ONC | HealthIT ADVISORY COMMITTEE

Annual Report Workgroup Meeting

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December 18, 2023

Meeting Agenda

- Call to Order/Roll Call
- Meeting Schedules and Next Steps
- Discussion of Draft HITAC Annual Report for FY23
  - Illustrative Stories
- Discussion of the Draft Supplemental Background Research Document
- Public Comment
- Next Steps and Adjourn

Meeting Schedules and Next Steps

Meeting Schedule for the Annual Report Workgroup

Month	Deliverables to Review
June 6, 2023	Develop list of topics for FY23 Annual Report
August 16, 2023	Develop crosswalk of topics for FY23 Annual Report
August 30, 2023	Develop crosswalk of topics for FY23 Annual Report
September 14, 2023	Develop crosswalk of topics for FY23 Annual Report
September 25, 2023	Develop crosswalk of topics for FY23 Annual Report
October 16, 2023	Develop crosswalk of topics for FY23 Annual Report
November 30, 2023	Develop draft FY23 Annual Report
December 18, 2023	Develop draft FY23 Annual Report for HITAC review
January 31, 2024	Update draft FY23 Annual Report for HITAC approval
February-March 2024	Ready FY23 Annual Report for transmittal

Meeting Schedule for the Full Committee

Meeting Date	Action Items/Deliverables
June 15, 2023	Update on status of FY23 Annual Report development (discuss topic list)
August 17, 2023	Update on status of FY23 Annual Report development
October 19, 2023	Update on status of FY23 Annual Report development (discuss crosswalk)
November 9, 2023	Update on status of FY23 Annual Report development
January 18, 2024	Review draft FY23 Annual Report
February 8, 2024	Approve final FY23 Annual Report

Next Steps for Development of the HITAC Annual Report for FY23

- The workgroup reviews the draft annual report and draft supplemental background research document today
- The workgroup presents the draft reports for discussion and approval at HITAC meetings in early 2024

Discussion of the Draft HITAC Annual Report for FY23

Outline of the Draft HITAC Annual Report for FY23

I. Foreword and Introduction

II. Health IT Infrastructure Landscape
- Includes Illustrative Stories

III. Health IT Infrastructure Gaps, Opportunities, and Recommendations

IV. HITAC Progress in FY23

V. Conclusion

VI. Appendix
- Includes ONC Objectives and Benchmarks, HITAC Member List, Acknowledgements

Draft Illustrative Story Ideas for FY23

- The following ideas represent initial options for a set of brief illustrative stories of what the recommended HITAC activities will enable in the future.
- In the final report, a single illustrative story will be highlighted as a paragraph in a callout box for each of the five target areas.
- Please edit the stories and/or suggest additional ideas.

Draft Illustrative Story Ideas for FY23

Target Area: Use of Technologies that Promote and Advance Health Equity

1. A patient who lives in a “food desert” presents at a hospital emergency department with symptoms of type II diabetes and is referred to both a primary care physician and a community benefit organization (CBO). Due to new SDOH standards and the development of a framework to support the implementation and use of health IT, the patient’s new physician can query the records from the hospital visit, the case manager at the CBO, and a diabetes management coach from the National Diabetes Prevention Program via an HIE to inquire about any food insecurity. Because structured patient demographic data triggers a CDS tool to remind the physician to ask about access to healthy food at each encounter, the physician regularly follows up on the progress made in addressing the patient’s access to healthy food and how that impacts the patient’s diabetes symptoms and other health outcomes.

2. ~~A senior patient~~ An older adult with worsening vision needs to see a specialist. The patient lives in a rural area without broadband Internet access and lacks reliable transportation to the practice’s office. However, the practice offers telehealth appointments through a secure platform that provides screen-reading and voice-to-text technology. The platform has also integrated standardized SDOH data elements. After establishing access broadband Internet access via a public-private partnership and with help from the office administrator and some digital literacy education, the patient is able to meet with the specialist online to devise a treatment plan.

Note: A past story idea included capturing better patient demographics to inform CDS and other tools to reduce bias.

Draft Illustrative Story Ideas for FY23
Target Area: Use of Technologies that Support Public Health

A small town experienced a sudden surge in cases of gastrointestinal illness. The local public health department had recently implemented a new data exchange system leveraging the TEFCA that allowed the department to send and receive data with hospitals and other healthcare providers in real time. This system allowed the department to quickly determine that the cases were all clustered in overcrowded housing in the same neighborhood with limited healthcare access. Within hours after conducting tests of samples from the municipal water supply, the department identified the contaminant and issued a boil water advisory to the neighborhood. As a result of the public health department's fast response, the immediate outbreak was quickly contained. The department also reviewed transportation insecurity data to offer non-emergency transportation to those affected who needed rehydration therapy at local care centers.

~~For the long-term solution, the department reviewed its SDOH data to identify housing and transportation services that could be provided by community partners for the neighborhood. It also shared de-identified data with the town's water department to help it remove the source of the contamination.~~

Note: Past story ideas have included managing mpox, influenza, and COVID-19 outbreaks using electronic case reporting and notifications, AI-enhanced patient matching, and bidirectional exchange of discrete datasets via a regional HIE.

Draft Illustrative Story Ideas for FY23
Priority Target Area: Interoperability

1. A patient with a hyphenated last name moved to a new state and registered as a new patient at a cardiologist practice. The cardiology practice queried the TEFCA to learn about the patient's previous diagnoses, tests, and physician notes. Because the TEFCA's QHIN Technical Framework (QTF) requires increased standardization of the data elements used for patient matching, ~~Based on best practices identified through TEFCA QHIN-QHIN exchange for patient matching~~, the patient records were able to be matched through TEFCA QHIN-QHIN exchange.

2. A skilled nursing facility (SNF) recently implemented an EHR system. The new EHR includes interoperability functionality that allows the SNF to electronically send and receive patient health information with a nearby hospital for the first time. As a result, the SNF was able to see more patient information from the hospital records at the point of care, share the updated patient record with the hospital, and improve care coordination during transitions to and from the hospital. Through the EHR vendor, the SNF administrators also learned about the TEFCA and created a plan to participate so they could send and receive more health information including benefits determination.

Note: Past story ideas have included exchange of enhanced demographic data between providers and social service organizations, referrals to CBOs to support diabetes care, and use of FHIR® standards and the USCDI.

Draft Illustrative Story Ideas for FY23
Priority Target Area: Privacy and Security

1. A patient who has received ~~mental~~ behavioral health care received free training from a non-profit organization about new data segmentation capabilities available to patients. Based on this training and using an open-source consent management platform, the patient reviews their ~~medical~~ electronic health record and chooses not to share their ~~mental~~ behavioral health treatment data with certain other healthcare providers unless there is a medical emergency. This is possible because a collaboration between providers, health IT developers, and government agencies has defined ~~three~~ use cases for sensitive health data, established the needed terminology value sets, and implemented foundational infrastructure to support the exchange of granular consent directives.

2. A health system establishes a new annual transparency report that outlines how the health system uses de-identified data. The report provides consumers with a clear understanding of who has received de-identified data from the health system and for what purposes the data was shared. As a result of this increased transparency, patients feel increased trust in sharing their sensitive information with the health system.

Note: Past story ideas have included safeguarding patient data, reducing providers' legal burden, minimizing risks of connecting EHRs with devices, managing consent, and leveraging TEFCA implementation guides.

Draft Illustrative Story Ideas for FY23
Priority Target Area: Patient Access to Information

1. An endocrinologist is looking for health apps for diabetes with proven medical outcomes as well as strong privacy and security features. She turns to a new healthcare industry website that provides guidance for clinicians on medically-vetted health apps that are certified to relevant privacy and security criteria. The doctor links several of these apps to the practice's patient portal as resources. The doctor can then direct her diabetic patients to the practice's patient portal where the patients can choose from the vetted apps.

2. A neurologist encourages her concussion patients to use a clinical decision support app at home to measure how differing light levels change their pupil size and then to transmit the data via the app to the neurologist. Newly approved standards and meta-tagging definitions allow the doctor to see this data collected by the patient directly in the patient's electronic health ~~medical~~ record. The doctor can determine which readings were patient-generated versus completed at the neurologist's office by filtering for metadata tags that indicate the location of the pupil size monitoring. The doctor then uses this supplemental data to treat the patient's post-concussive symptoms ~~concussion~~ and closely monitor the patient's recovery.

Notes: Past story ideas have included an industry program that verifies and rates health apps, and patients' correction requests for their health data. Any app guidance website or app certification program in idea #1 will be hosted in the private sector, e.g., by a professional society.

Discussion of the Draft Supplemental Background Research Document

Outline of the Draft Supplemental Background Research Document

I. Overview
   - Includes Legislative Requirements, Description of HITAC Target Areas

II. Health IT Infrastructure Landscape Analysis

III. Health IT Infrastructure Gaps Analysis

IV. Conclusion

V. Appendices
   - Include Glossary, Abbreviations, Resource List, Acknowledgements, References

Public Comment

To make a comment please

Use the Hand Raise Function

If you are on the phone only, press "*9" to raise your hand

*(Once called upon, press **"*6"** to mute/unmute your line)*

All public comments will be limited to three minutes

You may also email your public comment to onc-hitac@accelsolutionsllc.com

Written comments will not be read at this time,
but they will be delivered to members of the Workgroup and made part of the public record

Meeting Adjourned