

# Meeting Notes

## HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC)

February 10, 2021, 9:30 a.m. – 1:05 p.m. ET

VIRTUAL



## EXECUTIVE SUMMARY

The co-chairs of the HITAC, **Denise Webb** and **Aaron Miri**, welcomed members and reviewed the meeting agenda, and the minutes from the January 13, 2021, HITAC meeting, which were approved by voice vote. **Micky Tripathi** welcomed members, introduced himself, described his background, and issued his first remarks as the new National Coordinator for Health IT. **Carolyn Petersen** and **Aaron Miri**, co-chairs of the Annual Report Workgroup (ARWG), presented the final version of the Fiscal Year 2020 (FY20) Annual Report, and HITAC members voted to approve it. **Steven Lane** and **Al Taylor** presented an update on the draft USCDI Version 2. **Beth Myers** and **Carmen Smiley** presented an overview of the recent work of Project US@. **Larry Jessup** welcomed the awardees of the Strengthening the Technical Advancement and Readiness of Public Health via Health Information Exchange Program (STAR HIE Program) and provided an overview of the program. Then, representatives from two of the project's awardees, which included the Texas Health Services Authority (THSA), in partnership with HASA, and HealthShare Exchange (HSX), an HIE serving the Delaware Valley, provided updates on their program progress. **Chris Muir** and **Wanda Govan-Jenkins** discussed the launch of the Interoperability Standards Priorities (ISP) Task Force (ISP TF). One public comment was submitted by phone, and there was a robust discussion in the public meeting chat via Adobe.

## AGENDA

09:30 a.m.	Call to Order/Roll Call
09:35 a.m.	Remarks, Review of Agenda and Approval of January 13, 2021 Meeting Minutes
09:50 a.m.	Welcome Remarks
10:00 a.m.	HITAC Vote on Final FY20 Annual Report
10:30 a.m.	USCDI v2 Task Force Update
10:50 a.m.	Project US@ Presentation
11:10 a.m.	STAR HIE Program Progress Update
12:20 p.m.	Interoperability Standards Priorities
12:50 p.m.	Public Comment
01:05 p.m.	Final Remarks and Adjourn

## CALL TO ORDER/ ROLL CALL

**Lauren Richie**, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the February 10, 2021, meeting to order at 9:31 a.m.

## ROLL CALL

**Aaron Miri**, The University of Texas at Austin, Dell Medical School and UT Health Austin, Co-Chair  
**Denise Webb**, Indiana Hemophilia and Thrombosis Center, Co-Chair

Cynthia A. Fisher, PatientRightsAdvocate.org  
Lisa Frey, St. Elizabeth Healthcare  
Valerie Grey, New York eHealth Collaborative  
Steven Hester, Norton Healthcare  
Jim Jirjis, HCA Healthcare  
John Kansky, Indiana Health Information Exchange  
Kensaku Kawamoto, University of Utah Health  
Steven Lane, Sutter Health  
Leslie Lenert, Medical University of South Carolina  
Arien Malec, Change Healthcare  
Clem McDonald, National Library of Medicine  
Brett Oliver, Baptist Health  
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

### MEMBERS NOT IN ATTENDANCE

Amy Abernethy, Food and Drug Administration  
Michael Adcock, Magnolia Health  
Terrence O'Malley, Individual

### FEDERAL REPRESENTATIVES

James Ellzy, Defense Health Agency, Department of Defense  
Adi V. Gundlapalli, Centers for Disease Control and Prevention  
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  
Beth Myers, Deputy Director, Office of Policy, ONC  
Avinash Shanbhag, Executive Director, Office of Technology  
Carmen Smiley, IT Specialist, Office of Technology, ONC  
Wanda Govan-Jenkins, Nurse Informaticist, Office of Technology, ONC  
Al Taylor, Medical Informatics Officer, Office of Technology  
Chris Muir, Director, Standards Division, Office of Technology, ONC  
Lauren Richie, Deputy Director, Strategic Planning & Coordination Division, Designated Federal Officer

## REMARKS, REVIEW OF AGENDA AND APPROVAL OF JANUARY 13, 2021 MEETING MINUTES

**Aaron Miri** and **Denise Webb**, HITAC co-chairs, welcomed, congratulated, and introduced the new National Coordinator, **Micky Tripathi**, and noted that **Micky** would provide remarks shortly.

**Aaron** invited members to examine the minutes from the January 13, 2021, meeting of the HITAC. There were no comments or corrections submitted, so he called for a motion to approve the minutes, and the motion was seconded. The HITAC approved the January 13, 2021, meeting minutes by voice vote. No members opposed, and no members abstained.

## WELCOME REMARKS

**Micky Tripathi** welcomed members to the meeting of the HITAC, introduced himself, and described his background, which has included past federal service in the Secretary of Defense's office in the Pentagon and in the Air Force Chief of Staff's office as a Presidential Management Fellow. He explained that he has also worked in health information technology (health IT) as a part of the Regenstrief Institute, as the President and CEO of the Indiana Health Information Exchange, and as the President and CEO of the Massachusetts eHealth Collaborative. He has collaborated on industry initiatives, such as the Argonaut Project, HL7, and the Sequoia Project. He emphasized his excitement to continue collaborating on health IT initiatives as the National Coordinator.





**Micky** explained that he has worked closely with ONC over the years and emphasized that he understands and appreciates the role played by the HITAC and others established by the Federal Advisory Committee Act (FACA). He explained that all ONC staff is currently working remotely to maximize workplace safety. He described his work since he took office and stated that COVID-19 relief efforts are now the top priority. There is a government-wide and HHS-wide effort to build structure for executing executive orders and breaking them down into implementable workstreams. Work continues on educational and outreach programs to support ONC's Cures Act Final Rule, which included a webinar held on February 4. Several new task forces have been or will be engaged over the upcoming year, and ONC is determining the priority order for launching them; a new iteration of the USCDI Task Force has met twice to date. Finally, **Micky** reminded HITAC members that the ONC Annual Meeting would be held virtually on March 29 and 30, 2021.

In conclusion, **Micky** thanked the past and present HITAC co-chairs and **Dr. Donald Rucker**, his predecessor, for their past work and leadership. He emphasized that he looks forward to working with everyone.

**Aaron** and **Denise** thanked **Micky** for his remarks and congratulated him on his appointment.

## HITAC VOTE ON FINAL FY20 ANNUAL REPORT

**Carolyn Petersen** and **Aaron Miri**, co-chairs of the Annual Report Workgroup (ARWG), presented the revised draft of the HITAC Annual Report for Fiscal Year 2020 (FY20), which, they explained, was updated based on previous comments from the HITAC.

**Carolyn** reviewed the next steps for the development of the FY20 Annual Report, which include:

- At its January 2021 meeting, the HITAC reviewed the draft report and suggested edits.
- At the February meeting, the HITAC will have the option to vote to approve the revised draft report.
- Following approval, the HITAC transmits the final FY20 Annual Report to the National Coordinator for Health IT.
- Then, the National Coordinator forwards the final report to the Secretary of Health and Human Services and to Congress.

**Carolyn** encouraged HITAC members to submit any further questions, and **Aaron** thanked **Michelle Murray**, **Lauren Richie**, and the ONC team for their work on the report.

### Discussion:

- **Steven Lane** complimented the ARWG members and ONC team on their work and emphasized that this document would be very useful to describe the depth and breadth of the HITAC's work to the new administration and new leadership at ONC.

**Aaron** explained that all comments, feedback, and suggestions from the HITAC have been logged for future reference and encouraged HITAC members to continue to share their thoughts with the ARWG. He also explained that a new feature of the FY20 Annual Report was a synthesis of each target area as a real-life scenario or illustrative story. These were developed to anchor the work of the HITAC, and to better share interoperability experiences of clinicians, patients, and the public, and to connect to the healthcare industry.

**Denise Webb** thanked the ARWG co-chairs for their work. There were no further comments or suggestions submitted by the HITAC. She called for a motion to approve the FY20 Annual Report, and the motion was seconded.





**The HITAC approved the Annual Report for FY20 by voice vote. No members opposed. No members abstained.**

## USCDI VERSION 2 TASK FORCE (USCDI TF) UPDATE

**Steven Lane**, USCDI TF co-chair, and **Al Taylor**, ONC's Medical Informatics Officer, presented an update on the draft USCDI Version 2 (v2). **Steven** thanked the HITAC for the opportunity to present and provided a brief overview of the USCDI TF roster. He explained that this is the third iteration of the USCDI TF and stated that it has held two meetings, during which the TF's charges were discussed. He explained that the preparation process and publication of the draft USCDI v2 have been completed, and it will be available for comment by the public and the HITAC until April 15, 2021.

**Steven** stated that the overarching charge of the USCDI TF is to review and make recommendations on the Draft USCDI Version 2 content and processes. The specific charges for this iteration of the USCDI TF were revised and numbered, and they included:

- Due April 15, 2021:
  - **1) Evaluate Draft USCDI v2 and provide HITAC with recommendations for:**
    - 1a - Data classes and elements from USCDI v1 including applicable standards version updates
    - 1b - New data classes and elements from Draft USCDI v2 including applicable standards
    - 1c - Level 2 data classes and elements not included in Draft USCDI v2
- Due September 9, 2021:
  - **2) Evaluate the USCDI expansion process and provide HITAC with recommendations for:**
    - 2a - ONDEC submission system improvements
    - 2b - Evaluation criteria and process used to assign levels to submitted data classes and elements
    - 2c - Prioritization process used by ONC to select new data classes and elements for Draft USCDI v2
  - **3) Recommend ONC priorities for USCDI version 3 submission cycle**

**Steven** added that the USCDI TF is interested in developing a recommended set of guiding principles to inform the prioritization process. Then, he described the tasks which were deemed to be out of scope for the USCDI TF during its current work on the draft USCDI v2. These out-of-scope tasks included:

- Evaluate Level 1 and Comment Data Elements not included in Level 2
  - A process is underway to engage between submitting stakeholders and ONC.
  - USCDI TF members may participate in this comment process individually.

**Steven** directed HITAC members' attention to a depiction of the draft USCDI Version 2, which was included on slide number five in the presentation, and he explained that the star and arrow symbols denoted changes from USCDI Version 1 to Version 2. Two new data classes, Diagnostic Imaging and Encounter Information were created.

**Steven** explained that the existing versions of the terminology code sets that comprised the applicable standards within USCDI Version 1 were updated and asked the TF members to review them and provide feedback on the updates. The USCDI Version 1 standards included:

- RxNorm - January 6, 2020
- SNOMED CT - September 2019





- LOINC 2.67
- ICD-10-PCS 2020
- CVX - January 31, 2020
- Vaccine NDC Linker – January 31, 2020
- CPT 2020

These were updated in the following manner in the draft USCDI Version 2:

- RxNorm - January 4, 2021
- SNOMED CT - September 2020
- LOINC 2.69
- ICD-10-PCS 2021
- CVX - November 16, 2020
- Vaccine NDC Linker – November 13, 2020
- CPT 2021

**Steven Lane** stated that, in the USCDI Version 1, the Clinical Notes data elements included:

- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note
- Diagnostic Imaging Narrative
- Laboratory Report Narrative
- Pathology Report Narrative

Then, **Steven** explained that, in the draft USCDI Version 2, the Clinical Notes data elements were reclassified into:

- Diagnostic Imaging
  - Diagnostic Imaging Narrative
- Laboratory
  - Laboratory Report Narrative
  - Pathology Report Narrative

**Steven** highlighted the new data elements and new data classes, adding that the list came from recommendations to prior iterations of the USCDI TF. ONC worked to keep the changes modest so the industry could adapt more easily to them, but the TF will continue to discuss whether these were appropriate changes and if other items should be added or swapped before advancing the recommendations to the HITAC.

The new data classes and elements proposed for inclusion in the draft USCDI v2 included:

- Care Team Members
  - Provider Name
  - Provider Identifier
- Diagnostic Imaging
  - Diagnostic Imaging Order
  - Diagnostic Imaging Report
- Encounter Information





- Encounter Type
- Encounter Diagnosis
- Encounter Time
- Problems
  - Date of Diagnosis
  - Date of Resolution

**Steven** presented the timeline for the USCDI version update process, which was included on slide number nine in the presentation, and noted that April 15, 2021, is the deadline for public comment. He explained that the Version 3 submission process and related tasks should be completed in September 2021, and he described the next steps for USCDI v2:

- HITAC and public review and comment (January – April 15, 2021)
- USCDI V2 (final) standard document published July 1, 2021
- Consider for Standards Version Advancement Process (SVAP) Approved Standard
- Review and refine USCDI version update process

A list of scheduled USCDI TF meetings was provided on slide number ten in the presentation.

**Al Taylor** thanked **Steven** for the presentation and invited HITAC members to submit questions and comments. **Denise Webb** shared that she is a member of the USCDI TF and requested that **Steven** describe the TF's recent work, which included:

- Some USCDI TF members and other commenters took issue with the modesty of the additions to Version 2.
- **Steven** made several suggestions that the new National Coordinator may want to consider that will inform ONC's approach to updating the USCDI.
- A shorter list for Version 2 means that vendors and providers can update electronic health record systems more quickly, which would be helpful as they have been busy with other issues due to the pandemic.
  - If a vendor updates their system to a specific version of the USCDI, they must update/add all data classes and elements in that version.
- Commenters stressed that the COVID-19 pandemic response warrants the need to make the USCDI more robust quickly and that related elements included research, transplant, and social determinants of health (SDOH).

#### Discussion:

- **Denise Webb** thanked **Steven** for his comments and discussed how healthcare organizations and CIOs have been confused by the goals, objectives, and intent of the USCDI.
- **Aaron Miri** observed that certain data elements and classes need to be exchanged as part of contact tracing and vaccine distribution, and the USCDI is the mechanism to advance new methods for this exchange.
  - **Steven Lane** responded that other communities, like CMS, have requested that specific elements be included in Version 2 of the USCDI, so determining how to balance the variety of interests will be important for the TF. The TF will focus on individual data elements and classes, and the HITAC and ONC will provide guidance.





- **Arien Malec** stated that if a data element or class is in the USCDI, it should be routinely collected and used. Also, he discussed the example of gaps in the USCDI between clinical quality measures and EHR data. Any downstream interoperability and clinical workflow implications should be considered before an item is added to the USCDI, and the TF, HITAC, and ONC should discuss potential policy levers and incentives for the use of anything added. He mentioned the example of issues with the bidirectional mapping/sharing of demographic data from COVID testing.
- **Les Lenert** submitted several comments, which included:
  - As the USCDI progresses, the patient use case should be prioritized to allow patients the opportunity to better standardize and organize their own healthcare records.
  - Building and optimizing the specifications of the USCDI to include all standards creates challenges because of structural and implementation differences between the Continuity of Care Document (CCD) XML-based standard and Fast Healthcare Interoperability Resources (FHIR) standard.
  - **Steven Lane** responded that the USCDI TF invited members to participate who would represent the patient perspective/use case, including **Leslie Kelly Hall**. He added that one TF member has stepped down, so another patient advocate representative may be invited to join.
- **Clem McDonald** discussed how exceptions (related to clinical quality measures) added by some larger care systems have created a burden on data collection.
- **Sasha TerMaat** discussed **Arien's** suggestion that items that are incorporated in the USCDI should be those necessary for data capture. This could be a way to prioritize updates, but nuances will need to be added to the USCDI to accommodate variances in data classes used for more specific purposes. She discussed the need to include bidirectional standards in certification and asked the TF/HITAC to consider modifying the USCDI's current certification process, which requires the certification/adoption of all elements in a version, to allow for variances in scopes/products used by the certifier.
  - **Steven Lane** assured her that many other commenters have shared this perspective.
- **Michelle Schreiber**, who leads quality measures at CMS, discussed her experiences dealing with one-off, nonstandard measures, and definitions for quality measures. She explained that CMS is looking to the USCDI to standardize data class and element definitions to simply quality measures and reduce confusion in the ecosystem. CMS is committed to making all quality measures digital and will reexamine the definitions and standards, if necessary.
  - **Steven Lane** thanked her for her comments and for helping ONC and the USCDI TF to schedule meetings to discuss this topic with CMS.
- **Les Lenert** suggested prioritizing work on versions 1 and 2 of the USCDI to ensure that they support the quality measures, electronic definitions, and population information that are necessary for exchanging data related to COVID-19 vaccination status.

**Steven** thanked **Terry O'Malley**, his USCDI TF co-chair, the TF members, and ONC for their work thus far and stated that he looks forward to bringing useful information to the HITAC in the future.

## PROJECT US@ PRESENTATION

ONC staff **Beth Myers**, Deputy Director, Office of Policy, and **Carmen Smiley**, IT Specialist, Office of Technology, presented their work as co-leads of Project US@ (pronounced Project USA).







**Beth Myers** stated that the Goal of Project US@ is to issue a unified, cross-Standards Development Organization (SDO), healthcare industry-wide specification for representing patient address. She gave an overview of background information and explained that ONC received public comments on the use of USPS Publication 28 in response to an RFI on patient matching in the 21st Century Cures Act proposed rule. During that rulemaking process, ONC's analysis found USPS Publication 28 was insufficient for adoption. There is limited public research on the effects of data element standardization on patient matching accuracy. These and other efforts indicated the potential for improved patient matching through the development and implementation of standards. She requested that the HITAC submit feedback on the next steps for this project and how to ensure that it is adopted into widespread use.

**Carmen Smiley** discussed the approach of Project US@, which includes:

- Collaborate with over 103 partners: Standards Development Organizations (SDOs), federal and state entities, health IT developers, and a wide array of other stakeholders from across the healthcare industry
- Engage with partners to help ensure there is broad agreement on resulting specification that will serve multiple use cases
- Build industry commitment to implement the specification from the ground up
- Establish a lasting, industry-wide approach to representing patient address that is consistent across a spectrum of clinical and administrative transactions

**Carmen** invited all HITAC members to attend Project US@'s future meetings, which will be held virtually. She described the Project US@ technical workgroup, which includes representation from the U.S. Postal Service (USPS), the Centers for Disease Control and Prevention (CDC), health information exchanges (HIEs), health IT developers, MPI and patient matching vendors, standard development organization (SDOs), Surescripts, and other technical subject matter experts (SMEs). Weekly Project Technical Workgroup meetings will develop specification, and its approach is to begin with the USPS Publication 28 as a foundation to constrain and extend. Then the workgroup will work on a comparison across standards in how addresses are represented and a decision log.

**Carmen** explained that the deliverable for Project US@ is a unified, cross-SDO, healthcare industry-wide specification for representing patient addresses. Phase I (2021) of its work will focus on domestic and military addresses, and Phase II (2022) will include international addresses and geolocation data, likely beginning with countries that are physically contiguous to the United States. She described how Project US@ will develop constraints around parsing data elements for address representation, which will aid in address matching. They have discussed how metadata can be used to identify current and historical addresses and group living situations and will look into ways of representing differences in a patient's billing, physical, and home addresses. She described discussions around using special characters and punctuation, noting that they might defer to USPS's method.

**Carmen** directed HITAC members to the links and contact information on the Project USA@ presentation deck's final slides. These included a list of Project US@'s partners, updates, continued engagement, minutes from all Project US@ partner meetings, ONC communications channels, email addresses, and website links.

**Aaron Miri** thanked the presenters and highlighted the impact of patient matching work on COVID-19 relief efforts, like contact tracing, vaccine distribution and tracking, and matching patient records. He invited members of the HITAC to comment.

#### Discussion:

- **Clem McDonald** submitted several comments and questions, which included:
  - Though it has been controversial, a national patient identifier could reduce the intense focus on address matching.





- Is Medicare working on their own health identifier for covered individuals?
  - The healthcare industry should access or not conflict with databases that already exist to correct and/or match addresses.
- **Arien Malec** echoed **Clem's** question, stating that he was concerned that if Project US@ would not be able to leverage the broad ecosystem of tools available for patient matching and address normalization, they risk creating a silo of healthcare data.
  - **Beth Myers** responded that the USPS and its tools, including application programming interfaces (APIs) from other industries, are the foundation of Project US@'s work. However, when these were analyzed, there was no universal/"gold" standard, and variances across systems can lead to patient matching issues, including duplication of records and the linking of unrelated patients. Project US@ aims to avoid creating a silo for healthcare data and to reconcile variances in the underlying tools that are already in use.
- **Jonathan Nebeker** explained that, as the Acting CMIO of the Department of Veterans Health Affairs, he has experience working on their patient identifiers. He supports their work but asked if ONC will rack and stack priorities against evidence and to create a plan that is objective.
  - **Beth Myers** explained that this is a deep conversation that relates to broader work Congress directed ONC to do exploring/analyzing patient matching across healthcare settings and health information technology (health IT). She suggested that ONC could engage the appropriate subject matter experts to provide additional information on related initiatives. She emphasized that the address work is not being done in a silo and is aligned with these broader patient matching efforts.
  - **Aaron Miri** added that the Annual Report calls attention to the issue of an identifier in the context of public health. Upcoming HITAC meetings could focus on tying these together.
  - **Micky Tripathi** thanked **Jonathan** for his comments and noted that he would look into them.
- **Jim Pantelas** inquired as to how First Nations populations would be brought into this effort and not further marginalized, as many do not have an address.
  - **Carmen Smiley** responded that this issue will be addressed, noting that her family has personal experience with not having a physical address. Project US@ will share their strategy after they have analyzed the feasibility for adoption and how best to support the data.
  - **Aaron Miri** added his support to the question and discussed different socioeconomic challenges related to using an address as the sole identifier.
- **Abby Sears** echoed **Jim's** question and discussed challenges she has seen treating and matching mobile patients, including seasonal migrant workers. If physical addresses are used as identifiers, the systems will miss some of the most expensive to treat and challenged patients with complex records.
  - **Carmen Smiley** responded that they have discussed this challenge and that geolocation/geomapping data could be combined with standardizing address information in other languages. Project US@ is working with the USPS to learn how they handle mail delivery with casual/nonspecific addresses.
  - **Beth Myers** added that this work is only one piece of the puzzle and will not solve all patient matching issues. Some questions they are addressing include how to work with addresses outside of the normative standard, how many past addresses to store, how to connect this data, analyzing other information like race and ethnicity to aid in risk scoring for COVID-19 relief efforts, and more.





**Aaron Miri** thanked the presenters and HITAC members for their comments, noting that this is a deep topic and that the HITAC looks forward to discussing it again in the future.

## STAR HIE PROGRAM PROGRESS UPDATE

### Background and Introduction

**Larry Jessup**, State and Interoperability Innovations Branch Chief, Office of Policy, ONC, welcomed the awardees of the Strengthening the Technical Advancement and Readiness of Public Health via Health Information Exchange Program (STAR HIE Program) and introduced himself. He explained the origins of the program, noting that, over the past year, 21 HIEs were awarded over \$5 million via the CARES Act. There was a supplement of \$2.5 million included in January 2021. The goals of the program are:

- To build innovative HIEs by strengthening the existing infrastructure, and then these HIEs will benefit public health agencies by allowing them to better access, share, and use health information.
- To improve HIE services in order to support the communities that are disproportionately impacted by the COVID-19 pandemic and minimize gaps in quality of care.

**Larry** discussed how HIEs aligned with public health agencies to support them in their pandemic relief efforts through various services, like serving as data hubs for critical clinical data, helping with public health reporting, and improving data quality. The program has made improvements in identifying high-risk patients who have not received a vaccination, the methods for tracking and supporting COVID-19 vaccination administration, and monitoring long-term health effects, adverse reactions, and reinfection rates across entire populations.

**Larry** stated that the STAR HIE Program has worked with ONC and the Trusted Exchange Framework and Common Agreement (TEFCA) program team to ensure that the correct technical and legal infrastructure exists for sharing health information during public health emergencies. He introduced the presenters and thanked them in advance.

### Texas Health Services Authority – Piloting a National Strategy for Hospital Situational Awareness Information

**Phil Beckett**, CEO, HASA, and **Eric Heflin**, CTO/CISO, Texas Health Services Authority (THSA), presented an overview of how THSA, in partnership with HASA (a regional HIE covering multiple regions in Texas), a local hospital partner, and Audacious Inquiry, plan to conduct a proof-of-concept pilot to demonstrate real-time, automated exchange of hospital capacity and other situational awareness data through APIs using HL7 FHIR.

**Eric Heflin** thanked **Larry Jessup**, **Dr. Terah Tessier**, and **Carmen Smiley** for their support and work during the process. He explained that there were references, links, and information included in the presentation slides as references that he would not cover in detail.

**Eric** described the award announcement and stated that this improved functionality will not only simplify hospitals' public health reporting but will also support the Texas Department of State Health Services, local health departments, emergency management agencies, and health care organizations across the state. He described the technical and workflow objectives of the project, which were to:

- Provide hospital capacity measures reporting
- Current processes can be burdensome to hospitals, and is in some cases manual
- Reduce time-lag
- Increase accuracy





- Increase automation (to full automation)
- Use industry standards (HL7 FHIR and IHE USA)
- Create new standards where necessary (SANER)
- Build on existing Federal investments into HIEs

**Eric** explained that they worked closely with the HL7 and FHIR workgroup and IHE USA, a standards body designed to stitch lower-level standards together and to create a higher-level standard on top to create a complete clinical workflow for document sharing across HIEs. He stated that all of the development was public. Through their work, they identified a gap and, as a result, created Situational Awareness for the Novel Epidemic Response (SANER), which can be used beyond COVID-19.

**Eric** provided background information on THSA, the formal recipient of program funds, noting that it was created by the Texas State Legislature and overseen by the Governor. THSA is mandated to foster secure health information exchange in Texas via a multi-pronged approach and is focused on connectivity to benefit citizens, providers, and agencies. THSA coordinates efforts and minimizes burden to all (HIEs, Texas DSHS/Medicaid, Texas Hospitals, Texas Physicians/Clinicians, CDC, etc.)

THSA's highest-level objective was to successfully pilot the SANER approach of near-real-time automated hospital capacity gathering and to freely share their lessons learned with the rest of the country. Areas of focus included standards, security, content, policy, legal, etc. **Eric** discussed slide number eight in the presentation, which depicted their conceptual architecture and a visualization of how a hospital EHR system sends data to HASA, which would act as an aggregator of data from all the regional hospital services within Texas, and then sends the data to THSA, who makes the data available to public health. He stated that all connections are secure and compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Components included:

- Reporting - Generates the data to be reported and make it available
- Presentation - Analyzes and display data
- Adaptation - Adapts between systems
- FHIR Client & Server –Transport and content standard
- External Storage - Stores data for later access

**Eric** described the status and steps of the project, which included:

- Worked with HL7 (largely Ai staff) to create the SANER FHIR draft standard
- Tested in January 2021 HL7 testing event (called a Connectathon)
- Plan to test, with the support of IHE USA, at the IHE North America Connectathon in March 2021
- Have successfully tested with hospital EMR vendor
- Seeking to test more measures with more hospital EMR vendors in March 2021

**Eric** stated that one challenge they have encountered is that Texas state law constrains THSA in some areas, so they are working with stakeholders to address this appropriately. The next steps include:

- Seeking to onboard pilot hospitals
- Continue testing the SANER standard in close coordination with:
  - HL7
  - IHE USA
  - Hospital EMR vendors
  - HASA (partner)
  - Valued vendor partner (Ai)





**Dr. Phil Beckett** introduced himself and explained that HASA is a local not-for-profit HIE that covers several regions (San Antonio, Dallas/Fort Worth, Corpus Christi, West Texas) and supports the missions of:

- Improved Health
- Lower Health Care Costs
- Improved Health Care Experience
- Improved Provider Experience

**Phil** explained that HASA's revenue comes from subscription fees, which allows them to focus on the value and how to best help Texans. He described HASA and why they partnered with THSA; their strengths included:

- Centralized model
  - Single community record
  - Customized views
  - Population management
- Agile platform
  - Multiple connection models
  - Workflow integration
  - Access and usability
  - API and system integration
- Community Partner
  - Integrate with existing initiatives
  - Local governance
  - Complementary offering
- Value Driven
  - Focus on local stakeholder business needs
  - Manage utilization and ROI metrics
  - One connection, all the data

**Phil** highlighted a map that depicted the locations of the hospitals, physicians, and implementers that are HASA data contributors. He added that their system has nine million unique patients, about a third of Texas's population. HASA is nationally connected and is a member of the eHealth Exchange, which is a rapidly growing network for securely sharing health information. He explained that they have Department of Defense (DoD) and Veterans Administration (VA) connections.

**Phil** discussed a graphic that depicted HASA's integration capabilities and explained that, at the top level, they add value to external events. It showed how stakeholders send in data (preferably in FHIR), which is followed by intelligent processing, formatting of encrypted transport, and workflow integration.

**Phil** gave a brief overview of several local use cases to drive their mission in partnership with others, which included:

- Reducing preventable admissions in high-risk pregnancies
- Tracking COVID-19 status on admission
- Vaccine forecasts in collaboration with UT-Austin

The STAR/SANER project technology draft was depicted on slide number 18 in the presentation. It showed how various hospital systems send data in multiple formats to HIE/SANER, which works to normalize, validate, review, update, approve, format, and send on the data, using FHIR, to health





departments and HHS. They are leveraging existing technology connections and governance agreements.

**Phil** discussed the impact of the project on Texans, stating that it would:

- Reduce manual administrative burden of reporting
- Retain independence and control of report content
- Leverage existing infrastructure and agreements
- Faster access to data by public health informing community decision making to protect lives

The presenters concluded the presentation by thanking the HITAC and ONC.

### HealthShare Exchange Pennsylvania – Supporting COVID-19 Response in the Delaware Valley

**Bill Marella**, MBA, MMI, Director, Data Analytics and Quality, and **Elizabeth Scoles**, MPH, Project Manager, presented on behalf of HealthShare Exchange (HSX), the HIE that serves the Delaware Valley (southeastern Pennsylvania, southern New Jersey, and northern Delaware). **Bill** thanked ONC, **Larry Jessup**, and **Terah Tessier** for their help and their vision for how HIEs could help with the COVID-19 relief response.

**Bill** explained that HSX collaborates with the healthcare community to make patient records of different providers, EHRs, and health plans available electronically. They ensure that the patient is connected to post-acute care, ambulatory care, specialists, hospital and emergency services, clinical integration, and health plans. Their network includes 12 million+ patients in the HSX Clinical Data Repository, 16,000+ physicians and other practitioners in the HSX Provider Directory, and 450+ participating organizations: hospitals, health plans, and other provider organizations.

**Bill** described HSX's population and health case studies, which included:

- Diabetes Prevention Collaboratives: Quality Improvement projects with ADA, Diabetes Prevention Programs with JCPH
- Matching Seniors with Benefit Programs: identifying patients eligible for PACE, SNAP, LIHEAP, and others
- Delaware Valley COVID-19 Registry: gaining insight into COVID-19 impact, progression, treatment

**Liz Scoles** thanked the HITAC for the opportunity to present and discussed how grants like the STAR HIE Program have allowed HSX to be an asset to the community via its new projects. She discussed ways in which HSX leveraged health IT strategies for Delaware Valley Public Health Agencies. The two main objectives of the STAR HIE Program are to build innovative HIE services benefiting public health agencies and to improve HIE services available to support communities disproportionately affected by COVID-19. She described the strategic activities that HSX partnered with local public health agencies to do, which included:

- New Opportunities for Data Exchange
  - Case Finding
  - Contact Tracing
  - Immunization Status
- Enhanced Data Use for Public Health
  - National Federated COVID Registry Network
  - OMOP Data Model





- Healthcare Activity Volume Dashboard
- Program Management & Governance
  - Oversight & Accountability
  - Resources
  - Communication & Coordination
  - Legal, Compliance
- New Data Connections Based on Public Health Priorities
  - Laboratory Feeds
  - Electronic Initial Case Reports (eICR)
  - County Health Clinics

**Liz** discussed how HSX has worked since the beginning of the pandemic to build new data connections to automate previously manual processes, improve reporting, and reduce burden on providers. HSX built a governance structure to last beyond the pandemic and created a steering committee to govern and guide policies. She explained that the new data connection initiatives included:

- Electronic lab reports (ELR)
- Electronic case reporting (eCR)
- Consolidated Clinical Document Architecture (C-CDAs)
- Others
  - County Health Clinics
  - State Public Health Labs
  - POC Test Results

**Liz** highlighted a list of all organizations that HSX has worked with since receiving the grant (either by participating, testing, agreed, pending, live, and/or in QA) to illustrate the new data connections. She described the example of how, before the pandemic began, ELRs were not actionable or going to the city of Philadelphia in a timely fashion, but, today, the ELR feed from HSX to Philadelphia is in production. She noted that slide number eight in the presentation listed the new data senders who are forwarding CCDs to HSX as part of other onboarding initiatives. It was slightly outdated but included several skilled nursing facilities, urgent cares, home health, primary care providers, and specialty care providers.

The eCR process was also depicted in the presentation (slide number nine), and **Liz** stated that it is currently a manual process via a module update within the provider EHR. She described how the eCR is generated from a provider following the input of a trigger. Then, the systems identify possible reporting conditions and automatically send the eCR XML to HSX, which then passes the information on to the APHL platform AIMS, where an algorithm determines if the condition is reportable. APHL AIMS sends the reportability response to the appropriate public health agencies (based on where the care was provided), to the patient's residence, and to HSX. Then, HSX shares that document back with the source facility. **Liz** gave an overview of the mechanisms for submission.

**Liz** stated that HSX was honored to receive the supplemental award to connect the state and local immunization registries. A screenshot of HSC's Immunization data repository was shown in the presentation (slide number 11), and she described their immunization priorities, which included:

- Push vaccination status into provider EHRs
- Priority rosters for public health agencies
- Monitor vaccine-related adverse events
- Data for vaccine effectiveness
- Racial disparities in vaccine administration





**Bill** added that the registries that are operating within HSX's jurisdiction are not necessarily sharing information consistently with one another, so in addition to being able to get that data into HSX for providers and payers to access, they also want to ensure that public health agencies have the data necessary to run the registries.

**Bill** provided an overview of the surveillance reports statistics HSX has generated to provide situational awareness to HSX's members and to fill gaps in reporting from local public health authorities. They included tracking of unique COVID-19 cases by day of first diagnosis and cumulative COVID-19 cases by day of initial diagnosis. He explained that HSX is translating data from these reports into a risk index that can be shared with local health departments for contact tracing purposes. Also, he discussed another surveillance report with a graph depicting changes in daily inpatient hospital admissions and discharges.

**Bill** discussed HSX's engagement with offices of emergency management through the creation and of a real-time dashboard showing hourly activity/volume in hospitals in the area. Several screenshots of the dashboard were included on slides 15-17 in the presentation. He noted that the dashboard would be useful for disaster management beyond COVID-19 relief efforts.

**Bill** described some of the challenges HSX encountered, which included:

- Properly coded data, reliance on vendors
- Delays in coded diagnoses
- Expanding public health access under HIPAA
- Tracking nursing home and other congregate living residents
- Non-traditional sites for testing, vaccination
- Priority for integration with IISs
- Persisting data from eCR

In conclusion, the presenters thanked the HITAC for the opportunity to present and invited members to submit questions and feedback.

#### Discussion:

- **Sheryl Turney** stated that she represents a payer and asked why the slide that depicted the sharing of information (slide number 9) only showed data moving to providers. She suggested that, due to interoperability rules that allow patients to request information from payers, data should be pushed to them, too.
  - **Phil Beckett** responded that they push Admission, Discharge, Transfer Notifications (ADTs) to health plans and are working to be able to send clinical data. He described their current situation, in which a literal copy of a clinical record, not a CCD, is exchanged.
  - **Bill Marella** added that most of HSX's payers receive encounter notifications through an automated process, and some receive raw ADT messages and raw CCDs in real-time, depending on their infrastructure.
  - **Liz Scoles** added that the data shared with health plans by HSX is filtered through an eligibility membership roster.
- **Clem McDonald** inquired if the HIEs collect data centrally from multiple sources, and, if they do, he asked about the message system used. Also, he asked if providers-at-large have access to the data or if it is limited to big hospitals/systems.
  - **Phil Beckett** responded that they receive HL7 V2 and V3 from several sources over an encrypted virtual private network (VPN) terminal. CCDs are shared via web services and, occasionally, with FHIR, which is a bidirectional interface. All data is integrated into the workflow and is made available for anyone who has a relationship with the patient.







- **Eric Heflin** stated that, from the perspective of the SANER Project, that is all based on new standards for gathering the hospital capacity information.
- **Bill Marella** shared that the majority of HSX's data also comes in through CCDs and HL7 V2. Additionally, they have dedicated lab feeds coming in through observation results (ORUs), and it is all standards-based.
- **Clem** noted that HL7 seems to be the standard most in use, despite FHIR's popularity.
- **Bill** responded that FHIR is primarily used to let people pull information from HSX's database.
- **Les Lenert** asked **Larry** how much additional funding would be needed to fund not just these demonstration projects but all HIEs that apply to the STAR Program. They would move beyond demonstration projects and, ideally, be able to help all HIEs across the country communicate between their jurisdictional immunization information systems (IIS) and HIEs.
  - **Larry Jessup** discussed the limits of federal funding but noted that the supplemental funding has demonstrated that, even with a limited amount of funding with input from the field they are capable of designing and rolling out a program based on the needs of public health agencies and the capabilities of HIEs.
  - **Les** asked how many applicants in the STAR program were not funded or remain unfunded and inquired about the immediate need for the HIEs who were not funded.
  - **Larry** responded they were not at liberty to discuss how many applicants were not funded. There might be additional funds in the second COVID-19 stimulus package.
  - **Aaron Miri** asked to table the discussion until more details could be provided.
  - **Denise Webb** suggested that foundations (outside of the government) could be given insight into the importance of the project and invited to contribute.
  - **Aaron** noted that he would add these suggestions to the Annual Report Workgroup agenda. He thanked the organizations and ONC for their work.
- **John Kansky** thanked the presenters for sharing their experiences and submitted several comments, which included:
  - One of the key learnings to come from the pandemic is the value of HIEs to public health. He explained that the HITAC will be holding a hearing at a future date related to HIEs and public health.
  - There are policy barriers encountered by HIEs, and he suggested that ONC could work on them.
  - There needs to be some nuance around the funding policy to work toward this vision of HIEs as state health data utilities supporting public health.
- **Micky Tripathi** discussed the scalability of this project and asked Eric to share his experiences working with data elements that do not reside in EHRs. Rather, they are contained in PeopleSoft, enterprise resource planning (ERP) systems, revenue cycle management (RCM) systems, and other locations. Have they considered using the EHR as a conduit for information from the other systems?
  - **Eric Heflin** responded that the collection of data from any applicable data source was fundamental to the design of SANER from the beginning. Adapters are used to capture all data from the organization, HIEs, and others, and the hospitals have provenance of the data collection.





- **Phil Beckett** added that a top goal is to reduce provider burden, so providers can easily submit reports that are checked using appropriate safeguards to prevent the transmission of errors.
- **Clem McDonald** submitted several comments, which included:
  - His experiences setting up an HIE in Indiana, including coding and cost challenges and the timeline.
    - The code mapping issues and associated costs are often the barrier, but these problems will be alleviated as the ONC Rules take hold.
  - HL7 V2 should continue to be used because it is working, but he also supports the use of FHIR.
  - **Eric Heflin** acknowledged **Clem's** concerns and explained that SANER has addressed them by focusing on a shared vocabulary. There is an opportunity to collaborate under HL7 to determine the important measures, vocabularies, and value sets.
  - **Phil Beckett** agreed that the codes are the main problem and suggested that there are private opportunities to map codes.

**Denise Webb** and **Aaron Miri** thanked the presenters, and the presenters thanked the HITAC for the opportunity to present to them.

## INTEROPERABILITY STANDARDS PRIORITIES

**Chris Muir**, Director, Standards Division, Office of Technology, and **Wanda Govan-Jenkins**, Nurse Informaticist, Office of Technology, discussed the launch of the Interoperability Standards Priorities (ISP) Task Force (ISP TF). The presenters introduced themselves and described their roles at ONC and in relation to the ISP TF.

**Chris** explained that the work of the ISP TF will meet the requirements of the 21<sup>st</sup> Century Cures Act, which states:

- “The National Coordinator shall periodically convene the HIT Advisory Committee to identify priority uses of health information technology...identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities...publish a report summarizing the findings of the analysis...and make appropriate recommendations...”
- “The HIT Advisory Committee, in collaboration with the National Institute for Standards and Technology, shall annually and through the use of public input, review and publish priorities for the use of health information technology, standards, and implementation specifications to support those priorities.”

**Wanda** stated that the ISP TF's charge is to identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications. The ISP TF shall:

- Identify opportunities to update the ISA “Interoperability Needs” sections to address the HITAC priority uses of health IT (including new priority uses of health IT if necessary)
- Recommend additional or modified “Interoperability Needs” sections for consideration in updates to the ISA, including related standards and implementation specifications

**Wanda** explained that the priority uses of health IT from the Fiscal Year 2019 (FY19) HITAC Annual Report included four domains:

- Cross Domain





- Orders & Results
- Closed Loop Referrals & Care Coordination
- Medication & Pharmacy Data

**Wanda** presented an overview of the potential timeline for the ISP TF's work in 2021, and it included the following objectives:

- February 2021
  - HITAC: ONC charges HITAC to convene ISP Task Force
  - ISP TF: ISP Task Force launches and begins meetings
- March 2021
  - HITAC: reviews ISP TF progress
  - ISP TF: reviews ISA and identifies opportunities to update the ISA "Interoperability Needs" sections to address HITAC priority uses of health IT
- April 2021
  - HITAC: reviews ISP TF progress
  - ISP TF: develops draft recommendations to add/modify the "Interoperability Needs" sections for considerations in updates to the ISA, including related standards implementation specifications. ISP Task Force considers public feedback in developing recommendations.
- May 2021
  - HITAC: reviews and approves recommendations
  - ISP TF: same work as April 2021
- June 2021
  - HITAC: reviews and approves recommendations
  - ISP TF: submits final recommendations to the HITAC for approval

**Wanda** directed HITAC members to slide number six in the presentation, on which ONC's Interoperability Standards Advisory (ISA): Annual Reference Edition Cycle was depicted. She briefly discussed ONC's and the HITAC's involvement in the yearly cycle of public comment, update, review, changes, publication of the current year reference edition, and ISP TF work.

#### Discussion:

- **Steven Lane** thanked the presenters and stressed the importance of ONC continuing the ISP TF's work. He explained that he and **Ken Kawamoto** chaired the TF in the past and valued the work but noted that he would no longer be available to be the ISP TF's co-chair due to his commitment to the USCDI TF.
- **Clem McDonald** suggested that there is overlap between the ISA and the USCDI and asked for clarification around the boundaries of their work. He stated that if the boundaries are not clarified, the result will be confusion and extra work, and he suggested that Medicare's coding system should be viewed as a model of success.
  - **Chris Muir** explained that the ISA is not regulatory and that there is no requirement that standards listed in it have to be used. He likened the ISA to a big catalog of standards available to policymakers or CMS that provides helpful information about each one, including implementation specifications. Conversely, when the USCDI is adopted by regulation, the standards in it become required.
  - **Clem** thanked him for the clarifications and suggested that the USCDI webpage be updated to reflect it.
  - **Chris** stated that the same platform is being used for both, leading to potential confusion.





- **Jonathan Nebeker** echoed **Clem's** comments and stated that regulatory issues make it difficult to advance and stick to standards and to focus healthcare systems and vendors on interoperability work. He stated that the previous administration did good work in this space but highlighted continuing opportunities and issues. Because the USCDI requires the free sharing of information, it might disincentivize participants from robustly advancing standards due to financial reasons/costs.
- **Ken Kawamoto** reinforced **Jonathan's** comments and suggested that the ISP TF could focus on items lower on the USCDI's list to determine the applicable standards as a way to mature the items. He discussed incentivization issues related to vendors ceasing to make money on something once it has been added to the USCDI due to the challenge of the cost recovery process. He worried that the current approach to standards advancement and implementation will result in the status quo remaining for five to ten more years.
  - **Aaron** asked **Ken** to clarify his statement about vendors "making money off of a standard."
  - **Ken** responded that the regulations for the USCDI say that one is not allowed to make a profit off of it and can only do cost recovery. This could result in vendors being incentivized to leave as many data classes/elements/information as possible in the non-USCDI bucket because they can actually charge for them.
  - **Steve Posnack** followed up on **Ken's** and **Jonathan's** comments and explained that ONC went to great lengths to ensure that health IT developers were able to recoup costs to encourage them to continue to change and update their technology. He discussed information blocking policies that included the opportunity for "reasonable profit" and explained that the cost prohibitions were not as they were represented.

**Lauren Richie** asked the members of the previous iteration of the ISP TF to confirm that they are interested in serving again. Also, anyone who is interested in serving as a co-chair should reach out to her. A kick-off date for the first meeting of the TF will be announced soon.

## PUBLIC COMMENT

**Lauren Richie** opened the meeting for public comment. There was one public comment submitted by phone:

**Shelly Spiro, Pharmacy HIT Collaborative:** Okay, thank you. 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 and accreditation in 13 associate members. A major focus of the Pharmacy HIT Collaborative is to ensure pharmacists in all practice settings – community health system, hospital, managed care, behavioral health, and long-term post-acute care – are integrated into the national health IT infrastructure. With the wide adoption of the Pharmacists' Electronic Care Plan effort using the FHIR standards, Pharmacy HIT Collaborative commented on USCDI Version 2 with additional data elements needed to be included in USCDI Version 2 to assure nontraditional EHR vendors are able to certify for interoperable exchange of clinical information. This includes pharmacy system vendors that are sharing over a million pharmacist-provided electronic care plans. Pharmacy HIT Collaborative is a steward of over 650 SNOMED CT codes and over 100 value sets within the National Library of Medicine's Value Set Authority Center to standardize the collection, documentation, and sharing of medication-related pharmacist-provided clinical services, with standards such as the Pharmacists' Electronic Care Plan. The Pharmacy HIT Collaborative made comments, including two new data points under the new class, for a payer coverage data point to be included and are being used within the Pharmacists' Electronic Care plan. Thank you.





## Discussion:

- **Steven Lane** responded to the public commenter from the Pharmacy HIT Collaborative and explained that he had not seen the comments on USCDI Version 2 that the commenter referenced. He asked if someone could send a link to the comments and asked ONC if the USCDI website could be updated to make the comments searchable by keyword, topic area, etc.
  - **Aaron Miri** thanked **Steven** for his suggestion, noting that they would look into a search function or way of coalescing the comments.

## Questions and Comments Received via Adobe Connect

**Lauren Richie:** Good Morning Everyone. We will get started shortly.

**Alexis Snyder:** I am here.. video option not working

**Carolyn Petersen:** I'm here too, but not on video.

**Cynthia Fisher:** Cynthia Fisher - I am here in attendance, not on video.

**Jim Pantelas:** I'm here as well. Just not on video.

**Clem McDonald:** I am here Clem- But not connected by voice yet

**Adi Gundlapalli (CDC):** Adi Gundlapalli From CDC here.. having not yet joined by phone. Thank you

**John Kansky:** John Kansky is hear. I'll figure out my audio

**Aaron Miri:** We got you John. Good luck with your audio interoperability [*sic*] challenges

**Alexis Snyder:** I'm here didn't [*sic*] get mute off on time....

**Robert Wah:** Beyond Valentine's wishes, Happy (Chinese) New Year to everyone as well!

**Jim Jirjis:** Jim Jirjis Just Joined

**Alexis Snyder:** Welcome Micky!

**Shannon Vogel:** Welcome and congratulations, Micky!

**Adi Gundlapalli (CDC):** Welcome Micky! Looking forward to working with you closely from CDC!

**Katherine Lusk:** Great experience to lead iinteroperability [*sic*] collaboration!

**Alexis Snyder:** Newton! I am around the corner in Brookline :)

**Micky Tripathi:** Thank you everyone! Sincerely look forward to working with each of you!

**Leslie Lenert MD:** Micky--congratulations and thanks

**Robert Wah:** Micky-Congrats and welcome (back) to ONC!

**Leslie Lenert MD:** so much to be done and you are clearly the person to make it happen





**Carolyn Petersen:** Yes, congratulations, Micky!

**Robert Wah:** Thanks to Carolyn and Aaron for leading this Annual Report work again!

**Aaron Miri:** Thank you Robert. And thank you to Dr. Brett Oliver . Always fantastic to have incredible physician / clinician feedback

**Steven Lane:** Go to <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi> to review and comment directly on the details of the Draft USCDI Version 2.

**Clem McDonald:** Hear Hear Michelle

**Steven Lane:** This is such an important and long overdue need. How quickly could we move a new standard into use via USCDI, HIT certification, CMS CoP, etc.?

**Aaron Miri:** Steven - great points. Or, alternatively, is there any ability to include using this as part of the PHE declaration?

**Clem McDonald:** Aaron said it better than I

**Aaron Miri:** Just sharing a quick read from the Pew Charitable Trusts that talks a bit about benefits of USPS address and other research on challenges in industry: <https://www.pewtrusts.org/en/research-and-analysis/articles/2020/12/01/federal-effort-aims-to-standardize-addresses-to-improve-patient-matching>

**Jim Pantelas:** Abby Sears – Wholey [*sic*] agree. First Nations, migrant workers, the homeless and the nomadic are all populations that could be further minimalized.

**Carolyn Petersen:** Also, we likely will see more mobility among the population as eviction prohibitions currently in place expire or are lifted.

**Steven Lane:** It is great that this is building on USPS standards. Let's not let perfect be the enemy of good and assure that this moves forward to a first iteration quickly.

**Micky Tripathi:** Thank you everyone for your insights!

**Aaron Miri:** Thank you @Larry Jessup for that fantastic landscape and background on a complicated and busy dimension of information exchange

**Eric Heflin (Texas Health Svcs):** Here link to the SANER project. We are actively seeking EMR vendor help in testing this new standard. <http://blog.hl7.org/topic/saner-project>

**Jeff Coughlin:** Is there a way for ONC to facilitate the sharing of this type of STAR HIE programmatic information? Even if participants only have interim/early results to share, this is the kind of info that the community wants to better understand and try to apply to their own local circumstances. Everything policy-related to COVID-19 is moving so quickly, it would be great to get this info out more broadly.

**Eric Heflin (Texas Health Svcs):** Jeff, I cannot speak for the ONC but the testing is being done publically [*sic*] at the IHE USA Connectathon in early March.

**Eric Heflin (Texas Health Svcs):** All are welcome to attend and participant and see the results, in detail, in real-time.

**Eric Heflin (Texas Health Svcs):** I'd also be happy to share any possible information on SANER. My direct contact info is eric <dot> heflin <at> THSA <dot> org.





**Eric Heflin (Texas Health Svcs):** I also wanted to welcome our new National Coordinator. Glad to have you in this role Dr. Tripathi!

**Jim Pantelas:** The charter for HIEs calls for the sharing of developed systems. Does that apply to these specialty systems/reactionary applications as well?

**Eric Heflin (Texas Health Svcs):** Jim, for the THSA effort, we are open sourcing the developed software!

**Jim Pantelas:** Wonderful. thanks.

**Eric Heflin (Texas Health Svcs):** Of course. I'm a huge advocate of open source. So happy to see us take this direction. I'm expecting we'll publish a public github (or similar) source code and other artifact repository.

**Eric Heflin (Texas Health Svcs):** If anyone is interested, here's a venue for our next testing of SANER/STAR HIE technologies: <https://www.iheusa.org/ihe-connectathon-overview>

**Jim Pantelas:** Just a thought - The re-authorization of PCORI was successful in 2019, but it was an uphill battle, and was not assured. PCORI's work to stand up PCORNet and the HIEs is not well known outside the HIT community, and certainly not on the Hill. I mention this as a longtime supporter of PCORI. Please feel free to say nice things about PCORI in whatever venue or opportunity you can.

**Aaron Miri:** Clem - Correct on version for FHIR. It's frustrating how many vendors don't *[sic]* even support FHIR yet which is a major issue when you go to try to implement eCR for example.

**Eric Heflin (Texas Health Svcs):** Aaron, one think *[sic]* we are looking at from the eCR perspective is supporting both FHIR, and eICR (C-CDA-like) formats. That allows providers to participant using older and newer standards.

**Clem McDonald:** Leslie is right on target. If we really want to get the US linked floating all of the boats to the same level would be great.

**Eric Heflin (Texas Health Svcs):** I personally think it's key to both support a direction for the future, to hopefully align *[sic]* as much as possible, while also supporting where organizations existing technologies and *[sic]* processes.

**Jeff Coughlin:** Even without additional federal/foundation funding, there may be small steps that HIEs can take to better address COVID-19--let's get the lessons learned/model practices from the STAR HIE program widely out there so we can continue making progress

**Eric Heflin (Texas Health Svcs):** Thank you for having us present, and esp. I want to thank the ONC for setting out this visionary *[sic]* goal!

**Lauren Richie:** To members of the public: To make a comment please call: 1-877-407-7192(once connected, press “\*1” to speak)

**Jonathan Nebeker:** Steve, Thanks or the clarification!

**Ken Kawamoto:** Thanks. Would love to get EHR vendor thoughts on this.

**Larry Jessup:** @Jeff Coughlin - excellent point and we have already begun brainstorming ways to share information from the STAR HIE Program more widely on a routine basis. We will be sure to keep this group informed.





**Ken Kawamoto:** I would also assume that most vendors would prefer to invest in areas that do not have any regulatory cap on cost-recovery/profit lifimits *[sic]*

**Jonathan Nebeker:** I also want to re-emphasize that the ONC team has done a terrific job and really advanced *[sic]* interoperability goals.

**Patrice Kuppe:** For US@ and USCDI once you decide on the data there should be efforts to update the standards so they can hold/move the data. Version changes to standards takes years. We need to improve that process.

**Steve P (ONC):** Ken, that generally exists today, the Content and Manner Exception on the information blocking side permits market negotiation first

**Sasha TerMaat:** @Ken, I agree with Steve's point, happy to discuss further, I'll email you.

**Ken Kawamoto:** Ok, thanks. If the vendors see no concerns, I'll withdraw my concerns.

**Al Taylor, ONC:** @Steven Lane ONC is currently working on a Search feature for data elements, data class, keywords, and others.

**Micky Tripathi:** Great meeting, thanks to everyone! And thanks Aaron and Denise for leading!

## FINAL REMARKS

**Lauren Richie** reminded members that the next meeting of the HITAC will take place on March 10, 2021.

**Denise Webb** thanked the attendees and reminded them that the USCDI TF meets weekly on Tuesdays, from 10:30 a.m. to noon, ET. **Aaron Miri** thanked everyone for listening and recognized frontline and provider organizations for their continued COVID-19 relief efforts and vaccination work. **Micky Tripathi** thanked the HITAC members for welcoming him and for the productive discussions.

## ADJOURN

The meeting was adjourned at 12:42 p.m. ET.

