. We have been working to use IZ gateway to allow issuers of SHC's. There was an effort by VA to be issuers of SHC's for VA beneficiaries, not sure what the status of that effort is today.

John Scott: @RObert - I am not sure, but I do konw [sic] that the VHIE office within VHA is aware of the issue and considering IZ Gateway. I can put you in touch with one of the leaders of that work if you like.

Robert Wah: sure that would be great.

Steven Lane, MD, MPH (he/him): Where is USCDI 2022 WG?

Bryant thomas Karras MD 2: @John and Scott please loop me in as well ... Bryant.Karras@doh.wa.gov

Steven Lane, MD, MPH (he/him): Ah!

Bryant thomas Karras MD 2: and @Robert Wah

Robert Wah: @Bryant good to see you and congrats on the WA work to get SHCs out to your citizens!

Bryant thomas Karras MD 2: thank you! would like to extend to Vets and DOD families

Bryant thomas Karras MD 2: on our WaVerify.org page had to post disclaimer: The system provides a digital copy of state vaccine records. If you received your vaccinations from a federal agency (Department of Defense, Indian Health Services, or Veterans Affairs), you will need to contact those agencies for assistance.

Robert Wah: To the HITAC, I wanted to give my latest update on SMART Health Cards (SHC), the Commons Project (TCP), where I am Board Chair and the Vaccine Credentials Initiative (VCI) where I am on the Steering Committee. We now see over 150 Million US citizens have access to SHCs. The complete ecosystem is running now with issuers, users, and verifiers (TCP put the free verifier app in app





stores) and all supported by the Common Trust Network and VCI Issuers Directory that we run at TCP. We have built a Verifier API to automate verifications as well. Outside the US, SHCs are now the standard for Canada, several African nations, Singapore is only accepting SHCs from US and Canadian travelers. TCP has built CommonCheck to help border and employers to automate checking of credentials including SHCs but also EU and Indian Credentials.

Robert Wah: I would also like to report on the Global Summit on SHC's that was held at end of October that I mentioned to last HITAC meeting. We had over 1000 registrants and the videos are available at <https://www.youtube.com/watch?v=OsraxbKffss&t=580s> We had a session with Micky, our National Coordinator and that is available at https://leavittpartners.zoom.us/rec/share/0-ao57G5pbrH9qaLXIOWsmkiHoXTaAy1iqymnhXzA9dVjLCyNV0y7QZXEj7Zmdi.vihqBkoG_7I50qf Passcode: Zx=vwn7J Please note the password needed.

David Grinberg: Suggest adding a potential 2022 discussion on patient identity subsequent to the Congressional repeal of Section 510 prohibitions

Steven Lane, MD, MPH (he/him): +1 to David Grinberg!

Susan Clark: +2 Dave Grinberg! Also would love to be part of the patient safety work, related.

David Grinberg: @Susan Clark: agreed!

Alexis Snyder: +3

Aaron Miri: +4 David - Ck out the hitac annual report. We've called that out for numerous years as a major bug-a-boo

David Grinberg: @Aaron M - yup!

John Scott: I think PHRs should be on the list. They probably have a role in what Denise Webb just addressed as well.

Shirley Burton: Under SDOH data, patient work data should be considered for discussion

Holly Miller, MD 2: I see that Care Continuum is mentioned, but I would specifically suggest enhancing standards and interoperability for LTPAC

John Scott: The ability to correlate personal device data with the data they can obtain from EHRs (most notably prescriptions) is one of the key functions a good PHR can do that an EHR probably cannot. Not





just for technology reasons, but also privacy, regulation, speed of development, etc.

Alexis Snyder: The care continuum is also a place to discuss care transitions and care planning

David Grinberg: Underlying problem for LTPAC care continuity IRT their EHR maturity or lack thereof

Terrence O'Malley: Transitions of care and shared care plans are the most important use cases for LTPAC and the care continuum. Time for a strategic review.

Holly Miller, MD 2: +1 Terry

Aaron Miri: +2 Terry

David Grinberg: +3 Terry

Steven Lane, MD, MPH (he/him): @ Shirley Burton - Please comment on the need for Work Data through the USCDI site - <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>

David Grinberg: Think we could use a little more federal leadership on closed loop referrals, specifically with respect to community-based organizations addressing SDOH challenges. Various states and systems trying different things, but setting ourselves up for another wild-west setting that will create future interoperability challenges.

Steven Lane, MD, MPH (he/him): @ Shirley Burton - <https://www.healthit.gov/isa/uscdi-data-class/work-information#level-1>

Donna Doneski: NASL is part of the Patient ID Now Coalition, which crafted its Framework for a National Strategy on Patient Identity: A Proposed Blueprint to Improve Patient Identification & Matching. You might review the Framework as you begin to delve into the patient identity work as the Coalition members are eager to make progress on interoperability.

David Grinberg: And happy birthday to any Marines out there!

Sheryl Turney: happy holidays!

FINAL REMARKS

Mike Berry reminded members that anyone who is interested in serving on the Interoperability Standards Workgroup (IS WG 2022) should reach out to him as soon as possible. The IS WG will kick-off in January, and co-chairs are needed. He explained that 11 HITAC meetings are planned for 2022, and the next meeting of the HITAC will be held in January 2022. All materials from the current meeting would be made available at <https://www.healthit.gov/hitac/events/health-it-advisory-committee-38>.

Denise and **Aaron** thanked everyone for their efforts over the past year and wished everyone a safe and happy holiday season. They also thanked the departing HITAC members for their service and encouraged them to remain engaged.

ADJOURN

The meeting was adjourned at 12:40 p.m. ET.

