



Annual Report Work Group

Transcript
August 2, 2018
Virtual Meeting

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Good afternoon, everyone, and thank you for joining the Health Information Technology Advisory Committee Annual Report Work group. This is the group that will be responsible for delivering the annual report as required in the 21st Century Cures Act. We are excited to get started in this activity. The HITAC has been quite busy this year, so there will be plenty to inform the report. With that, we are going to officially called the meeting to order, starting with roll call. Carolyn Peterson?

Carolyn Peterson – Individual – Co-Chair

I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Aaron Miri?

Aaron Miri – Imprivata – Co-Chair

Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Christina Caraballo?

Christina Caraballo – Get Real Health – Annual Report WG Member

Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Brett Oliver? Not yet. And Chesley Richards? Not yet. Okay. We will circle back. Perhaps they will join us a bit later. First, I would like to turn it over to Elise Sweeney Anthony, who is the Director of Policy here at ONC, for opening remarks.

Elise Sweeney Anthony – ONC – Directory of Policy

Good afternoon, everyone. I want to take a minute to thank you so much for your upcoming work on this work group. It has been pretty busy, when the committee started, in terms of TEFCFA as well as the USCDI. Now, we are bridging into expanded areas, including the standard use case work that another work group is working on, and, of course, the important work that is happening here in terms of the annual report development.

It will be an exciting time period in terms of use of the HITAC annual report to help inform some of the work that we are doing. I'm looking forward to hearing about some of the advancements that you think, as a work group and ultimately the entire HITAC thinks, are beneficial in terms of moving health IT forward – as well some of the gaps. We're thinking about the gaps across the health IT infrastructure that are captured in the priority target areas that are included in the Cures Act.

I really just want to take a minute and thank you for the work in terms of developing this, as well as to Carolyn and Aaron for taking on the helm as the work group co-chairs. I also just wanted to take a minute and thank my team for the work they have been doing to help stand up the work group and that they will continue to do to support your work going forward. So, Lauren Richie, of course, as well as Michelle Murray, who is the staff lead for this work group. Our goal, as always, is to support your efforts in terms of helping to make sure you have everything for the meeting itself, but also in prep and putting together the materials that you think would be helpful.

So, not only am I on the call, but also Seth Pazinski, who is on my team, Lauren, and Michelle. And, we're here to answer any questions that you have in terms of our objectives and benchmarks that are included in the slide deck, and any questions you have about our work, as you kick off this important work group and the following report. With that, my appreciation again to Carolyn and Aaron. I will turn it over to you, Carolyn.

Carolyn Peterson – Individual – Co-Chair

Thanks, Elise. I just want to echo Elise's thanks to the folks who volunteered to join me on the work group, along with Aaron. We do have a lot of great stuff to talk about in terms of what HITAC has accomplished this year. We also have an important role in thinking about priorities going forward and other work that needs to be done in emerging areas that ONC and the HITAC should be looking at as we head into the next year. I am really excited to be co-chairing this work group and look forward to working with all of you, and with ONC, to produce a really great starting point for ONC, and with HITAC, going forward. I'll pass the baton to Aaron.

Aaron Miri – Imprivata – Co-Chair

Thank you, Carolyn. I also want to echo exactly what you said, which is my superb appreciation for the ONC staff. Elise, you have a rock star team. You always do. I really appreciate them and all they're doing to support us. It will be a fun task force and I am looking forward to seeing the outcome and the product that we develop. With that said, this is exciting, but it's also blazing a new trail. This is a brand new work group completing a task that hasn't been done before. The law was just signed into law not too long ago. So, it will be fun to ideate, brainstorm, and come up with any type of opportunities to develop in the next year. I'm looking forward to this. My thanks to you all.

Alright. With that, Lauren, I think we want to move on to introductions. Is that correct?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Yes. That's correct.

Aaron Miri – Imprivata – Co-Chair

Alright. Carolyn, do you want to kick it off?

Carolyn Peterson – Individual – Co-Chair

Sure. I am a co-chair of the HITAC. In my date-to-day work, I am Senior Editor of MayoClinic.org, which is a consumer health information website. But, I am actually on this committee, and then HITAC, as an individual. I am a 35-year survivor of a pediatric cancer and have been doing patient advocacy for upwards of 20 years now. So, I bring the patient perspective and come to the work group on my own time as a personal activity.

Aaron Miri – Imprivata – Co-Chair

Now, I'll introduce myself. I am Aaron Miri. I am a chief information officer. I have been on the provider side for well over a decade and on the commercial side for the past two years. My focus and specialty is privacy and security, and getting into the meat and potatoes of all of those very fun topics. From an overall perspective, I have been part of the Policy Committee, supported the Progress and Standards Committee, and now the HITAC. I look forward to getting back all of the information and knowledge from previous years to this work group, as well as what we've been doing at HITAC and really informing. Moving on now to Christina.

Christina Caraballo – Get Real Health – Annual Report WG Member

Hi, everyone. I am Christina Caraballo I am the Director of Healthcare Transformation at Get Real Health. I focus on consumer engagement. I recently was the co-chair of US Core Data for Interoperability. I am looking forward to doing this new work group. Thank you so much, Carolyn, Aaron, and the ONC team. I know how much work it is to do the co-chairing. I'm really looking forward to supporting you guys in this effort.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thanks. I did confirm that Brett will not be able to join us today. Is Chesley on the line by chance? Okay. We'll maybe circle back to see if he joins us a bit later. For the ONC, you are all familiar with our National Coordinator Dr. Rucker, who could not join us today. We heard from Elise earlier. I will ask Seth to introduce himself.

Seth Pazinski – ONC – Director for the Strategic Planning and Coordination Division

Hi, everyone. Seth Pazinski. I am the Director for the Strategic Planning and Coordination Division at ONC. I work with Lauren, both in managing the Federal Advisory Committee and the HITAC and its operations, and also working on ONC projects and portfolios related to planning and performance. I have been in various roles within ONC over the past seven years leading strategic planning and performance related activities. I am excited to be part of the group and look forward to working with you.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Great. Thanks, Seth. I think you are all familiar with me. I am the Designated Federal Officer for the work group as well as the larger HITAC. I will turn it over to Michelle, who you will likely hear more from throughout the life of the work group.

Michelle Murray – ONC – Policy Analyst in the Office of Policy

Hi. I'm Michelle Murray. I am a Policy Analyst in the Office of Policy at ONC. I've been a work group lead in the past, for both the prior FACA iterations. I'm happy to be back doing this type of work. I also do a lot of policy research, especially through leading contracts to do so, and some technical writing. I think I have the right skillset to help us create this report. I look forward to getting to work with you.

Aaron Miri – Imprivata – Co-Chair

Okay. So, Lauren, do we now want to go into the scope and start talking about this?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Yes, please.

Aaron Miri – Imprivata – Co-Chair

Alright. The way we will divvy it this up between Carolyn and I is, I will talk about the first half or third of the slide deck in an overview, and Carolyn will go into the meat and potatoes and what we are

thinking about and start introducing some questions for us. Overall, this work group goal is to inform and come up with a draft of an annual report that's submitted to the secretary and Dr. Rucker. That really speaks to what we've been doing with the HITAC group and is required by 21st Century Cures. So, our goal is to look at how are we doing. What are we going to measures ourselves against? How are we doing against those measurements? And then, what do we want to plan for in the upcoming years that we feel that we should focus on and/or ask permission to look at?

One of the great things about 21st Century Cures is that it was very specific in some of the areas we need to focus on, and we're going to talk more about that as we iterate on the deck. Also, an idea of what we need to look at in terms of any gaps. Elise mentioned earlier, if there are any items that are really pertinent out there that the HITAC should take into consideration and talk through, then this is the time to talk about it. So, we will look to you all and to the larger HITAC audiences – and the public eventually – to say, "Hey, what all do we need to focus on? What is there that is important?" Health IT is rapidly evolving and doing some phenomenal work. But, we need to make sure that we're staying in the curve of all of that and looking at everything we talked about.

Alright. So, let's go into a little bit of definition here. As noted, the three areas specifically that we, as a HITAC, will look at was interoperability. We saw this a lot with our TEFCA work group and the USCDI standard work that was done there. It's really about achieving that interoperability appropriately amongst all test and datasets and data classifications and whatnot.

Next, is another subject which is near and dear to my heart, which is privacy and security – making sure that we are looking at this from all vectors and understanding the very real evolutions that are occurring within this space, and what can we do to make sure that we're helping to inform the greater public and making sure that regulations work with the way the market is evolving.

Three, is an area near and dear to Carolyn's heart, which is patient access and facilitating that access by individuals and their caregivers, and making sure they always have ready access to their PHI. And the fourth area here is what I just spoke to a little bit ago, which is any of those target areas that we feel are appropriate, that we should be asking for permission to look at with adequate notice out and talk through and work through. So, this could be an area that we think about and marinate on and come back to this team and say, "Hey, we really should look at this. We should talk about this. This is very real." Alright. I'm going to turn this part over to Carolyn.

Carolyn Peterson – Individual – Co-Chair

Thanks, Aaron. We have this diagram that kind of sums up the way that we work in HITAC and the way we interact with ONC. Starting at the top, ONC has given us the priority target areas that we were working on this year – these things like the TEFCA, DVI, and so forth – and interoperability. We deliberate and give them recommendations. They look at those recommendations and take that to heart as they work forward through their daily work. HITAC assesses the advancements look at how things have been going. And that can include federal, state, and things happening in the private sector. We identify the gaps in policies and resources, and we present that back to ONC to inform the charges for the next year for HITAC and the way that ONC carries that forward. We do that through the annual report, which is the work project that we're going to be focusing on over the next few months.

We have here are what we're calling a crosswalk. It is actually a two-dimensional representation of a three-dimensional matrix, where we have things interacting with each other on multiple planes. Across the top, to the right, we have the HITAC priority target areas that we have in the charges for this year for the committee's work. ONC's objectives are publishing some proposed regulation, publishing that draft Trusted Exchange Framework that another work group worked on earlier this year, the work on standards and specifications that is now underway with a different work group. ONC has something that is referred to in all of these paper products as benchmarks. That term comes from the language in the 21st Century Cures Act.

For us, in the first year, we need to conceptualize these more as baselines. There's nothing in existence now that we can compare. But, as we go through these documents, the word benchmark will come up quite a lot. We just have to think of it as setting a start with a baseline. There is this proposed regulation, the Draft Exchange Framework, and the standards and specifications. The HITAC charges that we have done so far, and are working on, the Trusted Exchange and the US Core Data for Interoperability. Those two are completed in terms of their work groups. Of the interoperability standards, priorities – that's underway now. And then, also additional initiatives that HITAC defines, in part looking at the work that we do and what we have to say about where we think things should be going.

ONC's objectives and benchmarks/baselines, for our purposes. For the purpose of the annual report, the 21st Century Cures Act is saying that the National Coordinator, in collaboration with the Secretary, shall establish an update as appropriate these objectives and benchmarks for advancing and measuring the advancement of the priority target areas. So, for us, this is a good opportunity to start laying down what matters as a baseline and what they can follow in coming years.

ONC sets the objectives and the benchmarks that are to be used in the development of the HITAC annual report. These objectives and benchmarks will be aligned with the priority target areas, and we have seen how that fits together, looking at the crosswalk. ONC's goal is to establish a consistent measurement process over time, but they can update some of these objectives and benchmarks as appropriate, as the industry and the playing field changes. And then, ONC is interested in feedback from HITAC members about these objectives and benchmarks. That's where we come in, and also, as we present drafts of the annual report to the full HITAC.

For fiscal year 2018, ONC has several objectives. First, is publishing proposed regulation for implementation of the health IT provision of 21st Century Cures for driving access to clinical data – that would be proposals for ATIs identifying behaviors that are not considered information blocking for assisting the OIG in enforcement of the Cures Act provisions that are there to prohibit information blocking. Second, publication of the Draft Trusted Exchange Framework to improve data sharing across various health information networks. Third, to consider standards and implementation specifications to support priority uses of health IT based on the HITAC recommendations, encouraging all stakeholders to implement and use, as applicable, to interoperability needs that they work with that are a part of their daily work.

The benchmark – what we can think of as baselines – for fiscal year 2018. ONC has identified several proposed regulations covering APIs, info blocking, and other health IT topics published. So, we want to look at the possibility of HITAC activity by the end of this year in line with the schedule for publication for certification and interoperability enhancement proposed rule. There is a draft of the

Trusted Exchange Framework publication. The Draft Trusted Exchange Framework was released on January 5 for public comment. HITAC is charged with making recommendations and submitting them to ONC on this draft this year.

Standards and specifications to support priority uses being considered. So, the US Core Data for Interoperability – that work has been done with the work group earlier this year. HITAC is charged with review and feedback, and submitting recommendations to the National Coordinator on the USCDI and the process. And then, finally, we're charged with making recommendations on priority uses of health IT and associated standards and implementation specifications. That is something that has woven itself through the discussions we have had in the full committee meetings and has come up in work group discussions. The annual report is an opportunity for us to frame all of that and put in context so it's clear what the thrust has been over the year.

So, here is the workplan and the timeline. Today, this is the kickoff. Later in the month, we will have a landscape analysis and the gap analysis – some outlines there for a meeting we will have in three weeks. And then, in September, we will be updating the full HITAC on what we looked at so far. And, later in the month, we will have a draft of the landscape analysis. In October, we have a final draft of that landscape analysis to present to HITAC, as well as the final gap analysis. We will be working on that draft of the gap analysis ourselves, and looking at the progress report within our own work group.

In November, we will continue to work on that progress report within the work group and present something that we see as final to the full HITAC. And then, also, we will outline the full report itself. In December, we will have a draft of that full report that we will keep in our work group. And then, in January, at the in-person HITAC meeting, we will review the final draft that brings everything together.

We have resources and support – that's staff and contractor support – for researching and developing the report. We have logistical support for these virtual meetings. ONC can bring together panel hearings or subject matter experts to inform content to the report if we feel that is helpful for us. And then, once approved by HITAC, the National Coordinator will review and ONC will submit this final report to the HHS Secretary and congress, as required in the legislation.

Now, we get to the point where we will have our work group discussion. These are discussion questions that have to do with the priority target areas. I have been talking a bit, so why don't you take on the first one, Aaron?

Aaron Miri – Imprivata – Co-Chair

No problem. I want to offer up to the group that, if there are other questions here that you feel we need to ask or talk through again, this is all interim and work group improvement. So, if there are other things you bring in, feel free to. But, the first question I'll pose to this group is how broadly should the landscape and gap analysis cover the health IT infrastructure? How wide should we go? Remember, if you boil the ocean, your mileage may vary. To that end, I think we should think about how broad do we go? Carolyn, should we do each question and ask the group, or should we just walk through the questions and then tie them up at the end?

Carolyn Peterson – Individual – Co-Chair

Why don't we bring forward all the questions and have a general discussion, and make sure we go at least a little bit in the direction of each one?

Aaron Miri – Imprivata – Co-Chair

Okay. I'll go ahead and just do the rest of the questions real quick. Another question here – what recent interoperability advancements in the health IT infrastructure should be emphasized? There are some great articles that are out there you can read about leveraging various types of technologies that are on the commercial market, to really encourage and help with identification and whatnot, and to encourage interoperability.

And, what remaining gaps come to mind? Are there areas here, either to policy or whatnot, that need to be addressed? What are some of the recommendations for how HITAC can help fill these gaps? And then, lastly, what other activities should the HITAC undertake to support those recommendations?

In essence, if you look at these questions, we're asking you to look at the landscape of health IT. Are we doing everything we need to be doing and focusing on to help promote and advance interoperability and appropriate standards? Are there any gaps? So, common analysis – take a step back and look at this, and then let's talk through it. Christina, what do you think?

Christina Caraballo – Get Real Health – Annual Report WG Member

Thanks. Just put me on the spot right away. I think this looks great. It looks like a great start. I was just kind of looking – obviously, your discussion questions really make us focus on what we're looking at on the workstreams that you put together before. My initial reaction, if I am looking at all of these, the questions sound great. If I look at the first one on how broad the landscape should be, I think we should keep in mind that, while we don't want to boil the ocean, we also want to realize that the work over the course of the last year that HITAC has been doing is identifying additional use cases. So, we should think about how we best present the progress we have made in this ecosystem that is health IT as we look at interoperability.

I think that is something to keep in mind as we walk through this. I could go down each of these in detail, but that was the first major thing I thought of as we were thinking of general questions. I think another thing, from the work of the last work groups, are some of the gaps with others. I wasn't on this work group, but TECCA had a lot of comments that varied. There were very opinionated sides. One of the things that I've been looking at, just in my spare time on my own, is what are the naysayers on the TECCA saying. Where the problems? Where are the major gaps? We have been trying to get this network of networks working for a long time.

There are a lot of people that have been working in this space, and I've heard it's one of those really hard things. We've tried, we've tried, we've tried. When is it going to work? I am of the belief that we can get it to work if we take ten steps back and start figuring out some of the biggest challenges.

So, one of my personal goals in this report is to start to outline where our biggest gaps and challenges are in moving this idea of TECA forward. I don't know that we're going to solve that in this. We probably won't. But, that could be a really powerful area that we could push ONC to charge the next wave for next year on the next target areas for the HITAC next year. Those are my initial reactions. I'll let others chime in.

Aaron Miri – Imprivata – Co-Chair

That's great. I love your comment on the seek first to understand the leverage to even – we need to learn about what some of the hesitations are around TEF, and then thinking about that in a larger scope. I like that. I think it is important to listen to the public and folks that are brilliant out there, and hearing what they have to say and take it into account. Those are great comments. I don't know if other folks from the committee have joined. I want to give them a chance, and then, Carolyn, you and I can close out this section.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Aaron, this is Lauren. I don't see the other participants. I know Brett wasn't able to join.

Aaron Miri – Imprivata – Co-Chair

Alright. No problem. So, Carolyn, do you want to comment?

Carolyn Peterson – Individual – Co-Chair

Yeah. I am excited and pleased to hear your thoughts, Christina, because one of the first thoughts that came to mind when I got the list of discussion questions was all of the painful deliberations in the TEF work group and how difficult it was to come to some basic stuff that we could all agree on as well as that fundamental split between the folks who were feeling like the best way forward is to continue focusing primarily on clinical utility and integration and interoperability as it relates to the clinic setting and hospital settings. And then, other folks who said it's much broader. It's public health. It's consumer. It's mobile, and supporting a lot more different kinds of interoperability and a lot more functionality in ways of data traveling.

So, when I look at the first question, I am almost thinking to myself, "Is that the best way to attack this landscape and gap analysis to think about it in terms of micro landscapes, where you have the clinical landscape and the consumer health landscape and the public health landscape?" Look at those and pull out what are the needs and the main challenges in coming up with a way of proceeding with interoperability that takes into account all of these needs and, if not driving solutions for things, at least being very clear about what the challenges are and what it looks like will be needed as solutions for those things, so that all of that continues to be on the table and in front of mind as the HITAC and ONC goes forward with its work through the rest of this year and into the future.

We may also discover, in terms of the gap analyses, that there are some real similarities that we hadn't really thought about up to this point, and that can help drive solutions, or at least shift and

broaden people's thinking about the challenges, and where we need to try to move things so that the solutions that work for most, if not all, can emerge. Does that seem like it has any potential at all, from your perspectives, Aaron and Chesley?

Aaron Miri – Imprivata – Co-Chair

I think you're spot on, Carolyn. That's my feedback.

Christina Caraballo – Get Real Health – Annual Report WG Member

Yeah, I agree.

Aaron Miri – Imprivata – Co-Chair

I think Chesley joined. I don't know if she's on the call, though.

Carolyn Peterson – Individual – Co-Chair

You might be on mute, Chelsey, if you're –

Aaron Miri – Imprivata – Co-Chair

Okay, I think she's –

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

We'll doublecheck who's on the line.

Aaron Miri – Imprivata – Co-Chair

Alright. We'll wait for her to comment, then. But, I will say that I agree with you, Carolyn. I think you're spot on with that. I think there are a lot of areas that we could – I like the micro segmentation idea. I believe there is a lot of promise in that. Chesley, are you on?

Carolyn Peterson – Individual – Co-Chair

I think the operator needs to shift from the participant status to a presenter status.

Aaron Miri – Imprivata – Co-Chair

Perhaps so. Okay, we can work on that on the side. I'll sum up real quickly here. A couple things when I thought about these questions. I'm going to focus it a little bit on the privacy and security side. There is a lot there. One, there is some phenomenal work that HHS, ONC, and OCR has done in the past that are all relevant and germane to what HITAC is working on. I'll look towards things like the HHS Cyber

Security Taskforce that wrapped up about two years. And, some work output that came from that crossed industry work that was phenomenal. It hit the nail right on the head of how we get across some of these challenges, whether it is cyber security related, identification related, patient access related, or medical device security related – in all of these different dimensions.

How do we make sure that the work of those groups carries forward so that, as we look at things like TEF, we take into account artifacts from the Cyber Security Task Force or the ATI that was part of the Standards Committee – all of these different things that have happened over the past several years that a lot of us have been a part of.

For me, I would want to make sure we somehow interweave that into future taskforces, that we make that a requirement or criteria to look at and pull up artifacts from the past so they're included in future taskforces. Another item that I would say, in terms of technology in the market, I think we are coming to a point where we realize the importance of – I think we've had enough issues and incidents even in a private sector market – and even the public sector market – with stolen information or whatnot.

So, how do we continue to stay in advance and encourage adoption of standards to make sure that we really can tell that Aaron is Aaron, wherever he may be – and those types of things? For me, as we look at areas as it relates back to TEF or to any of the future of interoperability, keeping in mind all of those dimensions from previous work groups is important to me. As we talk about these different dimensions, I will try to reference items from TEF that are just excellent work that I don't want lost. Health IT builds on each other and we build on that work. And even, if you think back to the Meaningful Use Subgroup that I was part of, even work output from those groups still carries forward until today. So, that is my comment here. Does that make sense?

Carolyn Peterson – Individual – Co-Chair

I think so, yes.

Christina Caraballo – Get Real Health – Annual Report WG Member

Aaron, this is Christina. I think that makes perfect sense. I know you're mentioned a wealth of resources over the course of the HITAC, but it would be great to even have links or this is what's been done so, as we identify each of the areas within the annual report, maybe we can have an appendix that says, "And these are past resources that also support this work." Then the annual report that we produce this year almost becomes a consolidated resource of a lot of really great stuff out there that we've identified as stuff that's still relevant and can help move us forward in one place. And, I like the idea of making sure we focus on the different dimensions, as you mentioned.

Carolyn Peterson – Individual – Co-Chair

I agree. This is Caroline. I agree with that.

Aaron Miri – Imprivata – Co-Chair

Just for a factoid, I know a lot of folks that are provider CIOs – I have literally taken a workout quote from an ONC subgroup and given it to my hospital board to get various approvals and policy enacted across the hospital system because it's so clear cut. And whether it's coming from the OCR, the ONC, or even a thought recommendation, it has such powerful meaning that a lot of provider technology CIOs and clinical CIOs lean on. So, just making sure that's not lost in the wash as we're working on so many things is important. Alright. Let's move forward into the next slide. Carolyn?

Carolyn Peterson – Individual – Co-Chair

So, here is this draft crosswalk of priority target areas for this fiscal year. Again, it looks very similar to the previous crosswalk we saw. What's added here is an indication of where there is a direct impact, or aiming to advance the HITAC priority areas very directly versus environments where we may advance the priority areas – or perhaps not. I'll let you take a look at that rather than reading all 27 lines here.

There are some areas that are still to be determined because the Interoperability Standards Group is still meeting. And, some other things have not been fully resolved. Does this bring to mind any particular thoughts or concerns?

Aaron Miri – Imprivata – Co-Chair

I like this chart, but I think it's going to be a work in progress as this evolves. I think it speaks to a lot of the dimensions that HITAC was charged with. It will be interesting, as we begin to fill this in with additional target areas, as this group continues to meet, and we look at that, and ONC spends some time trying to figure out how do you sum up all of this work that's been going on into an easy to understand chart. I want to give credit to the ONC for this because this makes sense to me.

Carolyn Peterson – Individual – Co-Chair

Yes. It does a nice job of bringing that three-dimensionality down to something you can wrap your arms around. Our meeting schedule – we are on the 2nd today, just kicking things off. We have a meeting in about three weeks where we will start outlining the landscape analysis and the gap analysis. I think some useful work in the next three weeks is to be thinking about this idea of micro landscapes. The three that really pop out to me as being separate and significant are clinical, consumer, and public health. But, it's certainly worth trying to identify any others that we should be thinking about at this point in the process. We are well placed to do that. We need to integrate those appropriately.

About a month after that, we will look at the landscape analysis report. I expect there will be some homework in between those two meetings for us – some reviews and perhaps some writing, although we do have resources from ONC. A couple weeks later, in early October, we will look at the gap analysis report and outlining the progress report. We will have a month to do that and we will be looking at that and outlining the full annual report.

The goal would be to have a pretty solid draft of that annual report in early December. That is critical for us because, as we move deeper into the month of December, there will be holidays and travel. In general, it is a good time to not put more work tasks on our plates because other things are going on. Somewhere in that winterish timeframe, say after the 6th of December and before early January when the full HITAC meets, we will be completing this report. We'll present that to HITAC in January and then there will be a lot of furious activity on our part, along with ONC, as Dr. Rucker gets ready to take that to congress in February.

Are there any other important thoughts that I have left out, Lauren, Elise, or Michelle?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

No. I think that just about covers it.

Carolyn Peterson – Individual – Co-Chair

I am just trying to think of any other little built-in tasks that aren't explicit but will remind us of them when they pop up in our inboxes.

Aaron Miri – Imprivata – Co-Chair

Yeah, I think something important to note is, if we get along with this and we realize we need another meeting or need to call HITAC together to talk about something, there may be meetings in November and December that are not on this list, that pop up due to importance or urgency. There are also a lot of transitional things coming out later this year that may help inform and drive other dates, whether it's proposed regulation or rules. This will evolve and be added to, but I think it's a spot-on overview of what we're trying to do.

Carolyn Peterson – Individual – Co-Chair

Good. I want to emphasize that I hope everyone will be comfortable bringing forward any thoughts that you have about this as things come up, or if you see potential for conflicts or opportunities to enhance the work product by managing this schedule or changing it a bit. There is no value in waiting for the train wreck to happen. This is kind of an idea about how we can make all this work. If we see that we need to modify it, we definitely want to do that, so we get the best possible product.

The review schedule for the full HITAC in September – we will give them a progress update. And then, in October, on the virtual call, we'll review the final landscape analysis and the final gap analysis. In November, we will review the final progress report. And in January-ish, we will have the final annual report review. That will be an in-person meeting. And then, at some point in February, the final report will be approved at the HITAC. And then, that will go forward to the HHS Secretary, and then in March to Congress. And then, before we know it, we will be starting the 2019 report. So, we don't want to forget that detail.

Aaron Miri – Imprivata – Co-Chair

Small, important details. But, that's good.

Carolyn Peterson – Individual – Co-Chair

Small detail. See ya next August. Well, maybe July. We'll see.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

I think that brings us to public comment. I know we are quite a bit ahead of schedule, so I just wanted to check to see if there were any other overarching comments. One thing I forgot to mention at the top of the call is that, in case folks are wondering, the Annual Report Work Group is not limited to just HITAC members. Typically, other taskforces will include public members as well. But, because this is an inherent administrative function of the committee, it's limited to committee members only. But, to Carolyn's point earlier, if need be, we can pull in subject matter experts as needed.

Aaron Miri – Imprivata – Co-Chair

That's a good point. In addition, the difference between this work group and other work groups is we're going to be leaning on the committee members to go talk to folks in the community – talk to experts out there, ask questions, and bring that back to this group. Also, to bring in other expert opinions as needed. It will be incumbent upon all of us to ask the right questions and drive this to a very unique conclusion. It's a little different in the task, where we have a lot of outside participation in different groups.

Carolyn Peterson – Individual – Co-Chair

I see Chesley has posted a comment in the comment area. In addition to clinical, consumer, and public health, what about research? Are the patient outcomes clinical and translational? I think that is a great idea. I think sometimes we forget about it because a lot of that occurs in a clinical or institutional environment. But, absolutely, given the differences in the goals and some of the regulations about the way data is used and shared and other requirements imposed by funders. That is another good area to add to the micro landscape list.

Aaron Miri – Imprivata – Co-Chair

I would agree. I like that a lot.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thanks. Any other general comments, either in terms of the timeline or the process of the report itself, before we open up for public comment? Hearing none, operator, can you please open the line for public comment?

Operator

Yes. [Operator Instructions]

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thank you. Just as a reminder, we ask everyone to keep their public comments to not more than three minutes. Operator, do we have any comments in the queue at this time?

Operator

There are no comments in the queue at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Okay.

Aaron Miri – Imprivata – Co-Chair

Alright. With that, I think we can give some time back to folks. As this goes on, we will probably be using our full time, but today was more of an introduction and orientation to what we're trying to accomplish. Carolyn?

Carolyn Peterson – Individual – Co-Chair

Yep. I absolutely agree. I appreciate everyone coming to the meeting, and if you have further thoughts about any of these topics or have other ideas that you think should be looked at by the work group, please forward those along. Lauren can be sure that those get distributed to all of us. And, if nothing else, we will see you all in about three weeks.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Okay. Thanks, everyone.

[Event concluded.]