



Meeting Notes

Health Information Technology Advisory Committee

Health IT for the Care Continuum Task Force

May 17, 2019, 9:00 a.m. – 9:30 a.m. ET

Virtual

The May 17, 2019, meeting of the Health IT for the Care Continuum Task Force (HITCCTF) of the Health IT Advisory Committee (HITAC) was called to order at 9:00 a.m. ET by Cassandra Hadley, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Cassandra Hadley conducted roll call.

Roll Call

MEMBERS IN ATTENDANCE

Carolyn Petersen, Co-chair, Individual

Christoph Lehmann, Co-Chair, Vanderbilt University Medical Center

Susan Kressly, Member, Kressly Pediatrics

MEMBERS NOT IN ATTENDANCE

Chip Hart, Member, PCC

Aaron Miri, Member, The University of Texas at Austin, Dell Medical School, and UT Health Austin

Steve Waldren, Member, American Academy of Family Physicians

ONC STAFF

Alex Kontur, ONC

Cassandra Hadley, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC)

Stephanie Lee, Health IT for the Care Continuum Task Force Staff Lead

Samantha Mekler, Health IT for the Care Continuum Task Force SME

Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

Cassandra Hadley turned the meeting over to Carolyn Petersen, co-chair.

Welcome Remarks

Carolyn Petersen thanked the members for attending the last meeting to refine the language for the transmittal letter.

Chris Lehmann shared that there are areas that the task force received additional feedback at the last HITAC meeting that will be discussed during today's meeting in regards to data segmentation for privacy (DS4P).



Data Segmentation for Privacy (DS4P) and Consent Management for Application Programming Interfaces (APIs) Discussion Wrap-Up

Carolyn Petersen noted that the task force did not provide a specific recommendation. During the HITAC Steven Lane and Sasha TerMaat asked for additional language, noted below:

- The task force understands their reservations with limitation of the DS4P that need to be addressed prior to requiring it. These include safety patients, medicolegal recordkeeping requirements, leakage, or the concern that segmentation will not meet user expectations. Particularly regarding narrative content as well as a significant scope of the development represented. Governance will be necessary to prioritize use cases for industry consideration, address the issues identified, and facilitate consistent implementation.

Discussion

- **Carolyn Petersen** asked to bring this language back to the task force for discussion because significant development will be required.
- **Chris Lehmann** noted that there was great concern that there could be an undue burden on vendors. He wanted to be sure that this feedback was shared. He noted that this task force may be downstream accused of bending to industry demands. His goal is to be objective and allow everyone to live with the result while also generating an improvement of electronic health records (EHRs).
- **Carolyn Petersen** shared that Sasha TerMaat noted at the meeting that the Electronic Health Record Association (EHRA) determined that it would take 20,000 hours of development for DS4P.
- **Susan Kressly** felt that this has to be done. Without privacy standards and adoption, there will never be interoperability. She questioned where this should be tackled. HIMSS is considering holding a stakeholder workgroup on this. She felt that the task force should provide a positive spin. She suggested encouraging all stakeholder to come together to solve this, without this hindering patient care and interoperability. This needs to be a call to action. Lean in and don't lean back. Susan Kressly suggested the following:
 - We understand there are barriers, but we also want to urge all stakeholders to come together to do this work to support interoperability. The task force acknowledges that there are barriers to optimal implementation of DS4P; however, it is critical for successful interoperability to encourage all stakeholders to come together to create viable solutions for the implementation of DS4P. There are two drivers for coming together to complete this work. The first is that patient privacy must be maintained wherever information flows in the healthcare continuum. In the world of increasing connections and interoperability without solving this problem, patient care and safe transfer of information are compromised.
- **Chris Lehmann** suggested adding in the barriers identified by the HITAC.
- **Sam Meklir** noted that they will work to refine the language by the end of the day.

Cassandra Hadley opened the line for public comment.



Public Comment

There was no public comment.

Next Steps and Adjourn

Cassandra Hadley adjourned the meeting at 9:25 a.m. ET.