

Health Information Technology Advisory Committee (HITAC)

VIRTUAL

Meeting Notes | October 19, 2023, 10 AM – 1 PM ET

Executive Summary

The HITAC Co-Chairs, **Medell Briggs-Malonson** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, and presented the minutes from the August 17, 2023, HITAC meeting, which were approved by voice vote. **Steve Posnack**, Deputy National Coordinator for Health IT, Office of the National Coordinator (ONC), welcomed attendees to the meeting, reviewed the agenda, and provided ONC updates and information on upcoming events. **Shelly Spiro** and **Hans Buitendijk**, Pharmacy Interoperability and Emerging Therapeutics Task Force (PhIET) Co-Chairs, reviewed the Task Force's membership, charge, progress, and timeline. **Medell** and **Aaron**, Annual Report Workgroup Co-Chairs, provided a detailed update on their progress and reviewed draft recommendations. **JaWanna Henry**, Interoperability Systems Branch, Office of Policy, ONC, provided an update on ONC Social Determinants of Health Information Exchange Activities, noting their goals and action plan. **Stephen Konya**, Senior Advisor, ONC and **Kyle Cobb**, Acting Deputy Director, Standards Division, Office of Technology, ONC reviewed the current work related to the CancerX initiative and United States Core Data for Interoperability (USCDI) data elements relating to cancer.

Agenda

10:00 AM	Call to Order/Roll Call
10:05 AM	Welcome Remarks
10:10 AM	Opening Remarks, Review of the Agenda and August 17, 2023, Meeting Notes – HITAC Vote
10:15 AM	Pharmacy Interoperability and Emerging Therapeutics Task Force Update
10:45 AM	Annual Report Workgroup Update
11:15 PM	ONC Social Determinants of Health (SDOH) Information Exchange Activities
12:00 PM	CancerX and USCDI+ Cancer
12:45 PM	Public Comment
01:00 PM	Final Remarks and Adjourn

Call to Order

Mike Berry, Designated Federal Officer, ONC, called the meeting to order at 10:00 AM and welcomed ONC's executive leadership team to the meeting.

Roll Call

Members in Attendance

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, Gravity Project
Steven Eichner, Texas Department of State Health Services
Cynthia Fisher, Patient Rights Advocate
Lisa Frey, St. Elizabeth Healthcare
Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Steven Hester, Norton Healthcare
Kensaku (Ken) Kawamoto, University of Utah Health
Steven Lane, Health Gorilla
Hung S. Luu, Children's Health
Arien Malec, Individual
Anna McCollister, Individual
Deven McGraw, Invitae Corporation
Aaron Neinstein, Notable
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute
Kikelomo Adedayo Oshunkentan, Pegasystems
Naresh Sundar Rajan, CyncHealth
Alexis Snyder, Individual
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Sheryl Turney, Elevance Health

Members Not in Attendance

Hannah Galvin, Cambridge Health Alliance
Valerie Grey, State University of New York
Clem McDonald, National Library of Medicine
Bryant Thomas Karras, Washington State Department of Health

Federal Representatives

Jim Jirjis, Centers for Disease Control and Prevention
Meg Marshall, Department of Veterans Affairs
Michelle Schreiber, Centers for Medicare and Medicaid Services (*Absent*)
Ram Sriram, National Institute of Standards and Technology

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
Kyle Cobb, Acting Deputy Director, Standards Division, Office of Technology
JaWanna Henry, Branch Chief, Interoperability Systems Branch, Office of Policy
Stephen Konya, Senior Advisor
Mike Berry, Designated Federal Officer

Key Points of Discussion

Welcome Remarks

Steve Posnack, Deputy National Coordinator for Health Information Technology, welcomed attendees. He updated the group on the status of information blocking and noted that, as of September 1, 2023, there would



be civil monetary penalties imposed on actors who interfere with the access and exchange of electronic health information. He noted that the actors subject to those penalties included health information exchanges, health information networks, health information technology (Health IT) developers of certified Health IT, and the entities offering certified Health IT. He added that additional information could be found on healthIT.gov. He mentioned yesterday's patient access event and encouraged anyone who missed it to download the recording and listen to it for updates. He then updated the group on upcoming ONC events, including an ONC Tech Forum event on November 3, 2023, that will provide an overview of the recently published USDCI v4 and its relationship to Health Level Seven (HL7), Fast Healthcare Interoperability Resources (FHIR), US Core, and Consolidated Clinical Document Architecture (C-CDA). It will also include a discussion on the interrelated process of updating the standards that enable the exchange of USDCI-related data in a way that promotes the adoption of new versions while also minimizing development and implementation burden. He then directed the group to the [ONC events page](#). He mentioned that all Certified Health IT Modules, that are part of a health IT product that stores electronic health information (EHI), are required to certify to the EHI export criterion and make the functionality available to end users by December 31, 2023. He directed meeting attendees to a recent ONC [blog post](#) to learn more. He also reminded the group that the ONC Annual Meeting will be held in person in Washington, D.C., on December 14 and 15, 2023. A list of sessions and descriptions has been posted. He noted that the event will include topics on key policy issues, the intersection of Health IT with public health, and technology, along with a variety of keynote and education sessions. He announced that today's HITAC meeting would be the last for **Adi Gundlapalli** and presented him with a Certificate of Appreciation for his dedicated participation and contributions over the past four years. He added that **Adi** served not only as a federal representative to the HITAC for the Centers for Disease Control and Prevention (CDC) but also on many subcommittees and shared his expertise with everyone. He added that **Jim Jirjis** would be CDC's new federal representative on the HITAC and welcomed him to his new role. He also noted that **Aaron Miri** would be leaving his role as co-chair of the HITAC in December and that ONC is currently soliciting volunteers for a new HITAC co-chair. He encouraged those interested in the role to reach out to **Mike Berry**, Designated Federal Officer, by October 26, 2023. Final selection will be announced at the HITAC meeting on November 9, 2023.

Opening Remarks, Review of the Agenda and August 17, 2023, Meeting Notes – HITAC Vote

Medell Briggs-Malson and **Aaron Miri**, HITAC Co-Chairs, welcomed attendees, and **Aaron** reviewed the agenda. **Medell** called for a motion to approve the August 17 meeting notes.

Eliel Oliveira motioned to approve the notes. The motion was seconded by **Sheryl Turney**. **The HITAC approved the August meeting notes by voice vote. No members abstained, and no members opposed.**

Pharmacy Interoperability and Emerging Therapeutics Task Force Update

Aaron Miri introduced **Hans Buitendijk** and **Shelly Spiro**, Pharmacy Interoperability and Emerging Therapeutics Task Force (PHIET) Co-Chairs. **Shelly** noted that PHIET recommendations are due on November 9 and [reviewed the task force charges](#). She also reviewed task force membership and gave a progress report on topics that have been discussed since the last update in August. She noted that all recommendations are being formalized and added that they are on track to finalize their recommendations by November 9, 2023. She added that they currently have 38 recommendations, which may be further consolidated. **Hans** followed up with details on the depth of PHIET discussions. He discussed specific use cases, themes, and topics, and noted the number of recommendations per topic.



Discussion:

- **Aaron** asked if they saw any overlap between laboratory and interfacing results, and pharmacy data and results. He also asked if any of the recommendations will address laboratory needs.
 - **Hans** said these issues are addressed within the topic of bidirectional communication. He added, however, that it is not limited to labs.
 - **Shelly** said that pharmacies and laboratories share information and having access to that data is critical. She noted that pharmacies and labs have very similar data structures due to their transactional nature and handle large volumes of codified data. She added that the dispensing functions are available; however, the task force has brought to light the issues with inventory and other data exchanges.

Annual Report Workgroup Update


Aaron Miri, Annual Report Workgroup Co-Chair, began by thanking the HITAC members and encouraging the group to submit any relevant feedback. He continued to [review workgroup membership](#) and the remaining meeting dates. He then reviewed the crosswalk of topics for the HITAC annual report for FY23, discussing the details of the crosswalk document, additional topics to be covered in the landscape analysis, and topic groupings. **Aaron** and **Medell Briggs-Malonson** continued to detail the key topics individually, noting identified gaps and proposed recommendations.

Discussion:

- **Hung Luu** raised concerns with the proposed strategy of adoption and added that there needed to be an appropriate data model and appropriate data sets to support an infrastructure that would enable interoperability. He suggested further research into the proposed strategy to ensure that the result will be the desired outcome.
- **Fil Southerland** suggested including measurements of uptake within Health IT to enable grouping of information that could yield strong reporting, like reporting seen in physician and hospital uptake.
- **Aaron** noted comments referencing prior health IT and added that they are trying to build on that foundation.
- **Medell** addressed chat comments referencing the need to ensure appropriate linguistic alignment. She assured the group that it was part of their work to ensure language access and linguistic alignment throughout their various forms of technology and solutions. She added that they took a comprehensive approach to every recommendation made in the annual report.

ONC Social Determinants of Health (SDOH) Information Exchange Activities

Aaron Miri introduced **JaWanna Henry**, Branch Chief, Interoperability Systems Branch, Office of Policy, ONC. She began by thanking her team for all the hard work put into completing this project. She continued to [explain why social needs are important](#) and how they impact overall health and well-being. She defined “health equity” and noted some examples of social determinants and their correlated health challenges. She then reviewed the federal Health IT strategic plan for 2020 – 2025 as well as the Department of Health and Human Services (HHS) SDOH action plan, noting their goals. She continued to provide additional examples of alignment and reviewed the four key points the federal government has focused on to support the advancement of SDOH data. She then gave a detailed review of ONC activities focused specifically on improving infrastructure and implementation, noting the SDOH Information Exchange Toolkit, foundational elements, and the Learning Forum webinar series. She directed the group to the chat comments for a link to the Learning Forum series recordings. **JaWanna** concluded the presentation by highlighting four important



themes raised by the community during the Learning Forum series, as well as areas of opportunity.

Discussion:

- **Medell Briggs- Malonson** thanked **JaWanna** for her presentation and noted that she had just implemented a universal social driver screening for all inpatient and ambulatory patients at her organization. She noted that it was an enormous undertaking requiring many personnel and technology processes. She reminded the group of the breadth of social driver data and the importance of noting the various requirements from different agencies, i.e., the Centers for Medicare and Medicaid Services (CMS), the Joint Commission, local requirements, and health plan requirements. She noted the need for strong standards and added that she is very committed to this cause. She continued to mention the importance of providing guidance on collecting necessary and relevant data, how to utilize it, and achieving interoperability within those data fields.
- **Eliel Oliveira** asked if there was any plan to advance data sharing with non-Health Insurance Portability and Accountability Act (HIPAA) entities, i.e., housing authorities and legal incarceration systems, as much of his pilot work in Texas is stifled in this regard.
 - **JaWanna** answered that this is something they are aware of and are currently considering.
- **Sarah DeSilvey** informed the group that there are many new resources in the Gravity team to assist with USCDI standards and noted three of them in the chat comments. She thanked ONC for highlighting the Gravity project and said that she wanted these implementer resources on record.

CancerX and USCDI+ Cancer

Medell Briggs-Malonson introduced **Stephen Konya**, Senior Advisor, ONC, and **Kyle Cobb**, Acting Deputy Director, Standards Division, Office of Technology, ONC. **Stephen** continued to [give a detailed overview of CancerX](#). He discussed the history of CancerX and reviewed their partnerships, current timeline, and objectives. He also reviewed their 2023-2024 strategic priorities and approach, the steering committee roster, and discussed the new Startup Accelerator program due to launch on November 8, 2023. He also discussed demonstration projects and reviewed the Advancing Digital Innovation to Improve Equity and Reduce Financial Toxicity in Cancer Care Research program and the CancerX Data Sprint noting that a report would be available in mid-November. He then directed the group to the website www.CancerX.health for further information and introduced **Kyle** who continued to review the work currently being done around Cancer and USCDI+ data capture capabilities. She reviewed data sources and elements. She discussed their approach and use cases and reviewed upcoming activities.

Discussion:



- **Anna McCollister** thanked them for their presentation and asked how they are working with and building upon the work that has already been achieved in this space, particularly around data collecting and sharing.
 - **Kyle** said that USCDI+ is focused on codifying existing data and not collecting or building something new. The goal is to identify data elements that represent real standards and build upon those.
 - **Stephen** echoed the same comments noting that CancerX is not building any new infrastructure either but building on and leveraging work already done.
 - **Anna** said she knows many people that would be helpful on this topic and offered her assistance.
- **Aaron Miri** asked if tangential elements, like survivorship, were within the scope of data elements being considered or if it was focused on direct care and oncological treatment. He also asked if SDOH and Patient-Reported Outcomes (PRO) were part of the scope.
 - **Kyle** said they are currently reviewing use cases, and survivorship and PROs are not included but noted that they could be. She said she appreciated the feedback and would add those elements to the list.
 - **Stephen** added that SDOH data, survivorship, and PROs are included in the work they are doing at CancerX and noted it as a point of focus in the upcoming Data Sprint report publishing in November.

QUESTIONS AND COMMENTS RECEIVED DURING PUBLIC COMMENT

- **Shannon Vogel**, Associate Vice President for Health IT at Texas Health Medical Association, said that many ambulatory practices do not have dedicated IT support and are at the whim of vendors for actionable information. She suggested focusing on the improvement of data quality and presentation and further suggested “at-a-glance” patient summaries. She added that the implementation of this mode of data reporting would increase overall patient health outcomes, improve health equity, SDOH, and reduce physician burden. She said the Texas Medical Association Health IT (TMA HIT) Committee was interested in being a part of a HITAC listening session on this topic.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Shila Blend: Shila Blend present

Alex Mugge: Alex Mugge is on for Michelle Schreiber

Medell K. Briggs-Malonson: Congratulations Eliel!

Medell K. Briggs-Malonson: Congratulations Jim!

Eliel Oliveira 2: Thanks Medell. Congrats to you as well!

Aaron Miri: Congrats everyone on exciting new opportunities

Sheryl Turney: Congratulations all!

Shila Blend: Congrats Eliel and Jim

Eliel Oliveira 2: Congrats Jim!

Sheryl Turney: The patient access event was really amazing. Thank you for putting this together.



Mike Berry (ONC): Thank you for joining the October 2023 HITAC Meeting. Meeting materials can be found at: <https://www.healthit.gov/hitac/events/health-it-advisory-committee-61>

Mike Berry (ONC): Please remember to tag "Everyone" in Zoom chat. Chats to "Everyone" become part of the meeting notes. Thanks!

Eliel Oliveira 2: +1 @sheryl

Lana Moriarty: @Sheryl Thank you for joining us for the patient access event!

Lana Moriarty: The recording for the patient access event will be posted here in the coming days:

<https://www.gov/news/events/enabling-patient-access-health-data-actionable-results>

Medell K. Briggs-Malonson: Thank you for your service, Adi!

Steven Lane: Thank you, Adi!!

Aaron Miri: Congrats Adi! Thanks for the fabulous contributions !

Eliel Oliveira 2: Thanks Adi!

Aaron Miri: Incredible work Shelly, Hans and team! This is great work

Shelly Spiro: @Aaron thank you for the kind comments and the support of the HITAC/ONC teams.

Steven Lane: Information Blocking listening sessions will be very important in the context of the publication of the Provider Disincentives NPRM.

Aaron Miri: Wholeheartedly agree @Steven

Kikelomo Oshunkentan: I would include mental health with that topic re: addressing the sensitivity of gender and reproductive health

Medell K. Briggs-Malonson: Excellent suggestion to add mental health to this section, @Kikelomo

Steven Lane: The Gender & Reproductive Health listening session could be coordinated with the ongoing efforts of the Shift interoperability initiative as well as the Sequoia Projects new Privacy & Consent WG that a number of HITAC members are involved in. <https://www.shiftinterop.org/>
<https://sequoiaproject.org/interoperability-matters/privacy-and-consent-workgroup/>

Medell K. Briggs-Malonson: Thank you, @Steven. Agree!

Joshua Collier: Important to note that language access needs to be a cross-cutting theme and priority to ensure equitable access for all.

Kim Lundberg: I really like this graphic!

Adele Stewart: Thanks for this slide - super helpful to see how the agencies and offices are intersecting on the topic of SDOH

Michael Phillips: Thank you for a great presentation. I'll add that CAQH CORE Participants are advancing the standard collection and SDOH exchange through operating rule development. Where possible, the participants are referencing ONC-endorsed vocabulary standards and requirements. Again, thank you - this is very important work.



John Rancourt: Here is a direct link to the toolkit: https://www.healthit.gov/sites/default/files/2023-02/Social%20Determinants%20of%20Health%20Information%20Exchange%20Toolkit%202023_508.pdf

John Rancourt: Here is the HealthIT.gov landing page for the Learning Forum: <https://www.healthit.gov/news/events/oncs-social-determinants-health-information-exchange-learning-forum>

Steven Lane: Does ONC anticipate the addition or modification of Gravity Project data elements in USCDI Draft v5? (There have been no SDOH data element changes since v2.)

Steven Lane: <https://www.healthit.gov/isa/uscdi-data-class/social-determinants-health#level-2>

Mark Savage: Gravity Project adds new *domains* once approved to existing data elements in USCDI v2, e.g. SDOH Assessments, Problems, Goals, Diagnoses. Recent new *domains* added to these existing data elements include health literacy, health insurance coverage,status, and medical cost burden.

Avinash Shanbhag: @Steven Lane - The submission process just ended last month and our team is reviewing submissions and comments. So, don't want to get ahead of what will come in the USCDI V5 draft. But, certainly health Equity is really important for ONC.

Steven Lane: Notably, SDOH was NOT listed as an "ONC Area of Interest" in the Standards Bulletin focused on the USCDI v5 development plan: https://www.healthit.gov/sites/default/files/page/2023-07/Standards_Bulletin_2023-2.pdf

Sarah DeSilvey: Gravity Project has now covered 19 social risk domains and published broad SDOH value sets, domain value sets, incoming ISA updates, and a new resource for understanding the 134 instruments that align with our USCDI aligned standards

Sarah DeSilvey: Gravity accepted instruments <https://confluence.hl7.org/display/GRAV/Gravity+Accepted+Social+Risk+Screening+Assessment+Instruments>

Sarah DeSilvey: Gravity value sets <https://confluence.hl7.org/display/GRAV/Social+Risk+Terminology+Value+Sets>

Sarah DeSilvey: And our new resource to assist documenting social risk diagnoses https://confluence.hl7.org/display/GRAV/Resources+for+Social+Risk+Coding+in+Care+Settings?preview=/193661411/193661657/Gravity_AHC_HRSN_Documentation_Resource_V1.pdf

JaWanna Henry: Eliel, thank you for your specific examples

Deven McGraw: OCR has put out guidance in past allowing for the sharing of health data by HIPAA covered providers with social service and even criminal justice organizations when the purpose of that sharing is whole person care (or jail diversion programs) that aim to help people get treatment and services. It is considered "treatment" under HIPAA.

Steven Lane: Thanks for sharing those great links, Sarah!

Alexis Snyder: same

Kim Lundberg: You still sound far away

Deven McGraw: Not much better for me

Eliel Oliveira: Thanks Deven! Makes sense and I will try to find that guidance.



Kim Lundberg: yes

Deven McGraw: I can also dig around for it - sometimes hard to find, unfortunately.

Sarah DeSilvey: Thanks again to ONC for all of their leadership in the SDOH data standard development and implementation space.

Eliel Oliveira: @deven, my point exactly. if the legal teams of our partners do not know they raise walls and nothing gets done. Appreciate it!

Steve Posnack: @Deven and @Eliel, I think this may be one of the resources you're looking for "A covered entity may disclose protected health information for the treatment activities of any health care provider (including providers not covered by the Privacy Rule)." <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html>

Eliel Oliveira: Thanks @Steve!

Deven McGraw: @Steve. That's a good general resource for sharing with non covered entities but this is the resource I am talking about. <https://www.hhs.gov/hipaa/for-professionals/faq/2073/may-covered-entity-collect-use-disclose-criminal-data-under-hipaa.html> the guidance was issued in the context of jail diversion programs but can be applied on other social service use cases as well.

Deven McGraw: Is this CancerX effort leveraging the Cancer MCode standards effort that Mitre has been leading?

Eliel Oliveira: Thanks @Deven! Will deep dive on these with our legal and see what gaps we find.

Kyle Cobb: EOM data elements are aligned to mCODE as are USCDI+ Cancer

Deven McGraw: Thank you!

Thompson Boyd: May wish to add the Cancer "Grade" of the tumor. Is the tumor aggressive? The "Grade" of the tumor may be an important data element.

Stephen Konya (HHS/ONC): Also working with ARPA-H and OSTP on Clinical Trials Readiness work.!

Thompson Boyd: May wish to add the notion of managing large datasets related to cancer.

Medell K. Briggs-Malonson: Thank you for the excellent presentation!

Stephen Konya (HHS/ONC): www.CancerX.Health

Steven Lane: Great meeting. Looking forward to meeting in person.

Thompson Boyd: About six years ago when the Cancer Moonshot was presented, there was a data feed back to the patient. We need to include the patient in the data outcomes.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.



FINAL REMARKS

- **Mike** reminded the HITAC members the next meeting is scheduled for November 9, 2023.
- **Aaron** and **Medell** thanked the attendees for their participation.

ADJOURN

The meeting was adjourned at 12:31 p.m.