HITAC Annual Report for Fiscal Year 2021
List of HITAC Members' Comments

The Annual Report Workgroup collected comments from HITAC members on the version of the draft annual report dated 1/19/22 and convened to propose solutions for each comment, as noted below.

Section	Subsection	Page	HITAC Member(s)	Original Language	HITAC Member Suggestion	Proposed Solution
Executive Summary						
Health IT Infrastructure Landscape	Target Area: Interoperability	4	Hans Buitendijk	"Moreover, interoperability remains fragmented, pointing to the need for better patient matching, closed-loop referrals to coordinate care, the exchange of social determinants of health (SDOH) data, and the exchange of information for research purposes."	Written Comment: "Suggest 'access and/or exchange' as always 'copying' is not the right answer for all purposes either (considering patient privacy/consent)." Revised as: "Moreover, interoperability remains fragmented, pointing to the need for better patient matching, closed-loop referrals to coordinate care, the exchange of social determinants of health (SDOH) data, and the access and exchange of information for research purposes."	Change was made.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	General	5	Hans Buitendijk	N/A	Written Comment: "For future discussion, opportunity is Record Completeness. How to achieve complete (within minimum necessary/etc.) record of a patient across data sources without compromising de-identified data/privacy when data cannot come together until after it starts to be aggregated across sources."	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY22 annual report.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Public Health Data Systems – Infrastructure	5	Hans Buitendijk	Gap: "Public health infrastructure does not allow clinical population reporting. Improvement of data quality, data standardization, and existing public health data systems is needed."	Written Comment: [Is this gap focused on data going] "back to the community or into public health? It sounds like the gap is that there is no reporting into public health, but is this meant to focus on "bulk data" vs. individual operational data reporting streams (eCR, ELR, syndromic surveillance, immunization, vital statistics, etc.)?" Revised as:	Change was made in the table. Bidirectional flow of data is already addressed in the text of the gap analysis for this topic.

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					"Public health infrastructure does not allow bidirectional clinical population reporting. Improvement of data quality, data standardization, and existing public health data systems is needed."	
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Public Health Data Systems – Infrastructure	5	John Kansky	N/A	Written Comment: "Background: The principle behind my proposed edit(s) is that there is general agreement that there are inadequacies in the US public health data infrastructure, but there are multiple ideas about the basic assumptions of how that infrastructure should be approached. HITAC should help explore the options and help inform stakeholding agencies with, at least, education and possibly recommendations. "Multiple approaches: Over-simplification here, but there's at least 3 basic approaches: • Option 1: The CDC/federal government could create a top-down infrastructure (please, no!) • Option 2: The existing nationwide infrastructure of installed EHRs should be the basis of nationwide public health reporting. • Option 3: Statewide "health data utilities" (e.g. HIEs) that serve as aggregators of data from EHRs should exist in each state and be the basis of nationwide PH reporting."	No change was made. Rationale: This comment is informational only. The Annual Report Workgroup noted that they view the three approaches listed as inter-related rather than as discrete options.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Public Health Data Systems – Infrastructure	5, 42	John Kansky	N/A	Additional opportunities proposed by John: • "Help relevant federal agencies (e.g., the Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS)) by exploring and sharing findings on approaches to achieving national public health reporting." • "Improve bidirectional interoperability between public health reporting systems	Changes were made.

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					and HIEs. For example, public health data systems could leverage existing or potential data flows from EHRs to HIEs (e.g., testing, hospitalization data) for surveillance, to populate/enhance registries, and to share data, such as vaccination status, back to providers via the HIE."	
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Public Health Data Systems – Infrastructure	5, 43	John Kansky	N/A	Additional recommended HITAC activity proposed by John: "Explore different approaches being considered for the national public health data infrastructure (e.g., federal top-down, leveraging EHRs, leveraging HIEs) and share findings with CDC and CMS." Revised as: "Explore collaborative ~~different~~ approaches being considered for the national public health data infrastructure (e.g., ~~federal top-down~~, leveraging EHRs, ~~leveraging~~ HIEs, and other technology providers) and share the findings with the CDC and CMS."	Change was made with modifications to the proposed text. Rationale: The Annual Report Workgroup noted that they view the three approaches listed as inter-related rather than as discrete options.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Public Health Data Systems – Infrastructure	5, 43	Hans Buitendijk	Recommended HITAC Activity: "Provide guidance for operationalizing standards for and addressing implementation variation of public health data exchange."	Revision proposed by Hans: "Provide guidance for operationalizing standards for and addressing implementation variation of public health data access and exchange."	Change was made.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Public Health Data Systems – Infrastructure	5, 43	Steve Eichner	Recommended HITAC Activity: "Provide guidance for operationalizing standards for and addressing implementation variation of public health data exchange."	Spoken Comment: The recommendations should look at policy changes in addition to infrastructure issues to improve exchange between providers and public health. For instance, data collected by providers is shared with public health and is then reshared by public health agencies that may or may not be covered by HIPAA. Revised as:	Changes were made.

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					"Provide guidance for policies and for operationalizing standards ~~for and~~ to address~~ing~~ implementation variation of public health data access and exchange."	
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Public Health Data Systems – Infrastructure	5, 43	Clem McDonald	Recommended HITAC Activity: "Convene a listening session to better understand barriers to sharing minimum necessary datasets with public health authorities."	Spoken Comment: Expressed concern about the focus on minimum necessary as what constitutes the minimum necessary can be tricky to determine for public health. In addition, it can lead to all free text information being excluded which may omit important public health information. Revised as: "Convene a listening session to better understand barriers to sharing clinical ~~minimum necessary~~ datasets with public health authorities in a compliant manner, e.g., minimum necessary under HIPAA."	Changes were made.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Public Health Data Systems – Incentives and Funding	5, 43	Hans Buitendijk	Opportunity: "Reduce siloes in data exchange by exploring the roles of HIEs in promoting the interoperability of public health and clinical data systems."	Written Comment: "Is it clear enough these include any networks (national, virtual, etc.) not just traditional, geographically focused HIEs?" Revised as: "Reduce siloes in data exchange by exploring the roles of HIEs, networks, frameworks, and other health data utilities in promoting the interoperability of public health and clinical data systems."	Change was made.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Electronic Laboratory Reporting (ELR)	6	Hans Buitendijk	Opportunity: "Improve the use of terminology standards in electronic laboratory reporting."	Written Comment: "There seem to be three areas of inconsistency where the terminology appears to be the least variant (other than which tests are reportable, less variations in the codes for the same test). There are variations in use of HL7 v2 syntax. Increased alignment on federal standard to start, but then deviations in already common data, or (as COVID reporting identified) varying approaches for additional data that should not be part of ELR, or where it should or could be done the same by all."	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY22 annual report.

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Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Information Exchange to Facilitate Care and Monitoring of Patients with Long COVID	6, 45	Clem McDonald	Recommended HITAC Activity: "Explore the data needs and existing programs for documenting Long COVID cases among patients and populations, including standards, registries, and electronic patient-reported outcomes (ePROs)."	Spoken Comment: Long COVID is not a technical issue. Medicare has noted that definitions are a challenge. There may not be a big difference between long COVID and long influenza for health IT. Revised as: "Explore whether there are ~~the~~ existing programs and data needs for documenting Long COVID cases among patients and populations, including standards, registries, and electronic patient-reported outcomes (ePROs)."	Changes were made.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Public Health Topic: Information Exchange to Facilitate Care and Monitoring of Patients with Long COVID	6	Hans Buitendijk	Opportunity: "Improve clinical documentation standards for patients with Long COVID and as a blueprint for other conditions."	Written Comment: "Would be good topic to understand whether this is a new flavor of Electronic Initial Case Report (eICR) or investigative queries or something new."	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY22 annual report.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Interoperability Topic: Patient Matching	6, 45-46	Arien Malec	Recommended HITAC Activity: "Define a core standard set of data elements to support patient matching across health care and public health data systems, including demographic information."	Spoken Comment: USCDI and Project US@ establish a core standard set of data elements to support patient matching. The recommendation could be tailored to address the governance for data collection at registration and other workflows where patient information is collected. Revised as: "Define best practices at registration and other relevant collection points to improve the data quality of the ~~a~~ core standard set of data elements defined in the USCDI and Project US@ to support patient matching across health care and public health data systems, including demographic information."	Changes were made.

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Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Interoperability Topic: Information Blocking	6, 46	Hans Buitendijk	N/A	Written Comment: "Should there be a summary reference in this table to the focus on USCDI/USCDI+/EHI/ePHI as a key area of interop standards focus to grow into?" Revised as: "Convene a listening session to assess the establishment of measures of the impact of the information blocking requirements of the ONC Cures Act Final Rule (including the transition from USCDI to the full scope of electronic health information) across the industry in conjunction with ONC's measurement efforts."	Change was made.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Interoperability Topic: Increased Health Equity across Populations, Locations, and Situations – Data Collection	7	Hans Buitendijk	N/A	Written Comment: "Should Health Equity be a topic on its own as it involves what data is best captured where, where is it needed, and how do we share it. Only the latter is interoperability, the others are agreement on what data. "	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY22 annual report.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Interoperability Topic: Interoperability Standards Priority Uses – Closed Loop Referrals	7	Hans Buitendijk	N/A	Written Comment: "Should this be more general around integrated clinical and administrative workflows such as closed loop referral, ePrior Auth and Cost Transparency/ Good Faith Estimates (GFE) as big use cases where it all flows together?"	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY22 annual report.

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Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Privacy and Security Topic: Alignment of Innovation and Regulation of Privacy and Security of Data	7	Hans Buitendijk	N/A	Written Comment: "Do we need to consider privacy and consent directives to support that at a national level? There are various initiatives in flight, the recent LEAP funding, state initiatives that would be good to understand and provide input on how/where to focus to truly align beyond 'data segmentation flag standards.' "	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY22 annual report.
Health IT Infrastructure Gaps, Opportunities and Recommendations Table	Target Area: Patient Access to Information	7	Steve Eichner	N/A	Written Comment: "There is not as much attention to the role(s) of individual patients/people as there might be, especially in managing and understanding who has access to their data and in what circumstances. I think there needs to be greater accountability on where, to whom, and why, an individual's information is released. I think there are a variety of policy levers that can be used to achieve that goal, some of which also would have significant (positive) impacts on supporting research."	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY22 annual report.
Illustrative Stories	Target Area: Public Health	9, 42	Steve Eichner	Excerpt: "….In the past, the agency has encountered clinicians who were hesitant to send their patients' medical records to an outside entity. A new federal educational initiative has helped clinicians understand that public health entities do not need a patient's entire medical record to perform their duties, only discrete information like vaccination data, ethnicity, and hospitalization status…."	Written Comment: "The story on public health and flu investigations is a little unclear as to what technology changes impacted access. It looks like it was more of an understanding of HIPAA and public health disclosure that is relevant. Currently, HIPAA regulations and supporting policy (out of OCR, I think) specify that public health can determine what data is needed and that providers may rely on that specification." Revised as: "In the past, the agency has encountered clinicians who were hesitant to send their patients' medical records to an outside entity. However, clinical datasets have become better defined and bidirectional exchange has improved. A new federal educational initiative has helped clinicians understand that public health entities do not need a patient's entire	Change was made. Rationale: Mentions of key technology changes were added.

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					medical record to perform their duties, only discrete information like vaccination data, ethnicity, and hospitalization status."	
Illustrative Stories	Target Area: Public Health	9, 42	Steve Eichner	N/A	Written Comment: "I think there are a wealth of other examples that can better demonstrate how technology and interoperability standards have impacted public health, demonstrating that further refinement/improvements can have additional impacts."	No change was made. Rationale: This suggestion has been placed on the list of potential topics for consideration for the FY22 annual report.
Foreword						
None						
Overview						
ONC Benchmarks in FY21-FY22	FY22 Benchmarks for the Information Blocking area of the Exchange Activity	12	Hans Buitendijk		Written Comment: "Curious as to why additions to C-CDA guidance were not included. Under Public Health the CDC/APHL efforts to get eCR off the ground practically has enabled a strong foundation for more rapid sharing of relevant data."	ONC will consider this suggestion for the future.
ONC Benchmarks in FY21-FY22	FY22 Benchmarks for the Information Blocking area of the Exchange Activity	12	Hans Buitendijk	• From April 5, 2021, to October 6, 2022, the definition of information blocking is limited to the EHI that is also represented in the USCDI • On and after October 6, 2022, the definition of EHI is no longer limited to the elements represented in the USCDI. EHI means electronic protected health information (ePHI) to the extent that the ePHI would be included in a designated record set as these terms are defined for HIPAA.	Revisions proposed by Hans: • From April 5, 2021, to October 6, 2022, the definition of information blocking is limited to the EHI that is also represented in the USCDI version 1. • On and after October 6, 2022, the definition of EHI is no longer limited to the elements represented in the USCDI version 1. EHI means electronic protected health information (ePHI) to the extent that the ePHI would be included in a designated record set as these terms are defined for HIPAA.	Changes were made.
Progress Report						
None						

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Landscape Analysis						
None						
Gap Analysis						
None						
Opportunities and Recommendations						
See comments above						
Suggestions/Conclusion						
None						
Appendices						
None						
Misc.						
None						

Key for Proposed Solutions:

	The Annual Report Workgroup recommends accepting the change.
	The Annual Report Workgroup does not recommend accepting the change at this time.