

# Transcript

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

November 16, 2021, 11:00 a.m. – 12:30 p.m. ET

VIRTUAL



# Speakers

Name	Organization	Role
<b>Aaron Miri</b>	<b>Baptist Health</b>	<b>Co-Chair</b>
<b>Carolyn Petersen</b>	<b>Individual</b>	<b>Co-Chair</b>
Jim Jirjis	HCA Healthcare	Member
Steven Lane	Sutter Health	Member
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.

### Michael Berry

All right, thank you very much. Hello, everyone, and welcome to the HITAC Annual Report Workgroup. I am Mike Berry with ONC, and we are really glad that you can be with us today. Sorry, we are running a few minutes behind. I would like to welcome one of our co-chairs, Carolyn Petersen, and the other co-chair, Aaron Miri, who will be joining us shortly. And we do have two of our workgroup members with us today, Brett Oliver and Steven Lane. Jim Jirjis may be joining us a little bit later. So, I would now like to turn it over to Carolyn to get us started. Carolyn?

## Opening Remarks, Meeting Schedules, and Next Steps (00:00:31)

### Carolyn Petersen

Thanks, Mike. Good morning, good day, everyone. I guess for some folks there it is afternoon. We appreciate your making time from your day to help us further advance progress on the Fiscal Year 21 Annual Report. We are getting closer, and it is exciting to see it coming together. So, what we will be doing today is taking a look at the partial draft, focusing a lot on the table that goes in the executive summary and also some of the progress report sections. We have a period for public comment and then we will be adjourning. If you could advance the slides, please. So, here is our standard meeting schedule. We are in the November 16 meeting today. We have one in December, about a month from now, and then there will be additional meetings of the workgroup in January, February, or March as needed to get that ready to go to the full HITAC. And as I think we have talked about before, my term on the HITAC ends in December. So, that is work you all will be carrying forward. Next slide, please. And then this is just a rough preview of dates. I understand we do not have specific dates yet for the January, February meetings, but I am sure Mike will provide that when he has those finalized. Next slide, please. So, here is what we are looking at today again. To look at some of that table in the executive summary area, the partial draft of the report, and also to have some discussion about taking this forward. Next slide. So, let's pull up the document that we are going to be looking at today, and we will get started. I know this is going to be pretty tiny for the numbers. I believe you were sent a copy of this in your packets. It might be easier to try to read it in said version.

### Steven Lane

Also, Carolyn, with Adobe you can go to full screen for the presentation, so it makes it quite readable.

### Carolyn Petersen

Are you able to do that, ONC?

### Steven Lane

No, we are as individual participants.

### Carolyn Petersen

Okay.

### Steven Lane

We can pop in and out of the full screen, there is a little icon with a blue light on the display screen. Unless you need to monitor the chat actively, it is a good way to do these things.





## Discussion of the Partial Draft of the HITAC Annual Report for FY21 (00:03:25)

### **Carolyn Petersen**

Yeah, I like it even bigger than the full screen, so I usually just open up the document myself, but I have a good-sized monitor. I am not I am not doing it on a tablet or a smartphone. Because it helps me. Anyway, it looks like that first comment has to do with the target area about technologies that support public health. The first comment, if we want to make the topic more specific, and what do we mean by rules of the road? For example, in the recommended HITAC activity for the item on the first line.

### **Steven Lane**

That is a really good point. That is a pretty vague term. Are we talking about legislation? Are talking about rulemaking? This is a HITAC activity, so we cannot do any of that. So, we probably could not identify them, we could suggest them. We could suggest them to ONC for potential incorporation in future rulemaking.

### **Carolyn Petersen**

I do not know that we know the best practices yet, but we could certainly provide guidance.

### **Steven Lane**

Of course.

### **Carolyn Petersen**

Rather than identify rules of the road, maybe provide guidance.

### **Steven Lane**

That makes sense.

### **Carolyn Petersen**

What do you think, Brett?

### **Brett Oliver**

Yeah, I like that better. What do you think about data standardization? That seems a little bit more in our purview.

### **Steven Lane**

I think the guidance should go beyond data standardization, right? We can talk about data transmission methods, we could talk about consent, there are all sorts of things beyond data standards that we might want to comment on here, I would think.

### **Brett Oliver**

I guess my point is, is it all guidance, or did you want something more specific for the data standardization, or do you feel like that is not there yet, either? I get the reporting and the public health systems and things that are just too numerous and nebulous right now to perhaps give a best practice on. But is the data standardization piece one that we could?

### **Steven Lane**

Oh, I see. And this recommendation is specific to the identified gap relating to quality and standardization. It is interesting, the gap says improvement of data quality, data standardization, and using public health data systems. You have the data, the quality, and the systems themselves. That is such a broad area.

### **Carolyn Petersen**

Yeah, it is a lot. We did have 52 recommendations from the Public Health Data Systems Task Force. We can certainly break it out into another topic if that seems like a good idea.





**Michelle Murray**

This is Michelle. One thing I want to point out about this line item. And you can give us feedback if you like this or think we went too far. When the contractor was helping me write up the landscape analysis, they found it very difficult to split out things that were in the infrastructure line item versus the public health data systems line item. So, they tried combining them. And we pulled back a little bit. So, here is a happy medium. Let us not put too much in one line. There is still room to split it back out, but things are so related and overlapping between those two that it got hard to write about it and keep them separate. So, that is why it got combined like this. But that is one thing that is still circulating. ONC, does this work or not work? So, we want feedback on that. And that is that comment right above this. But I think you are touching on that, that maybe some areas are a little broad. Although we just cut and paste, you will see it in the crosswalk. In this table, we did not try to rework the wording. We just cut and paste things together. So, let us know what you think about that and if that is causing other problems in defining the activities.

**Steven Lane**

I think I understand the reason for combining it, and I do not think it is the end of the world that it does lead to this soup to nuts breadth within this line. I think it is acceptable. Under the third column, published best practices and guidance. I think we start with identifying and then publishing those practices.

**Brett Oliver**

Yeah, that is a good point.

**Carolyn Petersen**

Will see those changes on the screen, Michelle? Or those things that you are making on your notes, and we should just keep going?

**Michelle Murray**

I am making notes. I am not yet hearing a change, other than the rules of the road phrase maybe should best practices as suggested. A simple change, for now, is that all you are saying so far?

**Carolyn Petersen**

I think what we said was to provide guidance. We felt we are not at a place where we can identify the best practices yet, but we could provide guidance on operationalizing.

**Steven Lane**

In column four number one, it would be provide guidance for operationalizing. In column three bullet two, it would be identify and publish. It would be great if you can make the changes in real-time because then we would know we had touched on things and resolved the comments. Whatever works for you best.

**Carolyn Petersen**

This group hasn't worked that way exactly so far.

**Steven Lane**

Oh, okay.

**Carolyn Petersen**

Because there are so many parties involved that we aren't live as much. And we are also capturing things in our captions and transcriptions. So, I would try to get the wording more precise in this section.

**Steven Lane**

Do you want to go to the third comment, Carolyn?

**Carolyn Petersen**

Yeah, the "align with?"





**Steven Lane**

The suggestion, though. The one about who does not need to be identified. It might be worth clarifying if you know. It should say who would publish, who would identify and publish. I presume that would be a task force, wouldn't it? That would work on that.

**Carolyn Petersen**

I mean, it could be a task force, or it could be an activity in conjunction with some related body. The standards body perhaps, or a quality group that is involved in an evaluation in some way. Something outside HITAC.

**Steven Lane**

Well, in this case, it might be OCR, since we are talking about the standards for reviewing the necessary data sets. Yeah, I think that is OCR. Don't they do numbers necessary? Don't they do that?

**Carolyn Petersen**

Mike, it might be a bit premature to try to figure out who the who is there.

**Steven Lane**

Yeah, that is true. I do like identify and publish.

**Carolyn Petersen**

Yeah, I think that is a good improvement.

**Steven Lane**

And then the "align with," that is comment four. Good comment. The phrase "align with using," maybe it is "align with the use of." Maybe just a comment. The comment is that they may not wholesale switch over to FHIR-based data structure, which is reasonable. But we want them to be able to send and receive data using FHIR, et cetera. I would suggest aligning with the use of.

**Carolyn Petersen**

Yeah, that helps, I think.

**Steven Lane**

You collapsed a couple of others in the second row. Again, it does not seem like the end of the world unless something in here does not make sense now.

**Carolyn Petersen**

Are you still on that first topic line or are we moving to the second one now?

**Steven Lane**

I think that they just suggested the collapse, it does not look like they changed any other text.

**Carolyn Petersen**

I am sorry, I can hardly hear you.

**Steven Lane**

Oh, I am sorry. My wife says that, too.

**Carolyn Petersen**

I am in the best possible company then. I do not have an issue with combining incentives and funding. Do you have any concerns, Brett?

**Brett Oliver**





I do not.

**Carolyn Petersen**

It is all money, and we cannot appropriate anything,

**Steven Lane**

At the bottom of that second column, there is a need to encourage more bi-directional interoperability between the public health and clinical data sets. I mean, it is really between public health and clinical data holders that we are talking about. Interoperability between datasets does not have any meaning to me, personally.

**Carolyn Petersen**

I agree. Can you capture that edit, Michelle?

**Michelle Murray**

Yep, I got it.

**Carolyn Petersen**

Great, thanks.

**Steven Lane**

Should we scroll down?

**Carolyn Petersen**

Sure. That brings us to electronic case reporting and the comment there is in the third column, the opportunities. Encourage public health authorities to respond more fully to health care providers upon receipt of a report about a reportable disease and health IT developers to enhance such capabilities. You guys probably are in the best position to suggest specific language about what is there.

**Steven Lane**

I've been pretty involved in this. And the point is that the eCR standard includes the opportunity for the public health entity to return to the reporting provider. What is called portability response. And that was brilliant that they baked that into the standard under the digital bridge but very little has been done with that. And I think that this recommendation is really to say that public health should avail themselves of this opportunity to make this a bi-directional communication. And when you receive a report of a communicable disease or any other reportable condition, there are often opportunities for public health to communicate and back to the provider. Whether it is about antibiotic resistance patterns in the community or recommended follow-up, or recommended treatment, et cetera. So, that is what this was meant to capture. I am a little concerned, it looks like you guys collapsed ELR and eCR into a single row. They are sufficiently different that I would tend to keep them separate. Also, interestingly, I just learned yesterday from my friends at APHL that eCR has now been added by CMS to the requirements for MIPS for ambulatory providers for 2022, which is incredibly exciting because it had recently been added for hospitals for 2022. So, now eCR is going to be a requirement for pretty much all providers by the end of next year. So, a potential opportunity for HITAC to focus on eCR in particular. And again, I think another reason as to the separate rows for ELR and eCR.

**Carolyn Petersen**

Yeah, I am good with that.

**Michelle Murray**

Sorry. Is there a specific line you are talking about? I am a little unclear where exactly this was.

**Steven Lane**





So, the top row on this page says electronic lab reporting and electronic case report. I am just suggesting that we blow that back into two lines. One for ELR and one for eCR.

**Michelle Murray**

Okay. And then how do you see that affecting the gap opportunity and activities?

**Steven Lane**

It looks like what we have in column three, both of those refer to eCR. There is not a specific recommendation about ELR here. And then before, those are also recommendations about eCR. So, I do not know if we had any specific opportunities or recommendations about ELR. Again, ELR is now going to be required in 2022 or strongly incentivized, I should say, for hospitals. ELR, eCR, and syndromic surveillance were included in the hospital payment program rule. eCR, ELR, immunization, and syndromic surveillance in the hospital rule by CMS. And then the new MIPS eligible provider will require eCR immunization registry reporting in the 2022 calendar year. And I only learned this yesterday. But I must say the eCR team was very excited by the fact that CMS is now required everyone to implement this.

**Brett Oliver**

So, under the key opportunity, that second bullet where Michelle had asked the question about responding more fully, do we need to say something to public authorities to encourage bidirectional communication?

**Steven Lane**

Yes, and leveraging the available report ability response functionality in the eCR standard. It is fine to be that specific. So, Carolyn, I guess when we put this first together and we included ELR as a topic, were there any specific gaps, or opportunities, or recommendations that you remember coming up about ELR? You might have come to the table after that discussion.

**Carolyn Petersen**

Do you mean within the meetings of the Annual Report Workgroup or the Public Health Task Force? Yeah. I do not remember anything off the top of my head. I have to be honest that that is probably not the best filing system.

**Steven Lane**

I remember a whole discussion in the Public Health Task Force that we had about that and just do not know if there were key gaps that we wanted to bring forward into the report.

**Carolyn Petersen**

Let us see.

**Steven Lane**

The report is long enough. We could just narrow this down to eCR, just take ELR out of those first two columns and keep this piece of it. The opportunities and recommendations are all focused on eCR.

**Carolyn Petersen**

I am trying to pull up a copy of the final recommendations for the other workgroup. To me, they are both important topics and they are separate topics. And if we took the time to create ELR recommendations, which I believe we did in the Public Health Workgroup, we should have a separate line item here that references that in some way. All of that work was important. And there was pretty much across the board recognition within the Public Health Work Task Force that we needed to do something around that.

**Steven Lane**

Yeah, I think pulling some of the nuggets out of that report makes sense.

**Carolyn Petersen**







I am trying to pull it up here. So, it looks like that is on pages eight to 10 of that report. Do you want to look at the lab reporting recommendations or the case reporting?

**Steven Lane**

Lab. I think we got some good nuggets on the case.

**Carolyn Petersen**

Okay. So, this is a recommendation with a lot of subparts. Number seven, the overarching recommendation was ONC should coordinate with STLTs and federal partners to increase adoption and use of standardized ELR reports. ONC should explore adding corresponding health IT. certification for lab orders and results to improve and ensure end-to-end data flows between the provider, lab, and public health agency. Specifically, ONC should, and then here we have got four more specific points, things like add HER and LIMS certification criteria for lab orders and results, align with previous ISP task force recommendations, work with CMS to certify labs on conformance to standards through CLEA, collaborate with CMS to add additional measures to MIPS. Collaborate with CMS, CDC providers, HIEs, and STLT to explore alternative paths surrounding lab orders and results that leverage HIEs as intermediaries. And then there are a couple of additional ones that get at standardizing technical capabilities to facilitate lab results, data collection, and sharing to and across the STLTs, including CDC and FDA laboratories, and working with CMS to ensure a standardized set of demographic information is both collected and sent from clinical and lab systems to public health promptly through standards adoption.

So, lots and lots of good stuff here that we could reference. That is largely page nine of the recommendations, pages eight and nine. I can forward that document if we need it or if you want to pull it up on the screen so we can look at it more thoroughly. Alternatively, we can work on this offline rather than trying to try and troubleshoot it during the meeting and focus on the rest of this report and hitting these edits, and come up with some language that we agree on that can be inserted to review at the December meeting.

**Steven Lane**

Yes, that sounds like a better use of our time. Let us get through the rest of these ONC comments.

**Carolyn Petersen**

Okay. I think so, too. So, it looks like the next one.

**Steven Lane**

So, that next recommendation, investigating a document, seems perfectly reasonable.

**Carolyn Petersen**

Yeah, and that is in the interoperability area. Do we need to adjust anything in the gap or opportunities?

**Steven Lane**

This is Terry O'Malley speaking. It looks good.

**Carolyn Petersen**

Okay.

**Steven Lane**

Carolyn, you said earlier that you were rolling off of HITAC at the end of this calendar year, is that right?

**Carolyn Petersen**

That is right.

**Steven Lane**

That is incredibly sad.





**Steven Lane**

We are losing Terry, too.

**Carolyn Petersen**

It is amazing to me how fast four years went by. It is astonishing how quickly it has gone.

**Steven Lane**

Sorry, I was still kind of reeling from that comment. Oh, really?

**Carolyn Petersen**

No, no, you have to put up with me for one more meeting next month. And then it is all yours.

**Steven Lane**

You will have to sign up for the task forces.

**Carolyn Petersen**

Well, it is not up to me. I think that is more about ONC than me.

**Steven Lane**

Well, shall we keep going? Who offered these comments, by the way, they are very good.

**Michelle Murray**

It was a collection of people.

**Steven Lane**

Oh, okay. Great.

**Michelle Murray**

My branch and our contractor also did some work for me.

**Steven Lane**

Wonderful. Thank you for that.

**Michelle Murray**

I am glad you like some things.

**Steven Lane**

I love it. We went through this on the USCDI Task Force, too. ONC figures out what the task force is going to suggest to ONC. It is a nice collaboration. Makes it much more likely that these are going to have traction.

**Michelle Murray**

Well, I can say, at this workgroup, we try hard to not do that. ONC collaborates, and that is in the law to say that we are supposed to collaborate. But we let the HITAC take the step forward and suggest to us what to talk about. We sort of help frame it in ways that are more likely to be acted upon in the language. But we try to stay away from suggesting ideas or directing things on this report.

**Steven Lane**

I think you guys do a good job of that balance.

**Michelle Murray**

Yeah, it is not easy sometimes. I appreciate that.





**Steven Lane**

Should we go to the next page?

**Carolyn Petersen**

It looks like now we are coming to the privacy and security topic area. And the first one, the topic is public opinion about the impact of the use of health IT and consumers. The comment there is going to privacy and security target area could be made clearer for this topic.

**Steven Lane**

So, the idea is that we were interested in public opinion regarding the privacy and security of data as a result of consumers using health IT. But that was the link that we were missing. Not just the impact generally, but the use of health IT. The impact of the use of health IT on the privacy and security of their data.

**Carolyn Petersen**

Right. It is kind of taking the pulse of the public opinion on what the impacts have been from using health IT.

**Steven Lane**

Was that enough for you guys to put that together into pretty words, or should we work on the wordsmithing?

**Michelle Murray**

I think for me, it says you do not think there are sustentative problems here, it is more just the phrasing of our topic area, but it is not clear enough. So, that might just be a word change. So, yeah. I think I am clear about what you need.

**Carolyn Petersen**

I think in the discussion previously, the thinking was that periodically we see surveys published about X percent of the public feels Y about the Z privacy implications or something along those lines. And so, you have all these surveys, but the numbers often vary somewhat. And what you hear as a result is a function of the way questions were asked and framed. If they asked about things that had created a problem for someone like a data breach where you suddenly start getting notices from your bank that someone is trying to remove money unusually as compared to your sort of abstract ideas about what privacy means or what you think might be problems. And so, the notion is, is there a compendium of ideas or do we understand general trends that we can extrapolate from all these disparate surveys and studies that measure different things in different ways and call it privacy and security? If that makes sense.

**Steven Lane**

Did you guys capture that, ONC? Does that make sense?

**Michelle Murray**

Yes.

**Steven Lane**

And again, the same thing in this second one, the alignment of innovation and regulation specific to privacy and security. So, here again, I think the integration sometimes gets them ahead of the regulatory environment. And when these were proposed, these were meant to be comments specific to privacy and security. Is that fair? Because I mean, obviously this notion of innovation regulation could be about data structure, it could be about purposes of use, it could be that a lot of things besides privacy and security. But these were raised specifically to privacy and security? Is that correct?

**Carolyn Petersen**

They were.





**Steven Lane**

Okay.

**Carolyn Petersen**

And taking a fairly broad glance, contact tracing. You hear about the benefits of being able to know if you have been around somebody who has potentially been exposed to COVID or perhaps has tested positive. But those innovations were created fast, and there was not a regulatory review about some of the privacy and security implications of some things. They were just put in motion because there was a perceived need. And other things, the internet of things. Some things get some sort of review because of where they sit in terms of device designation. And some things are just apps that go in an app store. And it is not clear if there was ever any sort of effort to align that with OCR regulations, with HIPAA, with anything. Maybe another way to stay that is a gap analysis between technology and user implications or something like that.

**Steven Lane**

Specific to privacy and security updates.

**Carolyn Petersen**

Yeah, it gets at the fact that tech moves fast, and regulation moves slow. Or at least technology and development could move a lot faster than regulations, typically.

**Steven Lane**

Which says nothing about the actual implementation of the requirements of the regulation.

**Carolyn Petersen**

Or the standards.

**Steven Lane**

Did you guys get what you need on those two?

**Michelle Murray**

Perhaps as their language changed to the title? We do not say alignment of innovation or regulation of privacy and security.

**Steven Lane**

Yeah, I think data privacy and security.

**Michelle Murray**

Right. I think Aaron joined. Aaron, do you have any comments on this section?

**Aaron Miri**

No, I am just listening to you guys debate it out. I agree with you. But don't let me derail it, let us get through this one and we will go to the next one.

**Steven Lane**

No, Mr. Miri, welcome. Welcome. We are glad you are here.

**Aaron Miri**

Yeah, it has been one of those days.

**Steven Lane**

I was on full screen. I did not see your chat.





**Aaron Miri**

One of those days, Steven. Anyway, all right.

**Steven Lane**

So, now we are in patient access to information. Carolyn is on the deep bench here.

**Carolyn Petersen**

Okay, so scrolling down. So, here we go to the second line item. That is the increased health equity across populations, locations, and situations, accessibility of health IT. The comment there relates to the third column, which now reads ensure that such information is available to patients and consumers in the same ways that they access other relevant protected health information and facilitate the largest impact and reach. The comment there is based on the recommended activities. Seems like the opportunities to learn more about barriers for populations experiencing inequities to inform mitigation, innovation, intervention, actions.

**Steven Lane**

[Inaudible] [36:39] That is beautiful. So, just from learn to the period, just take that, and paste it into the opportunity. Because we have to learn about it first. We have to learn about barriers and who you point out before we can ensure information is available.

**Carolyn Petersen**

Yeah, I think so. That sounds fine. Or, learn about barriers, blah blah blah, and so that we can ensure that such information is available. That way, you have got the implication and the point of the thing in it as well. Is that what you needed, Michelle?

**Michelle Murray**

Yeah. I was thinking about something similar, so yes.

**Carolyn Petersen**

Okay. So, it looks like that finish is off the table. Do we want to go into the text? Or did you have a different thought for the rest of our time?

**Michelle Murray**

The stories are in place. I took a word here and there out to make them fit physically because they were dropping half a sentence on the next page. I did not change any content there. And then we will add a link to address one comment that came in from ONC. And then if you want to look through the progress section, just remind yourself of what occurred in the last year. That is fine, too, if you want to take time there.

**Aaron Miri**

Okay, so we should take a look at the stories, then. Just double-check things, make sure we do not have any current feedback on them?

**Michelle Murray**

Yeah, especially the public house one, just make sure we are comfortable with that one. That was one piece of feedback from the ONC review. One next to it we reached out to in our policy division outside of my branch was just saying double-check wherever it occurs when you start describing public health that you talk about the correct workflow and correct entities. And I am soliciting some more feedback from external experts where I can help us clarify that because it is partly a function of the perspective of the members of this workgroup. We are not public health experts 100% of our time. So, we do the best we can on that piece, sort of new to us. Some of us, at least. So, that is one thing we are trying to check for here. So, that was one comment to address. It is not a formal comment, it is an overall impression in the report to clean that up where you where it occurs.





**Aaron Miri**

Okay. I like that comment here on the security and privacy one with the SRA tool. I think it is a smart call-out, and that is good. And for the workgroup members, I would also point you to the fact that the Cures 2.0 draft language bill is out, that bipartisan bill and a lot of it has to do with public health. So, if you read that you can see where the various offices are leaning towards in terms of ubiquitous data access, some privacy security concerns, about making sure you do not take these registries for long COVID and use it for marketing purposes, et cetera, et cetera. So, I think as we look at our stories in your line of was what legislators are thinking, they are starting to come together, which is a good thing. It means that we are on the mark. We are on the money. All right, Michelle, do you want to play with this offline and provide feedback? Is that the most helpful thing?

**Michelle Murray**

Yeah, I think so. I am receptive to any email comments, and I will work them into the next version.

**Aaron Miri**

Groovy. Okay. What else do we have to do for today?

**Michelle Murray**

Just a progress report if you want to look it over. For Aaron, you can look at the forward. It is cut and paste from last year with some wording changes and some updates around what happened in the past year. But that is for you to redo.

**Aaron Miri**

Okay.

**Michelle Murray**

And then we have to tuck that in January. But because we are in good shape and trying to wrap up as much as you can in December while we still have Carolyn, I went ahead and started editing that piece all ready for you.

**Aaron Miri**

Excellent.

**Michelle Murray**

You have to sign off on it. It has been kind of boilerplate the last two or three years, we have just updated what happened during the year to summarize that piece.

**Aaron Miri**

I may add a sentence or something just from me right in there. I will personify it a little bit.

**Michelle Murray**

That would be awesome. Yeah. And there is a one-page overview section that is again, kind of boilerplate about what is in the CARES Act and the target areas. There are objectives and benchmarks, which is ONC written piece. If you see anything there that is a problem, let us know, but that it is pretty standardized at this point.

**Aaron Miri**

Okay.

**Michelle Murray**

It is almost word for word on things that came out of our presentation last week for milestones. It was changed where the columns are titled because we are not doing benchmarks this year. It is more of a look back on the progress in the past year. But looking ahead, they are more willing to call them benchmarks and measures in place, so that is different this year as far as the level of specificity. I think it





is progress, and it is two pages now instead of just one. You are familiar with that piece. For Steven's benefit, we, being ONC with the workgroup decided a couple of years ago to not try to build a report structured around benchmarks. Too much was up in the air and too far out in the future, and it was holding up any work that the workgroup could do around current recommendations. So, it ended up being content that is there, but it is not integrated much through the report elsewhere. So, that is still an open concern if you want to address that this year. But so far it has been status quo, do what we have done in the past years. And part of the reason there is because what we are calling benchmarks from year to year. But ONC progresses against things that are in the report, but it is a narrower focus. So, that was another reason. It did not fully address all the target areas to the same degree. So, this workgroup decided to not use that as a structure for the report other than to show the content, but then stick to the target areas as the main organizing.

We are also open to any fresh eyes or feedback on that decision. It is not set in stone, if there is feedback on other ways to loop back to these benchmarks somehow through the report, we are welcome to hear that idea. If you have any comments on the progress report, it might also be something you want to look at offline and get back to us. It is again following a standard text we use year to year and update based on things that are already public, sort of summarizing each workgroup and task force.

**Aaron Miri**

Sounds good.

**Michelle Murray**

So, I let the other know, Aaron, before you joined, this feedback is important today because if there are any structural changes, it shapes what the landscape and gap analysis looks like. We did have the one about focusing lab reporting and case reporting, to remove lab reporting so explicitly because we did not follow through together to come up with activities around the lab reporting piece. We can still mention it in that report, with a paragraph or two in the landscape analysis, but it may not flow down to the gap analysis, or the recommendations as much as originally imagined. So, that is one change I think that came out of today that we will address in the next draft. And then the draft is still in circulation at ONC, the meatier parts of it. So, we are trying to pull that together with the holiday coming up, some people are out next week. So, we are thinking the end of November or early December, we get you a full report draft and then you could all review that at least once offline. And I can incorporate any comments you have there into the draft that the group would discuss in the December workgroup meeting. That is the plan going forward.

**Aaron Miri**

Okay.

**Michelle Murray**

Then after that, it goes to the full HITAC in January, and that is when the report gets published on the website and made public through the HITAC meeting in January. Whenever that date is published, we will know more about that timing.

**Aaron Miri**

Works for me.

**Michelle Murray**

That is all I had to ask for a workgroup to consider, so it is up to you if you have anything else you want to bring up.

**Aaron Miri**

Do we go to public comment here?





## Public Comment (00:46:41)

### **Michael Berry**

We do. Operator, can we open up the line for public comment?

### **Operator**

Yes. If you would like to comment, please press star one on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press star two 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. We will pause for a brief moment to poll.

### **Michael Berry**

And while we are waiting, I just want to note that our next workgroup meeting for the Annual Report Workgroup will be on December 17<sup>th</sup>. Friday, December 17<sup>th</sup>, and hope that you can join us then. Operator, do we have any public comments?

### **Operator**

There are no comments at this time.

### **Michael Berry**

All right, thank you. Carolyn?

### **Aaron Miri**

Awesome. I just want to wish everybody a happy Thanksgiving next week and happy holidays. Be safe for everybody.

### **Carolyn Petersen**

Indeed.

### **Steven Lane**

Thank you.

### **Steven Lane**

We will see you next time.

### **Carolyn Petersen**

Bye.

### **Aaron Miri**

Bye, you all. Goodnight. Bye.

## Adjourn (00:47:46)

