

Health Information Technology Advisory Committee (HITAC)

VIRTUAL

Meeting Notes | March 9, 2023, 10 AM – 12:15 PM ET

EXECUTIVE SUMMARY

Steve Posnack, the Deputy National Coordinator for Health IT, Office of National Coordinator (ONC), welcomed everyone to the March 9, 2023, virtual meeting of the HITAC and provided an overview of ONC's recent program updates. The Co-Chairs of the HITAC, **Medell Briggs-Malonson** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, and presented the minutes from the February 8, 2023, HITAC meeting, which were approved by voice vote. **Sarah DeSilvey** and **Naresh Sundar Rajan**, Interoperability Standards Workgroup (IS WG) Co-Chairs, presented an IS WG update. **Brett Andriesen**, Infrastructure Branch Chief, ONC; **Holly Miller**, Chief Medical Officer, MedAllies; **Vassil Peytchev**, Lead Technical Advisor, Epic; and **Ben Rosen**, Clinical Success Manager, Netsmart, presented an overview and update on the 360X Closed-Loop Transitions of Care. **John Rancourt**, Director of Interoperability Division, ONC, presented a Trusted Exchange Framework and Common Agreement (TEFCA) update. **Mark Knee**, Deputy Director of Interoperability Division, ONC, presented on the Social Determinants of Health (SDOH) Information Exchange Toolkit & Learning Forum. HITAC members held discussion sessions following each presentation. There was a robust discussion in the Zoom chat.

AGENDA

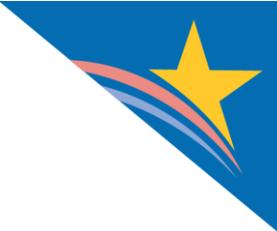
10:00 AM	Call to Order/Roll Call
10:05 AM	Welcome Remarks
10:15 AM	Opening Remarks, Review of Agenda and February 8, 2023, Meeting Notes - HITAC Vote
10:20 AM	Interoperability Standards Workgroup Update
10:40 AM	360X Closed-Loop Transitions of Care
11:20 AM	TEFCA Update
11:40 AM	Social Determinants of Health (SDOH) Information Exchange Toolkit & Learning Forum
12:05 PM	Public Comment
12:15 PM	Final Remarks and Adjourn

CALL TO ORDER/ROLL CALL

Mike Berry, Designated Federal Officer, ONC, called the March 9, 2023, meeting to order at 10:03 AM and welcomed ONC's executive leadership team.

ROLL CALL

Medell Briggs-Malonson, UCLA Health, Co-Chair
Aaron Miri, Baptist Health, Co-Chair



Shila Blend, North Dakota Health Information Network
Hans Buitendijk, Oracle Health
Sarah DeSilvey, Larner College of Medicine, University of Vermont
Steven (Ike) Eichner, Texas Department of State Health Services
Lisa Frey, St. Elizabeth Healthcare
Hannah Galvin, Cambridge Health Alliance
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Valerie Grey, State University of New York
Jim Jirjis, HCA Healthcare
Bryant Thomas Karras, Washington State Department of Health
Steven Lane, Health Gorilla
Hung S. Luu, Children's Health
Arien Malec, Individual
Anna McCollister, Individual
Clem McDonald, National Library of Medicine
Deven McGraw, Invitae Corporation
Eliel Oliveira, Dell Medical School, University of Texas at Austin
Kikelomo Adedayo Oshunkentan, Pegasystems
Naresh Sundar Rajan, CyncHealth
Alexis Snyder, Individual
Fillipe Southerland, Yardi Systems, Inc.
Sheryl Turney, Elevance Health

HITAC MEMBERS NOT IN ATTENDANCE

Cynthia A. Fisher, PatientRightsAdvocate.org
Steven Hester, Norton Healthcare
Kensaku (Ken) Kawamoto, University of Utah Health
Aaron Neinstein, UCSF Health

FEDERAL REPRESENTATIVES

Thomas Cantilina, Military Health System, Department of Defense (DoD) (*Absent*)
Adi V. Gundlapalli, Centers for Disease Control and Prevention (CDC)
Aloka Chakravarty, Food and Drug Administration (FDA) (*attending on behalf of Ram Iyer*)
Meg Marshall, Department of Veterans Affairs
Michelle Schreiber, Centers for Medicare and Medicaid Services
Ram Sriram, National Institute of Standards and Technology
Nara Um, Federal Electronic Health Record Modernization (FEHRM) Office (*Absent*)

ONC STAFF

Steve Posnack, Deputy National Coordinator for Health Information Technology
Elise Sweeney Anthony, Executive Director, Office of Policy
Avinash Shanbhag, Executive Director, Office of Technology
Mike Berry, Designated Federal Officer
Brett Andriesen, Infrastructure Branch Chief, Office of Technology
John Rancourt, Director, Interoperability Division, Office of Policy
Mark Knee, Deputy Director, Interoperability Division, Office of Policy

WELCOME REMARKS



Steve Posnack, the Deputy National Coordinator for Health IT, welcomed everyone and provided an overview of ONC's recent program updates, including:

- The U.S. Department of Health and Human Services (HHS) hosted a TEFCA event on February 13th where HHS Secretary Becerra recognized the first six applicant organizations that were approved for onboarding as a Qualifying Health Information Network (QHIN).
- ONC published an SDOH Information Exchange Toolkit. This Toolkit is a practical resource designed to aid the health IT community in the implementation of SDOH related initiatives.
- ONC announced a public comment period for the 2023 Standards Version Advancement Process (SVAP). This comment period is open until May 22nd; further information is available on [HealthIT.gov](https://www.healthit.gov).
- ONC will host an upcoming ONC Health IT certification Program Roundtable on March 22nd from 12-1:30ET. Learn more on the events page at [HealthIT.gov](https://www.healthit.gov).
- Upcoming Sync for Genes webinar on May 25th from 2-3 PM ET. In this event, individuals will learn about Health Level Seven (HL7) and Fast Healthcare Interoperability Resources (FHIR) testing as it relates to the genomics pipeline. Learn more on the events page at [HealthIT.gov](https://www.healthit.gov).
- A Federal Register Notice regarding the Office of Management and Budget's (OMB) updates to race and ethnicity statistical standards has been released. Input is sought on revisions to OMB's statistical standards for collecting and reporting race and ethnicity data. Comments are due by April 12th; visit the Federal Interagency Technical Working Group on Race and Ethnicity Standards (Working Group) website to read the notice and learn how to engage/provide feedback.

Opening Remarks, Review of Agenda and February 8, 2023, Meeting Notes – HITAC Vote

Medell Briggs-Malonson and **Aaron Miri**, HITAC Co-Chairs, welcomed HITAC members.

Aaron Miri reviewed the meeting agenda. **Medell** called for a motion to approve the minutes from the February 8, 2023, HITAC meeting. **Hans Buitendijk** motioned to approve the minutes. This motion was seconded by **Deven McGraw**.

The HITAC approved the February 8, 2023, meeting minutes by voice vote. No members abstained, and no members opposed.

Interoperability Standards Workgroup Update

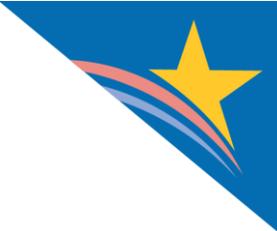
Sarah DeSilvey and **Naresh Sundar Rajan**, IS WG Co-Chairs, presented an [IS WG update](#).

Sarah reviewed IS WG membership and **Naresh** reviewed the IS WG charge.

The IS WG Charge:

- Overarching charge: Review and provide recommendations on the Draft USCDI v4.
- Specific charge:

Evaluate Draft USCDI v4 and provide HITAC with recommendations for:

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- a. New data classes and elements from Draft USCDI v4.
 - b. Level 2 data classes and elements not included in Draft USCDI v4.

Recommendations are due to the HITAC by April 12, 2023.

Sarah also presented a status update on the WG's review of draft USCDI v4 and Level 2 data classes. The WG is on target to complete its charge by April 12, 2023.

Discussion:

No questions were submitted by HITAC members.

360X Closed-Loop Transitions of Care

Brett Andriesen, Infrastructure Branch Chief, ONC; **Holly Miller**, Chief Medical Officer, MedAllies; **Vassil Peytchev**, Lead Technical Advisor, Epic; and **Ben Rosen**, Clinical Success Manager, Netsmart, presented an overview and update on the [360X Closed-Loop Transitions of Care](#).

Brett introduced 360X and provided background information on its launch. **Holly** presented on 360X's use in a clinical setting, its active participants, and use cases. In a clinical setting, 360X can provide real-time status information and exchange information in a closed-loop referral. Active participants are comprised primarily of electronic health record (EHR) and health information technology vendors. Engagement and adoption by these participants with ambulatory, acute, and Long-Term and Post-Acute Care (LTPAC) EHR offerings ensure that 360X can be implemented across a spectrum of care. 360X is demonstrated annually at HIMSS to ensure its specifications and goals are accomplished. **Vassil** presented on the status of 360X Integrating Healthcare Enterprise (IHE) profile use cases. The following stages are involved in the development of IHE profiles: approval to become an IHE profile, development processes, public comment, trial implementation, real-life implementation, and publication. **Vassil** then presented a technical overview of 360X, including workflow requirements. **Ben** presented on 360X pilots in progress with Epic and Netsmart vendors. Pilots are anticipated to go live by the second quarter of 2023.

Discussion:

- **Steven Lane** noted most settings within HHS have transitioned to using USCDI. Do future 360X updates intend to implement USCDI standards?
 - **Vassil** explained that 360X does not directly reference the common data set. 360X references C-CDA specifications and associated guidance on how to use C-CDA. At this point, there is clear guidance on how C-CDA satisfies USCDI.
- **Steven (Ike) Eichner** inquired about the referral flow from behavioral to primary healthcare providers.
 - **Vassil** explained that referrals are initiated by a primary care provider or specialist in Epic and received by a behavioral health system. After a behavioral health system visit, with the patient's consent, a visit summary is sent to the primary care provider.
 - **Holly** noted that both primary care and behavioral health organizations are engaged in pilots. She then discussed 360X's interest in referrals flowing from the behavioral health organization to the primary care organization. This is due to the observation that many patients being seen frequently in behavioral health systems are not receiving primary care.
- **Medell Briggs-Malonson** elevated questions from the chat. How are referrals currently handled, especially to outsourced care? When care providers are within the home, how are current standards being looked upon?



- **Vassil** noted that 360X has not discussed applications between healthcare organizations and individuals providing care at home.
- **Medell** asked how HITAC members can engage in 360X.
 - **Vassil** noted contact information is available on their last presentation slide. 360X hosts public meetings weekly on Fridays at 10:30 AM ET.
- **Medell** elevated a question from the chat: What non-clinical information is transmitted through 360X, for example, price transparency requirements mandated in 2022?
 - **Vassil** noted there is a proposal in progress to include insurance information in 360X. This proposal focuses on providing the ability to distinguish one insurance from another. 360X includes other administrative information, such as diagnostic codes not specific to billing. **Vassil** noted that ambulatory clinical referrals are focused on consultations. Other integrations may take billing into account.
 - **Holly** noted 360X's intention to include the timeframe of referral requests.
- **Medell** inquired if 360X is engaged with findhelp or other Community-Based Organizations (CBOs).
 - Brett and Holly have engaged in discussions with SDOH hub organizations, such as Aunt Bertha and Unite Us.
- **Medell** inquired about 360X's applicability if participants are not utilizing 360X as an EHR.
 - The 360X team explained that 360X is vendor agnostic across different vendor systems.
- **Bryant Thomas Karras** asked if other long-term care organizations, such as PointClickCare, were invited to participate.
 - **Brett** explained that multiple long-term care organizations have been invited to participate.
- **Steven** inquired how 360X will evolve in terms of the transport mechanism.
 - **Vassil** explained that 360X plans to incorporate FHIR and other standards as they become well-developed.
 - **Hans** noted there have been standards discussions to ensure alignment between 360X and FHIR to ensure that data is going to be consistently expressed.
- **Alexis Snyder** discussed the importance of adding value to the end user patient and caregiver experience. She also explained how the exchange of data can affect patient safety and poor health outcomes. **Alexis** recommended the expansion of use cases to explore patient voices and stories.
 - **Medell** agreed with **Alexis** and discussed the importance of transparency between patients, primary care providers, and the care team.
- **Medell** suggested additional use cases for higher levels of care and bi-directional referrals for social drivers of health.
- **Rajesh Godavarthi** has been exploring home health electronic medical records (EMRs) to capture documentation and share it with other entities. **Rajesh** noted the opportunity for 360X to engage with his vendor and WellSky.
- **Bryant Thomas Karris** suggested extending the FHIR use case for increased interoperability and adding a use case for bed availability in treatment programs.
- A member of the public asked (via Zoom Webinar chat) if 360X has the ability to vet referral services.
 - **Holly** noted it this functionality is out of scope for 360X.



TEFCA Update

John Rancourt, Director of Interoperability Division, ONC, presented a [TEFCA update](#). **John** discussed the February 13th TEFCA event at HHS, current US health IT gaps, the 21st century CURES Act, and provided an overview of TEFCA. During the TEFCA event, the first six applicant QHINs were approved for onboarding. **John** reviewed federal support for TEFCA and thanked key organizations, ONC leadership, and HITAC members for their ongoing support. At this event, leadership agreed to a TEFCA go-live timeline by the end of 2023.

John reviewed a timeline for TEFCA operationalization and explained that a process remains for the selected applicant organizations to be designated as QHINs. TEFCA is still accepting applications for QHIN classification. In addition, ongoing public engagement opportunities are scheduled throughout the operationalization of TEFCA.

John reviewed the public health exchange purpose Implementation Standard Operating Procedure (SOP). He then reviewed TEFCA engagement activities with CMS.

Discussion:

- **Deven McGraw** inquired about which use cases the QHINs will be required to implement by the end of 2023. **Deven** also asked about the HITAC's role in providing TEFCA input.
 - **John** explained that implementation of exchange purposes will be required by QHINs. Exchange purposes are detailed within the common agreement, available online, with definitions, and determination of which exchange purposes are authorized and intended for QHIN use. TEFCA welcomes feedback from the HITAC and is willing to engage in future HITAC meetings.
- **Sheryl Turney** noted that she has not received the Recognized Coordinating Entity (RCE) and Sequoia emails with TEFCA updates although she has registered to receive them. **Sheryl** also suggested that the RCE publish comments received publicly.
 - **John** explained that SOP and RCE comments are published online. The comment review process is discussed via monthly calls. HITAC members are welcome to attend these calls.
- **Steven (Ike) Eichner** explained the need to develop connectivity with both TEFCA and other entities regarding public health operations and funding opportunities. **Ike** suggested that public health and state/sovereign representation is adequate in these discussions.
 - **John** agreed with **Ike's** comments and noted the common agreement operates within common law and takes into account state and sovereign entity jurisdictions.
 - **Bryant Thomas Karris** agreed with **Ike** and noted a continued process is needed to ensure that sovereign territories, beyond states, are considered. **Bryant** also discussed the potential benefits of TEFCA had it been available during the start of the COVID-19 pandemic.

Social Determinants of Health (SDOH) Information Exchange Toolkit & Learning Forum

Mark Knee, Deputy Director of Interoperability Division, ONC, presented on the [SDOH Information Exchange Toolkit & Learning Forum](#). **Mark** discussed the importance of addressing social needs and their intersection with the HHS SDOH Action Plan and ONC's mission. As part of the approach to support the interoperability of SDOH data, ONC has developed an SDOH Information Exchange Toolkit and is convening a Learning Forum.



The SDOH Information Exchange Toolkit was developed with the support of EMI Advisors and a panel of technical experts from the federal and non-federal landscape. The Toolkit is intended to act as a practical guide that enables implementers of SDOH information exchange to learn the current landscape and identify key considerations through foundational elements. **Mark** reviewed the Toolkit's foundational elements and noted that governance is seen throughout all the elements. To engage in discussion related to the foundational elements, ONC has launched a webinar series. Phase two of the webinar series kicked off in February 2023. **Mark** reviewed insights from the learning forum series.

Discussion:

- **Eliei Oliveira** noted key challenges in navigating legal areas and seeking legal guidance in healthcare. His organization has utilized CMS's news releases and legal clarifications. **Eliei** inquired about future legal guidance resources to be published for healthcare organizations.
 - **Mark** explained that the learning forum is designed to bring awareness of foundational elements and discuss specific use cases, such as legal use cases related to HIPAA. **Mark** noted that ONC can direct individuals to the correct federal agencies relating to legal topics.
- **Hannah Galvin** noted the importance of the Toolkit and highlighted the potential stigmatization due to SDOH data. She then explained the need to protect patient privacy in SDOH data information exchange as it can be misused. There are risks to patient privacy as revenue opportunities increase, and payers are asked for this data. **Hannah** suggested that policy implications be discussed around sharing data at a broad scale.
 - **Mark** agreed with **Hannah's** comments and aligned with highlighting best use data sharing practices and guardrails.
- **Medell Briggs-Malonson** noted the importance of this topic.

PUBLIC COMMENT

Mike Berry opened the meeting for public comments.

QUESTIONS AND COMMENTS RECEIVED VERBALLY

No public comments were received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the March HITAC meeting. We will be starting soon. Please remember to tag "Everyone" when using Zoom chat so that we all can see your message. Thank you!

Jim Jirjis: Wish all creatures had their place. The large numbers of species going extinct is a sad reality

Jim Jirjis: Spring break time?

Jim Jirjis: Perhaps the light attendance is from that?

Aloka Chakravarty: I am attending on behalf of Ram Iyer, FDA

Avinash Shanbhag: A correction. The webinar on Genomic data exchange will be on May 25th and not in March. Please see the link below to register: <https://www.healthit.gov/news/events/sink-your-teeth-sync-genes>

Steven Lane: Is there an opportunity to update the standard from the old Common Clinical Data Set to a version of USCDI?



Wendy Noboa: Hello, just a reminder to please share your comments and questions in the "Everyone" chat.

Rajesh Godavarthi: +1 (Steven)

Medell K. Briggs-Malonson: Is there a probabilistic matching algorithm to ensure it is the right patient? This will be very important when referring to providers in different networks or organizations.

Steven Lane: @Medell, I believe that patient matching is managed by the standard matching functionality of the system receiving the Direct message containing the referral information.

Medell K. Briggs-Malonson: @Steven, yes I realized they answered that question as I was sending the question.

Peter Benziger: What non-clinical, administrative information is transmitted? Thinking specifically of using this to meet Price Transparency Requirements that were mandated in 2022 (then delayed to TBD timeframe) in the state of Mass. Great work!

Kathleen Heneghan: Do patients and caregivers receive a copy of what is being sent so they can check for accuracy and continue to be engaged and serve as their own advocate.

Alexis Snyder: That would be amazing Kathleen but guessing no

Alexis Snyder: What about referrals to outsourced care and home providers such as palliative care and hospice

Bronwen Huron: How do we let this group know we are interested in participating?

Hannah K. Galvin: As you work on SDoH, has Aunt Bertha/Find Help been engaged? Many healthcare organizations make referrals to community based organizations through this vendor, but remains difficult to receive closed loop information.

Kikelomo (Dayo) Oshunkentan: @Vassil - you mentioned that the originator (referring MD) is in the EPIC system. In other words, what happens if they are not utilizing EPIC as their EHR? I also saw Meditech listed as a vendor? What about independent physician groups?

Vaishali Patel: This is so exciting--this group has been working on this for many years, and it is great to see the work bearing fruit, and expanding across more use cases!

Kikelomo (Dayo) Oshunkentan: That's wonderful, thank you!

Fil Southerland: Yardi Systems, Inc has 360X in development for LTPAC as well. We are working with Kno2 as a facilitator.

Bryant T Karras: Yes please get 360x to FHIR asap!

Hans Buitendijk: There are activities in flight in HL7 to align the 360X and FHIR based referral/orders approaches to ensure payload (the actual data) is able to be consistently exchanged. SDOH, Bidirectional Referrals, 360X and others are part of that.

Steven Lane: +1 to incorporating Price Transparency into the 360X workflow so that referring providers and patients could be informed of price implications associated with referrals and the choice between providers to suggest for a given service.

Susan Clark: 🙌+1 Alexis



Kikelomo (Dayo) Oshunkentan: @Alexis: +1

Alexis Snyder: Yes-Transparency is needed!!

Alexis Snyder: Transparency also helps prevent errors

Kathleen Heneghan: How do practitioners know the actual services the site is accredited or has experience to provide that care.

Kikelomo (Dayo) Oshunkentan: @Medell: Absolutely agree. It also provides accountability because you have the name of the referring/receiving MDs which will establish a point of contact.

Susan Clark: @Kathleen - very important question to be asked.

Kikelomo (Dayo) Oshunkentan: Thank you!

Bryant T Karras: We need that nationwide provider directory

Brett Andriesen: Thank you all for your questions and insights!

Holly Miller: Thank you for this opportunity to update you on 360X!

Susan Clark: +1 Dr Karras

Medell K. Briggs-Malonson: Congrats to the new QHINs!

Eliel Oliveira: 🙌

Deven McGraw: What are the use cases required for the end of 2023 go live commitment?

Sarah DeSilvey: Sincere congratulations to all!

Alexis Snyder: Did you invite patients and caregivers for public engagement?

Sheryl Turney: I think the RCE needs to post to the stakeholders that have signed up for updates requests for participation as it begins work on each aspect of expanding the SOPs. I have registered early for updates and have seen nothing asking for participation on this.

Sheryl Turney: One of the issues we have identified with providing comments to the RCE on the TEFCA SOPs is that we don't see how these comments were addressed or considered when updates to the SOPs come out. We would recommend a process more similar to Davinci where all comments are listed and addressed.

Sheryl Turney: thank you JOhn and I am on those calls and will definitely participate in future.

Deven McGraw: Mark, that looks like the feedback that was provided to the RCE - which is great to have access to - but Sheryl was referring to the response from the RCE to that feedback, which doesn't seem to be as available.

Bryant T Karras: Agree with Steve(Ike). 8 state PH agencies participating in SOP. But we will need it to go beyond so none are left behind.

Deven McGraw: It's different from rulemaking because it's a voluntary network - but it still setting policies for network that is hoped to be a primary mechanism of exchange in the future, so there is great interest from



many stakeholders in how this gets defined. Given the potential impact of policy decisions, having a sense of why recommendations aren't adopted is important, IMO.

Deven McGraw: (Forgive typos)

Deven McGraw: +1 to Bryan's endorsement of the importance of TEFCA to public health.

Hans Buitendijk: @Bryant and @Ike: is the PH SOP exploring use cases among public health jurisdictions or with providers as sources and destinations of data as well?

Deven McGraw: Correction - Bryant! (Typing too fast ;)

Susan Clark: 👍 +1 Dr. Karras. All of it.

Steven Lane: Hopefully the TEFCA Public Health SOPs will also consider the role of patients to both know about and potentially access the PHI held about them by PH, as well as to engage directly with PH to provide PGHD to inform their work and improve the health of their community.

Steven Lane: Re PH SOP, it is also important to support the bidirectional exchange of information between providers and PH, exemplified by the Reportability Response that is sent back to providers in response to the submission of an Electronic Initial Case Report (eICR) as a part of Electronic Case Reporting eCR).

Sheryl Turney: great presentation Mark

Deven McGraw: My apologies, but I need to drop off right at 12:15 eastern. Great meeting as usual.

Aaron Miri: +1 Hannah comments on patient privacy related to SDOH. Granular choice is necessary and moving away from Opt out to a more Opt in for SDOH

Deven McGraw: Yes - +1 to Hannah on the privacy implications; also glad to hear Mark mention them.

Alexis Snyder: +2

Deven McGraw: I think the Affordable Care Act would prohibit raising premiums against an individual patient based on SDOH - but could impact how populations are priced, I think....

Bryant T Karras: @Hans. We are trying to anticipate all data flows provider to public health, PH query to providers, and PH to CDC or other gov entities. We are Starting with what is in place now. But I want/hope we can get to what could be.

Hannah K. Galvin: @Deven - I also would think that if it was seen as a pre-existing condition; I was wondering if premiums could be increased for existing members - not my area of expertise, though.

Sarah DeSilvey: I wanted to take a moment to comment with my Gravity Project Director of Terminology hat on to say thank you to the ONC, EMI friends, and the many Gravity members on the TEP for this toolkit. And I want to invite all to the values and principles forum on tuesday!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.



FINAL REMARKS

Mike Berry reminded members that the next meeting of the HITAC will be held on April 12, 2023. All materials and testimony from today's meeting will be made available at <https://www.healthit.gov/hitac/events/health-it-advisory-committee-54>.

Aaron Miri and **Medell Briggs-Malonson** thanked everyone for their participation, presentations, and discussion.

ADJOURN

The meeting was adjourned at 12:17 PM.