Health Information Technology Advisory Committee (HITAC) Virtual Meeting

Transcript | November 7, 2024, 12 – 2:45 PM ET

Attendance

Members

Medell Briggs-Malonson, UCLA Health, Co-Chair
Sarah DeSilvey, Gravity Project, Co-Chair
Shila Blend, North Dakota Health Information Network
Hans Buitendijk, Oracle Health
Derek De Young, Epic
Steven (Ike) Eichner, Texas Department of State Health Services
Lee Fleisher, University of Pennsylvania Perelman School of Medicine
Hannah Galvin, Cambridge Health Alliance
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Bryant Thomas Karras, Washington State Department of Health
Hung S. Luu, Children's Health
Trudi Matthews, UK HealthCare
Anna McCollister, Individual
Katrina Miller Parrish, Patient.com
Randa Perkins, H. Lee Moffitt Cancer Center & Research Institute
Rochelle Prosser, Orchid Healthcare Solutions
Dan Riskin, Verantos
Mark Sendak, Duke Institute for Health Innovation
Fillipe Southerland, Yardi Systems, Inc.
Zeynep Sumer-King, NewYork-Presbyterian
Naresh Sundar Rajan, CyncHealth

Members Not in Attendance

Michael F. Chiang, National Institutes of Health
Steven Hester, Norton Healthcare
Deven McGraw, Ciitizen
Aaron Neinstein, Notable
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute
Kikelomo Oshunkentan, Pegasystems

Federal Representatives

Keith E. Campbell, Food and Drug Administration
Jim Jirjis, Centers for Disease Control and Prevention
Meg Marshall, Department of Veterans Affairs *(Absent)*
Alex Mugge, Centers for Medicare and Medicaid Services
Ram Sriram, National Institute of Standards and Technology *(Absent)*
John Garguilo, National Institute of Standards and Technology *(attending on behalf of Ram Sriram)*

ASTP Staff

Steve Posnack, Deputy National Coordinator for Health Information Technology
Elisabeth Myers, Deputy Director, Office of Policy, ASTP
Seth Pazinski, Designated Federal Officer

Presenters

Lori Haberman, IT Specialist, Office of Standards, Certification, and Analysis, ASTP

Call to Order/Roll Call (00:00:00)

Seth Pazinski
Welcome, everyone, to our November 2024 HITAC meeting, our last meeting for this calendar year of the full HITAC. I am Seth Pazinski with the United States Department of Health and Human Services (HHS) Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP), and I will be serving as your designated federal officer for today's call. As a reminder, all of our HITAC meetings are open to the public, and public feedback is welcome throughout via the Zoom chat feature. Members of the public also have the opportunity to make verbal comments towards the end of our agenda for today, and we are going to get started with our meeting, so I would like to announce our ASTP executive leadership that is on the call for today. We have Steve Posnack, our Principal Deputy Assistant Secretary for Technology Policy and Beth Myers, our Deputy Director for the Office of Policy. Now we will have a roll call of our HITAC members, so when I call your name, please indicate that you are present. I will start with our co-chairs. Medell Briggs-Malonson?

Medell Briggs-Malonson
Greetings, everyone.

Seth Pazinski
Thank you. Sarah DeSilvey?

Sarah DeSilvey
Hello, everybody. Welcome.

Seth Pazinski
Thank you. Shila Blend?

Shila Blend
Good morning, everyone.

Seth Pazinski
Good morning. Hans Buitendijk?

Hans Buitendijk
Good morning.

Seth Pazinski
Thank you. We did get a message that Michael Chiang will not be able to join us today. Derek De Young?

Derek De Young
Good morning.

Seth Pazinski
Good morning. Steve Eichner?

Steven Eichner
Good morning.

Seth Pazinski
Thank you. Lee Fleisher?

Lee Fleisher
Good morning.

Seth Pazinski
Thank you. Hannah Galvin?

Hannah Galvin
Good day. Good morning.

Seth Pazinski
Thank you. Raj Godavarthi?

Rajesh Godavarthi
Good morning.

Seth Pazinski
Steven Hester? Bryant Thomas Karras?

Bryant Thomas Karras
Present.

Seth Pazinski
Thank you. Hung Luu?

Hung S. Luu
Good morning.

Seth Pazinski
Good morning. Trudi Matthews?

Trudi Matthews
Hello, all.

Seth Pazinski
Hello. Anna McCollister?

Anna McCollister
I am here. Sorry, I was just talking on mute. Sorry about that.

Seth Pazinski

No problem. Thank you. I did also get a message from Deven McGraw that she would not be able to join us today. Katrina Miller Parrish?

Katrina Miller Parrish
Good afternoon.

Seth Pazinski
Hello. Aaron Neinstein? Eliel Oliveira? Kikelomo Oshunkentan? Randa Perkins?

Randa Perkins
Good afternoon.

Seth Pazinski
Good afternoon. Rochelle Prosser?

Rochelle Prosser
Good afternoon.

Seth Pazinski
Thank you. Dan Riskin?

Dan Riskin
Good morning and good afternoon.

Seth Pazinski
Hello. Mark Sendak? Fil Southerland?

Fillipe Southerland
Good afternoon.

Seth Pazinski
Good afternoon. Zeynep Sumer-King?

Zeynep Sumer-King
Good afternoon.

Seth Pazinski
Naresh Sundar Rajan?

Naresh Sundar Rajan
Good afternoon.

Seth Pazinski
Now I am going to go over our federal representatives to the HITAC. Keith Campbell?

Keith Campbell
Good morning.

Seth Pazinski

Jim Jirjis?

Jim Jirjis
Good morning.

Seth Pazinski
Meg Marshall? Alex Mugge?

Alex Mugge
Good morning and good afternoon, respectively.

Seth Pazinski
Thank you. John Garguilo on behalf of Ram Sriram?

John Garguilo
I am present. Hello.

Seth Pazinski
Thank you. Is there anyone I missed or who has just joined us that would like to announce themselves? Okay, with that, I will then turn it over to Steve Posnack and Beth Myers for their welcoming remarks.

Welcome Remarks (00:04:22)

Steve Posnack
All right, thanks, Seth. Welcome, everybody. Good day. This is, as Seth mentioned, our last HITAC meeting of the year in 2024. It is hard to imagine that the years go by so quickly, but before I forget, I want to wish you and your families an excellent Thanksgiving, and enjoy all of the upcoming holidays. While I am giving thanks and well wishes, we do want to recognize Aaron Neinstein, who is the one member of our HITAC family that is going to be completing his service at the end of this year, so, on behalf of ASTP and the rest of the HITAC, I just want to express our appreciation to him for lending his time and expertise over the past three years. Aaron has had outstanding contributions and dialogue among the HITAC, also serving on the Interoperability Standards Workgroup.

As all of you already know, it is a nontrivial task to decide to volunteer your time and to participate, and your engagement is always well appreciated, so as the award shows go, I guess I will be accepting the certificate of appreciation for Aaron on his behalf, since he is not here at the moment, and again, we very much appreciate you all for spending some time with us today. I am going to turn it over to Beth in just a minute. Micky is on assignment today, as we normally say, so he sends his regrets for not being able to join and open things up, but you have me, and we will be here for a while. I will turn it over to Beth now to do some additional ASTP updates. Thanks.

Elisabeth Myers
Thanks, Steve. I just have a few updates and reminders for everyone. If you have not registered for the 2024 annual meeting already, please do so. We will put the link in the chat to how to register. There is no cost to attend. The meeting is taking place over two days, December 4th and 5th, in Washington, DC, and the agenda is available on HealthIT.gov, so please check that out. The link to register will be in the chat. For those who are unable to attend in person, if you look at the agenda, you can see the plenary sessions. There are really important topics we will be discussing, and those are all going to be webcast live. You can still participate and join us during those times for the plenary sessions, even if you cannot make the travel to Washington, DC in December.

Also, there are a couple of new resources available on our website for Trusted Exchange Framework and Common Agreement (TEFCA). There are new videos and resources available. We recently released new educational materials to help explain TEFCA and its benefits, and they are targeted at all audiences, so, hopefully, you will take a look at those and share them out as well. There are new videos, info sheets, and data sheets available on the TEFCA page on HealthIT.gov. Before we get into the meat of our agenda today, my last update is the 2024 draft federal Fast Healthcare Interoperability Resources (FHIR) action plan. At the last HITAC meeting on October 17th, we provided an overview of the 2024 draft federal FHIR action plan, and we just wanted to remind everyone that it is out there. The public feedback period runs through November 25th, and there are instructions for submitting comments available on HealthIT.gov. Again, we will put that into the chat for everyone to easily access. Just as a reminder, again, the federal FHIR action plan comment period is open through November 25th. That is it for our announcements for the day. I wanted to just add my thanks to Steve for your time and expertise today for our HITAC meeting, and I will turn it over to Medell and Sarah, our co-chairs.

Opening Remarks and Review of the Agenda (00:08:12)

Medell Briggs-Malonson

Thank you so much to both you, Steve, as well as you, Beth, for those opening remarks, as well as for all the great updates that we will actually have come upon us pretty soon. As mentioned, this is our very last HITAC meeting of the year, and I do want to completely say we have done such amazing work this year, and I really want to express my sincere gratitude to the entire HITAC committee. In addition, I do want to express significant gratitude to Aaron Neinstein. He has provided three years of committed service to this committee, and it has always been such a pleasure to work directly with Aaron, so Aaron will be missed, but we still know he is very, very much involved in several different initiatives, so we look forward to continuing to work with him, and we look forward to continuing to work with all the rest of the HITAC committee.

So, it has been a very eventful week that we have all experienced this week, but in addition, in terms of HITAC, we have had many other items that have launched. The Health Equity by Design Task Force launched about two weeks ago, and is already off to an amazing start. In addition, today, we are going to get to review and approve our annual report, and we have many, many other fantastic items that we are going to discuss today during this meeting, so I am really looking forward to this meeting and to all the great work we are all going to be doing in this upcoming year as well. Now I will turn it on over to Sarah.

Sarah DeSilvey

Thank you so much, Medell. I am going to first thank you, ASTP colleagues, for kicking us off and for being at this meeting, and again, echo my appreciation of Aaron, a deep friend and colleague in the IS Workgroup, so you will be missed. This is our final meeting of 2024. It is pretty amazing to reflect on all the work we have accomplished over the course of the year with Interoperability Standards Workgroup (IS WG) recommendations, our artificial intelligence (AI) hearings that we held in April, Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) Proposed Rule comments, annual report comments coming in today, and the kickoff of the Health Equity by Design Task Force. It has just been an immense year, and I am so, so grateful to participate in all of this work with all of you and for the thoughtful and diverse recommendations that we make on this very critical topic that we work on together here in all of the HITAC and our different subcommittees. So, thank you all for this amazing year that we have had together, both for ASTP colleagues, federal colleagues, and all the different subcommittees that we work on together.

It is my honor to go through the agenda, so I am going to kick us off by reflecting on what we have all accomplished over the course of the year. Now, we are going to talk about what we are going to accomplish today. We are going to first review a topic near and dear to my heart, the Interoperability Standards Workgroup charge for 2025. We will then have the culmination of the amazing work that our friends at the Annual Report Workgroup

have done, with Medell and Eliel leading that work. We are very grateful that they have kept us up to date along the way with updates, engagement, and sharing all of our expertise as part of that final product. We are then going to segue into the United States Core Data for Interoperability (USCDI) + presentation, as we often do, focusing on behavioral health. We will then segue into the draft 2025 HITAC workplan, looking forward into the work of the next year when we reconvene. We will then have public comment, and are aiming to adjourn around 3:00. Again, thank you all for coming today. It has been a pleasure to work with you all in 2024, and I am looking forward to 2025. And now, I believe I am passing the mic over to our dear friend Seth. Seth?

Interoperability Standards Workgroup 2025 Charge (00:11:54)

Seth Pazinski
All right, thank you, Sarah. We have a brief agenda item here. I am just going to introduce the charge for the Interoperability Standards Workgroup for work that we anticipate will get started in the January timeframe. Go to the next slide. So, this is our next turn of the crank on the USCDI versioning process. The overarching charge for the Interoperability Standards Workgroup for 2025 is going to be to review and provide recommendations on the draft USCDI Version 6, and then, the specific charge will be to take a look at that draft USCDI Version 6 and provide recommendations to ASTP on new data elements included in that draft v6, and any changes to those elements, and whether or not they should be excluded or included in the final USCDI v6 release next year. Also, we will be looking at Level 2 data elements not included in draft USCDI v6 that should be considered to be included in the final USCDI Version 6 release. And then, we anticipate the work of the HITAC would be within that public comment period for the draft USCDI v6, coming to a conclusion with an approval and vote on final recommendations from the IS Workgroup at the April 10th HITAC meeting. Next slide.

Just for awareness, the draft USCDI v6 has not been released at this point, so this is just us getting the charge to you all so we can start getting the steps in place to firm up our roster and be ready to jump into that work upon the release of the draft USCDI v6 next year. And so, the call here really is for any HITAC members that are interested in joining and participating in the Interoperability Standards Workgroup to please just email me at seth.pazinski@hhs.gov, and if you could please let me know by the end of business next Friday, November 15th, that would be much appreciated. This is a workgroup, which means it is a recurring group, so if you were on the roster for last year, please still send a note to me to confirm that you are interested in continuing to serve on the workgroup, and if you were not on the workgroup last year or have not previously participated, but would like to, we certainly welcome you to join that work as well. And then, we will be putting the steps in place and working with the co-chairs to get ready to kick off that work upon the release of the draft USCDI v6. I believe that is it. We have a few minutes if folks have any questions at this point in anticipation of that IS Workgroup kicking off early next year.

Sarah DeSilvey
Thank you so much, Seth. Any questions? The charge should be familiar. Again, the topic is ever so near and dear to my heart. I love standards, specifically standards that tell stories, and the IS WG wades in the weeds on that every year. Any questions? Anna?

Anna McCollister
Hi. Sorry to be so slow with raising my hand. I have a question for, I guess, Seth. As many of you know, I am one of the co-chairs of a workgroup with consumers for the Sequoia Project, and one of the things I think would be super helpful is to help the people, especially the patient members of the workgroup, better understand USCDI, and the process, and how they can contribute and give comments to this process. It is something that only a few folks are even aware of. My apologies, I am sitting next to this massive construction zone, so, if it is really loud, you have my apologies. Anyway, I would love to have a one-off discussion, whether it is with Seth, you, Sarah, or

whomever, on how that might be facilitated. I do not mean to make it something big and official, I would just like to better understand it.

Seth Pazinski

Just to make sure I have it right, is the interest in having someone from ASTP come and present to that group on the USCDI process and how to engage?

Anna McCollister

Potentially. I do not know. I just think it would be great to have a one-off discussion about what might make sense. Maybe that is not necessary, or maybe it is. Maybe it would be helpful. Again, I do not think we need to overthink it on HITAC, but I would just like to have a better sense of how we can get really smart, informed, engaged patient advocates involved in this issue who really do not have any insight into how it works at all.

Seth Pazinski

Anna, I will follow up with you offline and put you in contact with our subject matter experts (SMEs) lead within ASTP on the USCDI and have that opportunity to connect and see how we can best support and provide either some information or an opportunity to connect on how best to share the opportunity to engage in the USCDI process.

Anna McCollister

Okay, thank you, Seth.

Sarah DeSilvey

Thank you. Anna, thank you, as always for bringing the patient voice to this perspective. Again, we just kicked off the Health Equity by Design Task Force, and grounding ourselves in the data and patients' data at heart was a huge part of that conversation, so, thank you again, and that is a really good action item, and if I can facilitate or assist in any way, I would love to. Thank you so much, as always.

Anna McCollister

Likewise. I am happy to help out with the Health Equity by Design Task Force. I just am trying to be realistic about my time commitments to the many task forces we have.

Sarah DeSilvey

Thank you. Are there any other questions on the charge for the IS WG 2025 workgroup? Okay, thank you. And now I have the honor of transitioning to the next item on the agenda. I have the honor of welcoming my brilliant co-chair, Medell, and our friend Eliel to present on the Annual Report Workgroup's findings. Thank you so much.

Revised Draft HITAC Annual Report for FY24 – HITAC Vote (00:19:11)

Medell Briggs-Malonson

Thank you so much, Sarah, and yes, we are incredibly excited to present the final version of the Annual Report Workgroup, and unfortunately, Eliel is traveling today, so I will be presenting all the various different recommendations that are directly in the Annual Report Workgroup. Just to make sure that everyone has the context of what we are going to do today, as you know, we have gone through an extensive process as the Annual Report Workgroup to gather not only all the work that HITAC has been doing throughout this year, but also to provide insight into the future of where we believe health technology can go. So, we are all very proud of this Annual Report Workgroup. Today, we are going to go through the last pieces in order to prepare for the vote today.

Now, to start with this, as I proceed, if there are any additional friendly revisions, which cannot be of significant substance just because we have to vote on this today, what we are going to ask is that any revisions or friendly amendments will have to be put in writing in the chat, and those have to be voted on before we actually vote on the entire Annual Report Workgroup. I will provide more details about that as well, but I just want to start off with saying thank you all for all of the recommendations and the revisions that so many of you all actually place into this report, and then, I will have a special acknowledgement in a few moments for the workgroup and all the other ASTP groups that make this report possible. So, let's go ahead, get started, and drive right on in. Next slide.

Once again, this is an overview of what we have done so far. We are going to go really quickly through the meeting schedules, and then we are also going to discuss the revised draft of the HITAC annual report, and then we will go into the details about the vote for approval that will take place today. Next slide. You can see the extensive amount of work that we have put in. Now, one thing that was very unique for this year is that we had a condensed timeline versus some of the years that we have had in the past, and now, what we are doing moving forward is that this report will always be approved by the end of the calendar year so that it can be submitted directly to the national coordinator, which then goes on to the Secretary of HHS and Congress. So, this was the first time we had more of a condensed schedule, but we executed it brilliantly, and the workgroup and all the teams were just amazing. Next slide.

This is also just a meeting schedule of all the times that we have come before the HITAC full committee, and you can see today is November 7th, where we are going to approve the revised draft of the fiscal year 2024 Annual Report Workgroup so that it can move forward in order to be transmitted to all of the key parties. Next slide. So, what are the next steps for the development of the Annual Report Workgroup? Well, today, we are going to vote, which is going to be very exciting. As I mentioned, the HITAC will then transmit the final annual report to the Assistant Secretary for Technology Policy and National Coordinator for Health IT, Dr. Micky Tripathi, and then, from there, the Assistant Secretary for Technology Policy will then forward it to the Secretary of HHS and then on to Congress.

In addition to that, once all the transmissions have occurred, the link to this report will be posted on HealthIT.gov, and ASTP already has an amazing social media plan in order to get this report out, but we as HITAC committee members are also encouraged to share the final report with all of our circles. So, whether you post it on social media or blast it through your listservs, it is very important that we do so because this report actually highlights all the work that we did this year, and it also highlights where we as the HITAC committee feel that our health technology should go in the future. So, please, once it is final, once it is posted on HealthIT.gov, please feel free to also share it within all of your social media channels. I know I will, and I hope that all the rest of you will do so as well. Next slide.

So, let's go on into the discussion of the revised draft HITAC annual report. The first thing we will do is go to the next slide and bring up the comments form. Once again, this is just an outline of the revised draft HITAC annual report. It starts off with the foreword and then goes into a bit about us as the HITAC and our initial charge. It discusses the HITAC target areas in the Cures Act and the health IT infrastructure landscape, and then it goes into all the amazing work that you all and all of us have done over the past fiscal year 2024, and then there is an appendix. Next slide.

So, this here shows all of the new HITAC target areas that are now incorporated into the fiscal year '24 report, and as we know, we have a brand-new target area. As HITAC has convened, we have now included three new target areas throughout the years, with this year incorporating the use of artificial intelligence that improves health and healthcare. The whole point of this target area, which we will continue to focus on as the years go into play, is how we need to think about utilizing the emerging health IT by providers, patients, and other interested parties safely, securely, and equitably to achieve better health outcomes for all. Next slide.

I am going to pause us here, and what I am going to do is actually ask Accel to bring up our comments section. What this is going to show are all the different comments and recommended revisions submitted by the HITAC committee, and I am going to go very quickly through that in order to indicate which comments or revisions were added from all of you all as HITAC. Just to orient you to this form, we have the section, the subsection, the exact page number from the Portable Document Format (PDF), the HITAC member that submitted that revision, the original language that was in the report, the HITAC member's suggestion, which is actually redlined, as you can see, and also the proposed solution.

Now, of note, when it is green, that means that we as the Annual Report Workgroup, in partnership with ASTP, included that revision. If it is grayed out, that does not mean that we are not going to include it, just not on this report, because there may be other implications that need to actually be considered before putting it into the report because it may be linked to other areas and other reports within ASTP or HHS, or we just did not have enough sufficient time in order to discuss that topic or recommended subtopic and incorporate it into this year's report. So, anything that is grayed out, just to let all of the HITAC members know, has already been placed into the parking lot for us to jump on and start out really fresh with discussion during next year's convening of the Annual Report Workgroup, so I just wanted to orient everyone to that area.

If we continue to go on down, you can see that our first change was just in terms of some redlining and rewording of the target area description for our brand-new target area, the use of artificial intelligence that improves health and healthcare, and as we continue to go down, there were also some additional recommended changes to some of the other target areas that have already been solidified. What we said is right now, no change would be made to this report, but we would 100% put it into the parking lot for the fiscal year '25 annual report for discussion and consideration. Let's keep on going down.

Here, in the area of interoperability, you can see that there were several recommendations also made by HITAC members. We thank Ike and Hans for these, and once again, solely due to being in the target area description and/or the target area title of past target areas, we could not make that change for this report, but we are going to take all of these into consideration during the fiscal year '25 annual report, and you will see that some of those recommended changes, which are very strong and clarifying changes, you can also see that through the areas of privacy and security, patient access to information, access to information, and also patient access to information in the last area on the page as well. Let's keep on scrolling down.

Now, this is where some changes were made. One of the things is in terms of our illustrative stories. There were some recommendations from our various different HITAC members in order to clarify and increase the impact of each one of those stories. So, some of the recommendations were from Bryant for the story that was illuminating public health. We accepted those different recommendations and made them, and they are now incorporated into the annual report. We did the same thing from Fil in the areas of interoperability. We also thank you for those recommendations, and those changes were also made.

Now, in the next area in terms of interoperability that was provided by Derek, we are all in full agreement that we need to incorporate payers into more of the ecosystem when we think about interoperability, as well as all of our other work, when it comes to payers within the nation. Because it is such an important topic, we decided to put that in the parking lot because we have to go pretty deep, and we have to really uncover not only so many of the different challenges, but the opportunities, and especially as we incorporate payer data and think about interoperability. Once again, we thank you for those recommendations. Let's keep on going down.

In terms of some of the additional changes, Fil also submitted a recommendation in interoperability underneath our subsection of Long-Term and Post-Acute Care (LTPAC), and this was just to clarify some of the story, and that

change was made, as well as additional changes throughout the LTPAC subsection. Sorry for that. My screen just went out, so give me one quick moment. I am having a little bit of technical difficulty, but that is okay. We will adapt as is. You cannot see me, as I am just going to go off the screen very quickly, but we will still continue on.

So, the next piece that we actually did here is to incorporate all the various different fields and areas, as mentioned, and we can keep on scrolling through. This was also a recommendation by Fil as well in terms of incorporation. One additional suggestion to our activities was underneath both the target area of interoperability and subsection of the LTPAC interoperability, so we also accepted those changes. The next two lines actually focus on some recommendations throughout interoperability as well. However, we were not able to make that change, solely because we needed more time to truly unpack, especially when it came to further improvement of data quality and further improvement of data sharing, so we will be making sure to revisit that during next year's Annual Report Workgroup. Next slide.

One additional piece here, though, is underneath the target area of privacy and security. Michael recommended that we make sure to try to clarify some of the language of saying "transparency and use of deidentified data pursuant to Health Insurance Portability and Accountability Act (HIPAA)," and we did incorporate that important change. Also, there were additional recommendations from Michael and Deven, and once again, we did not have sufficient time to incorporate that into this year's annual report, but it is directly in the parking lot for us to address next year. So, those are some of the various different changes that we were able to incorporate, and if we were unable to do so this year, we made sure to put it in the parking lot, and we are going to dive right on into it early in the first quarter of the year. So, thank you to everyone that submitted any additional recommendations or revisions. At this point, Accel, why don't we move towards our overall report?

So, now we are going to move to our beautiful report in its beautiful new format, and we are just going to flip through this so you all can see the final format of the report before we go to vote. So, once again, this is the title slide, and we will just keep on going through our table of contents, which is beautiful because you can actually click on it in order to get to the section you like, and this also has increased accessibility because we want to make sure that this report is inclusive for all to actually read and navigate so that all the various different accessibility standards have been incorporated into this report as well. Next slide. This is a foreword from the co-chairs of HITAC just saying welcome to reading this wonderful report and highlighting all the great work from the HITAC committee, as well as ASTP. Next slide.

This tells a little bit about HITAC, as well as the six new HITAC target areas, including our brand-new one of the use of artificial intelligence that improves health and healthcare. Next slide. This is a little bit of the health IT landscape to date, and then it actually gives some of the various different target areas with the subsequent topics that are described throughout the rest of the report. Next slide. This also highlights that a lot of the work that we are highlighting in this annual report directly aligned with some of the federal activities across the various different HHS agencies, so we really wanted to include this and highlight it, as you all know, to show that the work that we are proposing and the recommendations we are offering are not being offered in isolation and actually do align with the overall work that HHS currently has in flight. Next slide.

Then we get into our very first target area, which is the use of artificial intelligence that improves health and healthcare. Next slide. Then it goes into the story that shows the future state where we believe artificial intelligence should be and the standards, principles, and policies that should be in play. Next slide. This is the same for all six of the target areas. It goes over the topic, key gaps, key challenges, key opportunities, recommended HITAC activities, and recommended HITAC activities for the upcoming years, especially in terms of the immediate opportunities, meaning next year, 2025, into 2026, and then you will also see some of the recommendations that are more longer-term opportunities, meaning after the year 2026. Next slide. This is more of the use of AI in health and healthcare. Next slide. We will keep on scrolling through so everyone can see.

Then we are on to our second target area, design and use of technologies that advance health equity. Let's keep on scrolling through. It starts off with our story. Next slide. Then it goes to all the various topics and recommendations from the HITAC. Next slide. Then it goes to technologies that support public health, with the intro. Next slide. Then we have all of the stories to really highlight where the future state is for public health and public health interoperability and technologies. Next slide. Here are all the various different topics and recommended HITAC activities for public health. Next slide. Then it goes directly into interoperability, where you will see several different subtopics underneath this area. Next slide.

This first starts off with our story to show interoperability at its greatest and finest. Next slide. Here are all the various different topics and recommended HITAC activities. Next slide. It keeps on going with more of the various different topics. Next slide. Then you will see some of the longer-term opportunities that we plan to implement in the year 2027 and/or later. Next slide. Then we have privacy and security, and you see that there are three topics underneath this, and here is the introduction for it. Next slide. We start off, as always, with our important story to highlight the importance of this topic and where we are going. Next slide. Then the topic is recommended HITAC activities, as well as additional longer-term opportunities for privacy and security, which is a very, very important topic for us to lean into. Next slide.

Here we have the next section, which is patient access to information, with the two topics and the intro on this slide. Next slide. Also, we have the illustrative story which actually does highlight all of the different future states of patient access to information, about which I think we are going to have a very robust discussion during our upcoming year here on HITAC. Next slide. Here are more of the topics and recommended HITAC activities. Next slide. Here are more of the patient generated health data (PGHD) and, again, another shoutout, especially to Aaron Neinstein, who has been one of the leads in this area, in addition to Anna McCollister, so we appreciate you all for always highlighting PGHD. Next slide. That is the end of all of the key target areas, but no report would be sufficient if we did not actually acknowledge all of the amazing work that this committee, in partnership with ASTP, has been able to accomplish over the year.

So, in the HITAC progress for fiscal year 2024, it first lists all of the work, the overall accomplishments, that we have been able to achieve, such as HTI-2 and all of our different recommendations for it, in addition to all of our public meetings of the full committee with over 50 public meetings for our subcommittees, and we, as this year's HITAC, delivered over 206 recommendations and the annual report to the National Coordinator, which is just an immense amount of work rooted in expertise, so it has been a phenomenal and highly productive year. Also, here are all the various different subcommittees that all of us have participated on, not only just with the Annual Report Workgroup, but with the HTI-2 Proposed Rule Task Force, the Interoperability Standards Workgroup, as well as the Pharmacy Interoperability and Emerging Therapeutics Task Force 2023, which led over into 2024, so we wanted to include that. Again, congratulations and thank you to all of you for all of the commitment and the work that you have provided. Next slide.

This also goes a little bit deeper into the Annual Report Workgroup, what the charge was, and all the accomplishments that were highlighted through the Annual Report Workgroup. Next slide. Then it goes directly into the HTI-2 Proposed Rule Task Force and more details about the charge and what was accomplished. Next slide. Then there is the IS WG, which we are excited to launch at the beginning of the year, and all the accomplishments that we did achieve for USCDI Version 5, with the recommendations from the IS WG, and we look forward to the additional recommendations from the IS WG on USCDI Version 6. Next slide. Here is the Pharmacy Interoperability and Emerging Therapeutics Task Force. This was one of the first task forces that focused on all these different areas, and, once again, the immense amount of amazing work and recommendations that were presented forward. Next slide.

Then we get into the appendix, and we will just flip through this very quickly so that everyone does see it. Thank you, Accel. Keep on flipping. If you go back one more moment, this is just all of the acknowledgements for those on the annual report. I just want to take this time to say, once again, thank you to not only my co-chair Eliel, who helped to lead the charge for this year's Annual Report Workgroup, but this lists all of the various different members, and each one of you all played such an important role in thinking about, constructing, and thinking through all the different feedback from the HITAC. I also want to give a special, special thank you to all of our ASTP colleagues, Michelle Murray, who has also been the true leader of this space, along with all the assistance from Seth and Whitney, and a special, special thank you to Audacious Inquiry. They are the folks in the background that are listening to every single word, trying to decipher what we are trying to say, and then represent our thoughts and our concepts back in a way that is intelligible, that is actionable, and that actually interweaves with everything.

I just want to say thank you, thank you, thank you to everyone on this slide, and especially to our ASTP and Audacious Inquiry colleagues. We could never do this without you, and we appreciate all of your support throughout all these various different months. Last, but never least, are all of our HITAC members. We just have a phenomenal HITAC committee, and I look forward to working with all of you all, and the annual report is a culmination of all of our dedication and commitment, so I just want to sincerely thank all the amazing work of the Annual Report Workgroup, and I look forward to our continued success together as well as our continued impact together. On that note, we will move into discussion, and I will see if I can fix some of my technology here in my office. Thank you so much, Accel team. So, at this moment, are there any thoughts or last-minute discussions before I turn it on over to Sarah for the vote?

Sarah DeSilvey
Any questions before Medell before we go into the vote?

Medell Briggs-Malonson
I was successful! I fixed all of the technology in my office.

Sarah DeSilvey
Amazing work, Medell.

Medell Briggs-Malonson
With climate change, we are having winds, and I think it is impacting some aspects. All of my electricity went out. Any questions or additional thoughts? All right, again, thank you all. You all are all amazing. Sarah, I will turn it on over to you.

Sarah DeSilvey
Thank you so much, and again, I am going to echo what I put into the chat. You have done immense work. The last couple months have been one significant effort after another by the amazing group and subcommittees, and this is no different. Do I have a motion to approve the annual report as presented?

Shila Blend
This is Shila. I will motion.

Sarah DeSilvey
Do I have a second on that?

Fillipe Southerland
This is Fil. I will second.

Sarah DeSilvey

Thank you. All in favor?

Several Speakers

Aye.

Sarah DeSilvey

Are there any opposed? We are doing it verbally today. The hands can be delayed. Any opposed? Any abstentions? The annual report, as presented, has passed a vote by HITAC. Again, co-chairs, amazing work. Thank you so, so much for the significant call to arms in the best way possible, and we are very, very grateful.

Medell Briggs-Malonson

Thank you, everyone, and congratulations. When this is posted, please share it. It is a lot of great work, and representative of all of you, so thank you, everyone.

Sarah DeSilvey

Thank you so, so much. Again, this is a significant achievement. Congratulations to all. It is now my honor to segue into the next item on the agenda, again, reflecting on the immensity of what was just discussed. We welcome Lori Haberman to discuss the USCDI+ Behavioral Health update. Thank you so much, and I hope I pronounced your last name correctly. If not, please correct me. Oh, I think you are muted.

USCDI+ Behavioral Health (00:46:05)

Lori Haberman

I see that. Thank you. My name is Lori Haberman. I appreciate you guys having me here to talk about this important work we are doing in the behavioral health space, and I am now having technology difficulties. Okay, next slide, please. Just to provide a little detail on the agenda here, we will go ahead and get started and talk a little bit about the Substance Abuse and Mental Health Services Administration (SAMHSA) ASTP Behavioral Health Information Technology, or, as we call it, the BHIT, Initiative, and then, the next thing we will do is dive right into USCDI+ Behavioral Health and the work that we have currently done over the last year and a couple months, and then talk a little bit about the next steps. Next slide, please.

The SAMHSA ASTP BHIT Initiative is a collaboration funded by SAMHSA to advance health information technology in behavioral healthcare and practice settings, and the project identifies a pilot set of USCDI+ Behavioral Health data elements by SAMHSA's Substance Abuse Prevention Treatment and Recovery Services block grant and their Community Mental Health Services block grant grantees. So, the new USCDI+ domain for behavioral health will aim to improve the effectiveness and reduce the cost of data capture, use, and exchange for behavioral health providers.

As part of the BHIT Initiative, ASTP will develop and publish a behavioral health information resource, or BHIR, to support those who wish to use the USCDI+ BH data set, as well as provide technical assistance to pilot participants. Many of the providers receive the block grant and discretionary grant fundings, as well as Medicaid and other fundings, so reporting requirements are a significant burden, and they vary by funding source. Lack of behavioral health data captured is often a barrier for grantees, as well as challenges with data segmentation for privacy and understanding consent. Next slide, please. I will go ahead and jump right into the data set.

So, this slide talks about what data is essential to behavioral health. The initiative held some listening sessions with partners, published a draft USCDI+ BH data set for public comment, and conducted additional research to

determine what the essential data elements for the BH domain would be. Additionally, we have looked across other USCDI+ domains to harmonize, and the two primary use cases we have are behavioral health overarching, which is really more related to mental health and substance abuse specialty care, and then, the other use case we have is the comprehensive care use case, and that use case includes information to exchange between behavioral health and physical health treatment and routine care.

So, as you can see on the slide, we have gone through and looked at the assessment tools, as well as critical elements for clinical decision making and outcomes, working with social determinants of health, comorbid conditions, trauma-informed care, criminal justice, polypharmacy, and recovery. Next slide, please. The USCDI+ data set builds on USCDI. I am not going to go into detail on that because I think there have been several presentations that have covered that in recent months. I see a hand up.

Bryant Thomas Karras
I can keep my question until the end.

Medell Briggs-Malonson
Thank you, Bryant. We will keep all questions until the discussion. Some people may raise their hands just to get in line, but we will keep all questions to the discussion area.

Lori Haberman
All right, thank you. So, the USCDI+ data set, as I was saying, builds on USCDI to capture and exchange the specific data between providers, as well as supporting the reporting use cases. The second bullet here mentions the work we are doing to align the work across agencies and harmonize elements to make sure that we meet the community needs, and then, the last bullet here really narrows in on alignment with SAMHSA's data modernization efforts to improve interoperability across the care continuum. Next slide, please.

So, a lot of hard work has gone into creating multiple versions of the USCDI+ data set at this point. We published Version 0.01 in March for a 60-day public comment period that closed in May. We reviewed those comments to come up with a refined version of the data set, 0.02, and held dispositioning sessions to further iterate on that data set, from which we then created this 0.03 data set, which is the basis of the FHIR implementation guide that we tested at the September Health Level 7 (HL7) connectathon. There is a link to that implementation guide in the slide if you are interested in reviewing that. Next slide, please.

All right, we will go into next steps. Next slide, please. The team will continue to evolve this data set by refining the two use cases, comprehensive care and reporting, during piloting that will be coming up. We are coordinating the work as well with the human services work that is being done to mature the social determinants of health (SDOH) data elements, with the goal of publishing draft v.1.0 of the USCDI+ Behavioral Health data set toward the end of the BHIT Initiative, which is a three-year-plus contract. As we iterate on the data set, we also plan to refine the FHIR implementation guide for pilot use and then, again, will refine it further from lessons learned from the pilot program. Next slide, please.

Just to talk a little bit about the pilot program, the teams worked hard to develop this pilot program right now to test, validate, and refine the USCDI+ Behavioral Health elements as well as the FHIR implementation guides (IG) among SAMHSA's block grantees and sub-grantees. There will definitely be more details to come on this. We are really looking at technical feasibility to assess the technical capabilities of pilot sites' data interoperability to look at the ability of the behavioral health providers to exchange the data across systems, providers, state agencies, and federal systems, as well as for administrative efficiency. All right, next slide. We are on to questions and discussions. Thank you.

Medell Briggs-Malonson

Thank you so much, Lori, for that amazing presentation to highlight our USCDI+ Behavioral Health. Now we will open it up for some discussion. I know that there were some hands above. Bryant, did you want to go ahead and ask your question?

Bryant Thomas Karras

Sure! Lori, thank you so much for the fabulous presentation and for your super important work. I think this is a public health crisis that predated the pandemic, and carrying this work on is phenomenal, and I love seeing the continued investment in pushing the standards. I know the University of Washington is one of your partners in some of this work and research, but I am curious if, beyond opioid use cases, there has been inclusion of data elements in USCDI+ for behavioral health advance directives, capturing the patient's wishes for how their inpatient or treatment processes will go when they are in a sound state so that they can be leveraged in a crisis. Is that part of the scope of this activity?

Lori Haberman

There has been some work done on that. Liz, can I ask you to speak a little bit about the testing that was done on one of the advance directive use cases at the HL7 Connectathon?

Liz Turi

Yes. We had a couple of vendors working with us through testing the behavioral health IG, and one was specifically focused on advance directives. Unfortunately, I was not there for the report-out aspect of it, so I do not know exactly what some of their feedback was, but they were actively engaged in working through the behavioral health IG.

Bryant Thomas Karras

Thank you.

Lori Haberman

Thanks.

Medell Briggs-Malonson

Excellent, thank you. Any additional questions? Well, Lori, while people are thinking of their questions, I did have one question. I noticed that you mentioned the criminal justice system and capturing data. Can you share a little bit more about how that was discussed and the charge or the thought process that was behind that type of data being incorporated into these standards?

Lori Haberman

Sure. That is one of the critical elements here. I am sure it came from work that we did to assess what data elements needed to be included, so we did have some listening sessions that happened, and we definitely have worked with various partners to determine what those critical areas are. Do you need additional info?

Medell Briggs-Malonson

Yes. I think what I was referring to more was the rationale behind using it. I can see from all sides, but what I am always concerned about is using that data in any form of biased or discriminatory way in terms of treating the patient if they have had encounters with the criminal justice system in the past, so that is what I was really referring to, the rationale behind that specific data standard and what the thoughts were in terms of how it would be utilized.

Lori Haberman

Understood. I am not sure I am prepared to answer that question at this time. I am not sure if there is someone else on the line who has also been part of the project who is able to provide a little bit more information on that.

Medell Briggs-Malonson
If not, it is just a question. Those are some of my thoughts whenever I see criminal justice information being brought into the healthcare, clinical, or public health setting. It can be very stigmatizing, and it can lead to discriminatory behavior, so that is why, if we are going to bring those standards in, it is really important to understand why and how it is supposed to be used because we do not want it to cause unintentional harm to the patient, so thank you for that.

Lori Haberman
Understood, and that is great feedback, and we will definitely make sure we take that back. John?

John Garguilo
Yes, I can jump in to provide a little bit of additional color to help answer the question, Medell. The project is primarily focused on those more technical aspects of content. However, when we do the pilots, those types of policy considerations that wrap around that data use are certainly things that we are going to examine, so that is sort of to come.

Medell Briggs-Malonson
Great, thank you both. Anna, I see your hand.

Anna McCollister
Thank you for this. I was just wondering how patients have been involved. Have they been involved? What was the process from getting input from patients or advocacy groups on what is important, and how did it work?

Lori Haberman
We have had some patient advocates that have been involved in this process, and the work is far from done. We will continue to engage patient advocates as well as patients in this process.

Anna McCollister
Okay. Has that been as part of workgroups? Are they suggesting and giving input into the specific things you are considering including? What is that from?

Lori Haberman
We have had patient advocates as part of the workgroups, as well as some of the listening sessions that have been held.

Anna McCollister
Okay, thank you.

Medell Briggs-Malonson
Thank you for that important piece, Anna, of just making sure that we do incorporate our patients and the patient voice into all that we develop. Thank you, and thank you, Lori, as well. Rochelle? Rochelle, we cannot hear you. You may be muted.

Rochelle Prosser
I just had a question surrounding the use of AI. Are you setting standards in place within the tools to use AI or any language learning models within your behavioral health foray into interoperability?

Lori Haberman

We have not looked at that in this specific project at this point, but there is other work that is going on within ASTP that does look at that. John, can you respond to that?

John Garguilo

Yes. I think you hit it, Lori. It is going to be generally out of scope for the project.

Rochelle Prosser

I just have some feedback. When you begin your foray, could we please think about cultural sensitivity the way different cultures…

Medell Briggs-Malonson

Rochelle, are you able to speak up just a little bit or get a little closer to the mic?

Rochelle Prosser

I am so far. Hold on one second. There we go.

Medell Briggs-Malonson

That sounds fantastic.

Rochelle Prosser

So, as you begin to do your investigation within behavioral health using language learning models, I encourage you to please be mindful of the way different cultures and different populations speak about mental health conditions so that we do not use language learning that becomes punitive based on behavioral patterns of language and linguistic speak, as AI tools learn up based on imaging, background, information, etc. Thank you for your time.

Medell Briggs-Malonson

And thank you, Rochelle, for that comment. To your point, we know, especially in the mental health and behavioral health domain, when using natural language processing, there have been several observances that, between various different cultures, because different cultures may identify mental health in different ways, the natural language processing or even how it is discussed is not all in one type of category. So, we really need to make sure that we are paying attention to cultural sensitivity as well as language differences. I think that is a really important piece so that we can be all-inclusive in this work and address the epidemic of behavioral health and mental health issues we are facing. Thanks for that, Rochelle. Sarah?

Sarah DeSilvey

I put this in the chat, but just building off of your comment, Medell, I want to note that Gravity has the humbling job of convening experts in incarceration status and intersections with the criminal justice system over the course of the fall 2024 cycle, so the ethical requirements of doing so with care, eliminating bias, and fostering health has been our north star over the course of the last few months, and so, we will be producing both ethical guidelines at their direction and data standards guidelines to support critical health equity use cases, but I just want to elevate what you have mentioned again, and we are very lucky to have all these leading national experts in incarceration, health, and health equity assisting Gravity, and we are happy to integrate that at any time into any other work happening in the ecosystem, so, thanks, Medell, for elevating that.

Medell Briggs-Malonson

Thank you so much, Sarah, for this amazing resource, and thank you to Gravity. Lori, any additional thoughts about that?

Lori Haberman
That is definitely one of the areas we are looking to align our work with, so thank you for that information.

Medell Briggs-Malonson
Thank you again, Lori, and I love this resource that you just provided to Sarah. Any other questions for Lori and the team? Okay, I do not see or hear any. Lori, thank you. This is such important work. This is work that is going to continue to move us along with really leaning into addressing and supporting our patients in terms of behavioral health and mental health, so we really do thank you for presenting all of these amazing standards, and if there is any way that any of us can help, you can see we are all very passionate about it. Thank you again.

Lori Haberman
Thank you so much. It has been an honor.

Medell Briggs-Malonson
Thank you, Lori. All right, at this point in time, I think we are going to transition to Seth for something that is incredibly exciting, the HITAC 2025 wok plan. I almost want to do a drumroll, Seth. Can we do a drumroll in any way? So, we will turn it on over to you, Seth.

Seth Pazinski
I tried. I do not know if it came through.

Medell Briggs-Malonson
No, we did not hear it.

Draft 2025 HITAC Work Plan (01:08:05)

Seth Pazinski
I am going to walk through the initial draft plans for the HITAC coming up next year. We can go to the next slide. I am going to walk through the process, and this is our standard process that we do around this time each year. The ASTP support team has looked back at the various legislative requirements, existing workplans, and emerging issues that are of interest to ASTP and work with our executive leadership to get direction on a draft workplan for the HITAC for next year. We have also taken a look at prior HITAC deliberations and certainly looked at the HITAC annual report, which has been voted for and approved, so that factors into the planning for next year as well. So, today is just an opportunity to share what the plans look like for next year and an opportunity for you all to share what would be areas of interest that you particularly would be interested in in the HITAC taking on next year, and then we will come back as we kick things off at the start of next year with the HITAC to go over a final HITAC workplan. We can go to the next slide.

So, just to recap, and Medell and Sarah have both shared some highlights of all the work that the committee has done over the past year, from a task force workplan and hearing standpoint, the HITAC completed the annual report for FY '23 and, as of today, also wrapped up the FY 24 annual report, and the Interoperability Standards Workgroup provided recommendations on the draft USCDI v.5. We also had the artificial intelligence hearing earlier this year, and recently, in September, completed the work on the HTI-2 Proposed Rule Task Force for 2024. Now, with the FY 24 annual report wrapping up, we have the Health Equity by Design Task Force, which is under way, and then we also went over the charge for the Interoperability Standards Workgroup for the coming year to take a look at draft USCDI v6. Go to the next slide.

This gives you a chart view of the upcoming HITAC meeting dates, so that first row is all the full HITAC meeting dates for next year, which have been distributed to you all and should be on your calendars at this point. We also have the schedule for the next cycle of the HITAC Annual Report Workgroup, so that will be focused on FY 25. And then, you will notice they are starting that work a little bit earlier in the timeframe than we have in past years, so, kudos to the HITAC Annual Report Workgroup and to the HITAC overall for adjusting that timeframe, and we now have those reports coming out closer to the end of the fiscal year period. Going forward, you can see the revised timeline for that HITAC Annual Report Workgroup.

And then, we talked earlier about the charge. The Interoperability Standards Workgroup will get under way upon the release of the draft USCDI v6 from ASTP, and that will run through the public comment period, which we anticipate going through the April 10th HITAC meeting. In addition, we will have our next iteration of the Adopted Standards Task Force. This is a 21st Century Cures Act requirement. We have completed one iteration of this with the HITAC three years ago, where the HITAC will take a look at all of the adopted standards that HHS has adopted through rulemaking through ASTP's regulatory activities, and then we will be making recommendations on whether to maintain the standards or not and whether to update them.

So, the Cures Act requires that we revisit that annual standards task force on a three-year cycle, so we are now three years out from the first iteration of the Adopted Standards Task Force, so we have looked to separate that, given its focus on standards, to not overlap with the IS Workgroup process for next year, so we will have a short break there between wrapping up the Interoperability Standards Workgroup and a focus on draft USCDI v6, and then we will pick up on the HITAC taking a look at all of the standards that have been adopted through ASTP rulemaking and making recommendations on whether to maintain, update, or sunset those. And then, as you are all aware, we kicked off the Health Equity by Design Task Force two weeks ago, so we anticipate that running through May of next year.

For USCDI+ domains, we anticipate a similar structure to what we had with HITAC this year and that we just had with the USCDI+ Behavioral Health domain, where, as different pieces of the USCDI+ domains are being made available for public feedback, we will have presentations and discussions with you all to give you the opportunity to weigh in on those data element sets, use cases, and other aspects of the USCDI+ portfolio of domains. Go to the next slide. Just to highlight the areas of emphasis that you all voted on earlier in the meeting to approve, there are six target areas that HITAC has identified and also identified in the 21st Century Cures Act, and listed out here are all of the activities and topics that were identified in the FY 24 HITAC annual report. We are just including these for your reference as potential additional activities for the HITAC as we look to move into next year. Go to the next slide.

Before turning it over for discussion, I also wanted to share the primary ways in which we can engage on topics through the HITAC. One, obviously, is with subcommittees, where we would be charging HITAC to dig in deeply on a particular topic area and provide recommendations, which would come up through vote to the Assistant Secretary for Technology Policy. We also had the opportunity to do HITAC hearings, and that is an opportunity for areas where we want to have a robust discussion and invite additional subject matter experts from across industry, government, or other groups to present perspectives with regard to a particular topic, and have discussion across all the HITAC members as well, with any of those invited experts to have a deep public dialogue on a particular topic.

And then, we also have the opportunity to have presentations and discussions at the full committee meetings as well. So, as you think about the topics, and this is an aspect that is also addressed as part of the Annual Report Workgroup, there are ways in which ASTP and the HITAC can engage on various topics, so I just wanted to

refresh memories on the opportunities and ways in which we can engage through the HITAC on various topics. So, with that, I will pause and turn it back to our HITAC co-chairs to facilitate the discussion.

Sarah DeSilvey

Hello. Any questions on the charted 2025 HITAC workplan? Feel free to raise your hand, and we will bring in your voice. Bryant?

Bryant Thomas Karras

I am trying to be patient and let others go first. Seth, as always, part of my voice here is to make sure that public health does not fall to being an afterthought, and I know we have had one round of USCDI+ Public Health, but as you know, public health is not something that is one and done. It is an ever-evolving priority and issue as different challenges evolve and hit us differently, and I am wondering if there is a plan for ones that have gone through the cycle in that beautiful wheel to come back around and be revisited, updated, and enhanced?

Seth Pazinski

Yes, that is the intent. For the USCDI+ domains, the expectation is that, at a minimum, we will have a presentation to provide an update and discussion, and as domains have items out for public comment, we will be looking towards that, but we also have the opportunity if there are other interests that would make for a timely discussion on the USCDI+ domain, so you can look at those as well, but that would be the opportunity to weigh back in on any feedback you would have on the USCDI+ domain as well, as well as anything that is specifically out for public comment at that point. So, that is the intent for next year, that, at a minimum, we will cycle back through the five topics on which we have started engagement with you all this year. Those are behavioral health, which rounded it out for today, but also the USCDI+ domains on quality, cancer, maternal health, and one I am forgetting.

Bryant Thomas Karras

You are probably forgetting public health. Everyone always does. Great. To put color on it, I feel like we have an opportunity with this process to get out ahead of the curve and, with highly pathogenic avian influenza, making sure that we have more than we need before we need it. Thank you.

Seth Pazinski

Yes, thank you. One of the additional USCDI+ Public Health domains we will look to have an initial conversation with HITAC on is sickle cell disease, which is one of the more recently initiated efforts under the USCDI+ domain.

Sarah DeSilvey

Any other questions from our esteemed HITAC members on the workplan for 2025? That is just pure excitement, Seth.

Seth Pazinski

I do just want to express my appreciation for all the great work on the HITAC annual report. That is a primary source for us as we look to understand where the committee is identifying areas for ASTP, both to have activities as well as to engage with you all on additional topics to benefit from all your feedback, so that is a wonderful resource for us, and it certainly helps us in our annual work planning. Thank you again for that.

Sarah DeSilvey

Seth, before we segue into public comment, Bryant asked a question I myself asked, so you might want to say that out loud.

Seth Pazinski

Yes, thank you. So, with regards to ASTP's regulatory schedule, at this point, we communicate our plans for ASTP regulations through the unified agenda, so at this time, there are no ASTP rules listed on the unified agenda, so there is no HTI-3 Task Force at this point, but that would be the place where we would communicate any future regulatory plans on behalf of the agency through the unified agenda. So, we present this at draft, and certainly, there is an opportunity for the workplan to evolve over the course of the year, as we certainly have experienced in the past, whether that is through ASTP's regulatory plans or the opportunity for incoming priorities as we go through our presidential transition as well. So, this is certainly a draft workplan in a place where we want to communicate what we are working on and understand what is happening, but there is always the opportunity for that to evolve as priorities emerge over the course of the year.

Sarah DeSilvey
Thank you so much. Ike?

Steven Eichner
Seth, thank you so much for sharing. Can you talk for a moment about patient engagement opportunities and patient involvement in decision making and access to data? That has been a theme that has come across in numerous spaces, at least in 2024, and I am not sure I saw it in the workplan for 2025. Is it an undercurrent?

Sarah DeSilvey
Yes. I think that was one of the areas that was certainly highlighted in a number of recommendations on behalf of the HITAC in the annual report for FY 24, so we will be taking a look at that, and we will also be working with our ASTP executive leadership on potential additional topics we would anticipate bringing to the HITAC next year. That is certainly one that we would take under consideration and look at what the HITAC has recommended through the annual report.

Steven Eichner
Thank you. Obviously, public health is something that definitely needs recommendations, so I give a plus-one to Bryant on that.

Sarah DeSilvey
Thank you so much. Anna?

Anna McCollister
Just picking up on Ike's excellent question about patient engagement, I would be interested to know how that proceeds, and again, I am happy to be involved in any discussions or brainstorms because I do think it is a critical need. I do not know how that works in terms of government stuff. I am blissfully ignorant about some of those rules, but I am just throwing that out there, as I think it is incredibly important. Ike, thanks for raising it in this context. Anyway, let me know.

Seth Pazinski
We will be looking to come back to it, like I said, at the start of the year, and we will be taking into consideration the annual report that was approved today, so they did a good job on enumerating some of the aspects from a patient engagement standpoint or inpatient burden as well, so that is one of the things we will be looking at to identify potential ways to engage with the HITAC on next year.

Sarah DeSilvey
Any other questions? This is our last topic for today before we segue into public comment. I am going to close this section of the agenda, then, by extending my deep appreciation to Seth and the ASTP colleagues who have helped craft our workplan for 2025. Knowing how exciting, diligent, and thoughtful our completion of the 2024

workplan was, it is good to look forward to 2025 and know what we will be addressing. Seth, I believe I transition to you now to assist Accel with opening up for public comment. Of course, we are finishing a little bit early, giving individuals some time back.

Public Comment (01:25:44)

Seth Pazinski

Thank you, Sarah. Yes, we will transition now into our public comment segment of the agenda. So, if you are joining from the public today, are on the Zoom, and would like to make a comment, please use the hand raise function, which is located in the Zoom toolbar at the bottom of your screen. If you are participating by phone only today, you can press *9 to raise your hand, and then, once called upon, press *6 to mute and unmute your line. I have a couple of notes while we wait for the public to have any hands raised. As a reminder, our next HITAC meeting will be scheduled in the new year, currently scheduled for January 23rd from 10:00 a.m. to 3:00 p.m. Eastern Time, and also, I will remind you that all HITAC materials can be found on HealthIT.gov and are available to the public. I am going to check now. I do not see any hands raised in the Zoom, and we do not have any folks on the line at this time, so I will transition it back to Medell and Sarah for closing remarks and to adjourn our meeting.

Final Remarks and Adjourn (01:26:56)

Medell Briggs-Malonson

Thank you, Seth. We are now in the last minutes of our HITAC year. Before we officially close, I want to say thank you to Accel Solutions, especially under the leadership of Katie. They are the ones that send all the materials, make sure we have all of our webinar links, and do so much behind the scenes, even in terms of our travel, so I want to sincerely thank the Accel team for all of your mastery and keeping us always on track and informed. In addition, of course, I give my sincere, deep gratitude to the ASTP leadership and all of our ASTP staff. We would not be HITAC without you all, and we would also not be able to provide all of our thoughts and recommendations without you all being supportive of such, so we value your partnership, we value actually being here and being able to lend our voice, and we are sincerely grateful for all of the immense amount of work that ASTP/ONC has made over this year and so many of the other years. We are very, very proud to be able to call you all partners.

And then, of course, directly to the full HITAC committee, you all are just an awesome group of people, and I want to thank you all for your sincere commitment, dedication, and, as always, all of your thoughts of how we can continue to make things better in our country through health technologies for all people with centering our patients, centering public health, centering equity, and centering all of the various different aspects that we know are critical in order to create the healthiest country possible. I sincerely look forward to working with all of you all in the upcoming year as we continue this journey. Last, but definitely not least, to my co-chair Sarah, thank you, thank you, thank you. There are a lot of things that go on in the background, and Sarah and I are in lockstep and constantly chatting, so I really want to thank you, and congratulations, also, on your year as co-chair. At this moment, I will turn it on over to you, Sarah.

Sarah DeSilvey

Thank you, Medell. Medell always has a way of saying what needs to be said, so I can just add little cherries on top. Again, first of all, as a first-year co-chair, I could not have had a better partner. Medell, thank you for teaching me, guiding me, and helping me to do this job as well as I can. Medell has covered so many of the key elements in our last meeting of 2024. As the facilitator that I am, it is really awesome to reflect on the collective experience and wisdom that we all share here in this meeting, and we have like minds and are laser-focused on ensuring that all the data elements, standards, and policies that we engender and suggest are consistently geared toward the better health of all.

It has been an amazing year for 2024. I look forward to 2025. I am grateful for and honored by the work that you all do with our federal partners, and I am very appreciative of all of you, and will miss you, and I hope to see you all at the ASTP annual meeting in December, where we will hopefully convene as many of you as can come, just to connect before we kick of 2025. Thank you so much to our ASTP friends, and you all have some time back. I hope you enjoy it well. Maybe take some self-care. I am sure we all deserve it. You take care, and we will see you hopefully in December, but definitely in January.

Medell Briggs-Malonson
Happy holidays, everyone. Take care of yourselves and your loved ones. We will hopefully see you in December, but are ready to kick off the new year in January. Bye, everyone. Have a great day.

Questions and Comments Received Via Zoom Webinar Chat

Maggie Zeng: HITAC Member: Aaron Neinstein: https://www.healthit.gov/hitac/member/aaron-neinstein

Sarah DeSilvey: It has been an honor to work with you, Aaron!

Medell K. Briggs-Malonson: Thank you so much, Aaron, for all of your service! You will be missed!

Shila Blend: Thank you Aaron! Its been great working with you

Hannah K. Galvin: Thank you, Aaron! It has been so great to work with you!

Maggie Zeng: ASTP 2024 Annual Meeting Agenda: https://www.astpannualmeeting.com/Agenda

Rochelle Prosser: Thank - you for you contribution Aaron!

Maggie Zeng: ASTP 2024 Annual Meeting Registration: https://www.astpannualmeeting.com/Register

Maggie Zeng: New TEFCA Videos and Resources: https://www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca

Maggie Zeng: 2024 Draft Federal FHIR Action Plan: https://www.healthit.gov/isp/about-fhir-action-plan

Katrina Miller Parrish: All the best to Aaron. Great year and thanks again to leads! I will need to leave at 2:30 ET today - sorry!

Bryant Thomas Karras: thank you

Katrina Miller Parrish: KUDOS TEAMS!!!

Rochelle Prosser: wonderful job

Sarah DeSilvey: well done, colleagues. immense and impactful work

Bryant Thomas Karras: woohooo

Rochelle Prosser: Congratulations!!!

Bryant Thomas Karras: for end … Lori: on slide 25... does this include any MH/BH Advanced Directive data elements?

Sarah DeSilvey: Gravity is currently addressing incarceration status data standards with DOJ representatives and key national experts in health care of individuals with history incarceration or intersections with the criminal justice system. We are developing standards, including ethical standards, for the data to support care including careful consideration of risk and bias. We are happy to connect ASTP/USCDI+ with these amazing experts who are assisting the Gravity collective with this work. Our use case has been supporting the work of 1115 Reentry waivers

Bryant Thomas Karras: 🐗 🐗 🐗 🐗 🐗 🐗 🐗 🐗

Medell K. Briggs-Malonson: ❤️ the drum roll!

Bryant Thomas Karras: USCDI+PH   given HPAI do we need to revisit to make sure zoonotic (One Health) is well supported in case of animal to human becomes more prevalent ?

Bryant Thomas Karras: no HTI-3 taskforce!!!! ??? just asking

Rochelle Prosser: +1Brian

Rochelle Prosser: Fantastic job and thank you to everyone who presented or participated.

Anna McCollister: Thanks to all of the ASTP staff for your incredible work, support and guidance! We're fortunate to work with such a great agency team. Thank you!

Katrina Miller Parrish: Cheers Cheers!!

Seth Pazinski: I mentioned the Unified Agenda to stay informed on ASTP regulatory plans. Here is the link: https://www.reginfo.gov/public/do/eAgendaMain

Bryant Thomas Karras: 👏🏻 🎩

Anna McCollister: Thank you Medell and Sarah!!

Rochelle Prosser: JOb wel done to all of ASTP, Accell and Medell and Sarah

Questions and Comments Received Via Email

No comments were received via email.

Resources

HITAC Webpage
HITAC - November 7, 2024, Meeting Webpage

Transcript approved by Seth Pazinski, HITAC DFO, on 12/02/24.