



Annual Report Work Group

Transcript
October 18, 2018
Virtual Meeting

SPEAKERS

Name	Organization	
Aaron Miri (Co-chair)	Imprivata	Co-Chair
Carolyn Petersen (Co-chair)	Individual	Co-Chair
Christina Caraballo	Get Real Health	Annual Report WG Member
Brett Oliver	Baptist Health	Annual Report WG Member
Chesley Richards	Centers for Disease Control and Prevention	Annual Report WG Member

Operator

All lines are now bridged.

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

Hello and welcome to the HITAC annual report work group meeting. If you joined the meeting yesterday, you know we shared a set of early recommendations from this group. And so today's conversation will continue with that, as well as some additional comments. So, we will go ahead and call the meeting to order starting with roll call. Carolyn Petersen?

Carolyn Petersen – Individual – Co-Chair

I'm here.

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

And I believe Aaron Miri is gonna be late. So we'll circle back later. Christina Caraballo?

Christina Caraballo – Get Real Health – Annual Report WG Member

Hi, I'm here.

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

Brett Oliver? Not yet. And Chesley Richards also said that he was not going to be able to attend today. So, with that I will turn it over to Carolyn just to review the scope, and then we will get started.

Carolyn Petersen – Individual – Co-Chair

Okay, thanks, Lauren. Here we have the membership in the ONC assigned to the project on display. It is myself, Aaron Miri, Christina Caraballo, Brett Oliver and Chesley Richards. And then on the ONC side we have Dr. Rucker, Elise Sweeney Anthony, Seth Zielinski, Lauren Ritchie, and Michelle Murray. We could have the next slide please.

So, to go back over the scope. The overarching scope is to inform, contribute to, and review draft and final versions of the HITAC annual report. That's the work that will be going to the HHS Secretary and to Congress. What we want to do as part of that work is to track ongoing HITAC progress, and additionally we'll be bringing up some other activities and suggested work for the future. So, on a more detailed level we need to provide specific feedback on the content of the report as required by the 21st Century Cures Act, in particular focusing on analyzing the HITAC progress related to the priority target areas, assessing health I.T. infrastructure and advancement in the priority target areas, analyzing existing gaps in policies and resources for the priority target areas, and coming up with some ideas for potential HITAC activities to address the identified gaps.

Next slide please. So, the priority target areas are defined under 21st Century Cures Acts. They are in three particular areas. Interoperability – that would be achieving the health I.T. infrastructure that allows electronic access, exchange in use of health information; that would be privacy and security which is promotion and protection of privacy and security of health information and health I.T.; and patient access, facilitation of secure access by an individual and their caregiver to that individual's protected health information. We also have latitude to address any other target area related to those that I just previously mentioned that HITAC identifies as an appropriate target area to be considered on a temporary basis with notice to Congress. So, we do have some latitude in that respect.

The next slide please. This is the meeting schedule for the work group. We have had four meetings. We will meet today and then again in November, December, and likely some additional meetings in 2019, but those will be more forward-looking toward the next year's work.

Next slide please. This is the schedule the full HITAC will be in terms of working on the product. In November, at that meeting we will look at the description of HITAC's work in fiscal year 2018. In January, we will be reviewing the fall annual report, and then later in the spring, we will have approval by HITAC submission to the HHS Secretary and to Congress.

Next slide please. We wanted to look at some feedback from the HITAC full committee at yesterday's meeting looking for suggestions for the current state topics and advancements listed in the landscape analysis, suggestions for gaps and opportunities that we had included in the gap analysis section, and then some thoughts about recommendations for HITAC activities to address the gaps and opportunities we identified.

Next slide please. Here is the proposed fiscal year 2018 annual report structure. We will start with an executive summary, go into an overview, review HITAC's progress in fiscal year 2018, have a landscape analysis and a gap analysis of the health I.T. infrastructure. We will make some recommendations for addressing health I.T. infrastructure gaps. There will be suggestions for additional HITAC activities, and then a conclusion, and some appendices that we envision would include links to other resources from ONC and elsewhere that are relevant to what is in the report and to the future work by HITAC.

Next slide please. So, content for gap analysis. For each priority target area, we have gaps identified and some opportunities identified.

Next slide please. With regard to interoperability, gaps identified by the work group – things that we've worked on previously – ongoing efforts around open APIs, information blocking, the trusted exchange framework, and standards and implementation specifications, the lack of knowledge about user experience of health information exchange, unmet needs of additional care settings and stakeholder groups, a delay in timeliness between issuance of guidelines and development of technology, the need to increase the level of interoperability, the need to improve data quality, prominence, and usefulness, and infrastructure needs of stakeholder groups particularly as they relate to broadband access.

Next slide please. Some opportunities for this priority target area include to establish usability metrics for health information exchange, the expansion of priority use cases to meet additional care settings and stakeholder group needs, to address alignment of timeliness of guidelines and development of technology, incentives for change across stakeholder groups to improve level of interoperability and data quality, and support for increased broadband access across stakeholder groups – in a particular underserved populations.

Could I have the next slide, please? Some additional opportunities to continue to improve patient matching when sharing data. To address the reality gaps between the perception of what the certification requires and its operationalization. We have mentioned one example related to the CCDA, but there are numbers of others that we could include as well.

Next slide please. Coming to the privacy and security gap analysis. Some of the gaps that we have identified are the variability of information sharing policies across states, for example the California Consumer Privacy Act of 2018, and what would happen if other states have similar but not the same legislation. There's a lack of knowledge about HIPAA and confidentiality of substance use, disorder of patient records, and regulation implications. There is a lack of user control to share and disclose information. We see implications of the European Union's General Data Protection Regulation and Privacy Shield. We have variability in adaption of cyber security frameworks. There is a lack of user awareness and education about privacy and security settings. And then the implications of the emergence of the Internet of things.

Next slide please. Some opportunities identified by the workgroup in this area would be increased uniformity of information sharing policies across states. Are there things we can do to try to encourage states to be more similar, more uniform? Education about HIPAA and confidentiality of substance use, disorder of patient records, regulation implications. Granular levels of content to share and disclose information. Address implications of the GDPR and the privacy shield. Support for widespread adoption

of cyber security frameworks. Education of technology users about privacy and security settings, particularly for social media. Consider what to regulate about the Internet of things, and we can continue to improve patient matching when sharing data.

Next slide please. Coming to patient access and information. Some gaps we identified include the lack of patient and caregiver access to patient data. The use and sharing of patient generated health data and other data from mobile devices. The need to improve the alignment of timing of planning activities with operational impact of technology development. The potential for lack of net neutrality due to market forces. Unmet infrastructure needs for underserved populations. The accessibility and usability of patient portals and other patient-facing technology continue to need improvement. Patient awareness and education about health I.T. resources, which we hope in part to address through the appendices in the report.

Next slide please. Here are some opportunities that the work group has identified so far with regard to patient access to information. Support use of APIs to improve access to patient data. Consider the workflow and technology improvements that would increase use and sharing of PGHD and other data from mobile devices. Better align the timing of planning activities with operational impact. Consider implications of varying experiences with net neutrality at national, state, and local levels. Support infrastructure needs for underserved populations including exchange costs, prevalence of electronic equipment, Internet access, availability of pharmacy services, and use of telehealth services.

Next slide please. A few more as well, consider improvements to accessibility and usability of patient portals and other patient facing technologies. Encourage patient and caregiver education about health I.T. resources. We could address the reality gap between the perception of what has been certified for a system and what is actually interoperable in the field.

Next slide please. We've gone through the gap analysis there. I'm wondering if this is a good time to have any further check in on that work. Did you want to share anything anyone else on the committee? I see Aaron has joined is now.

Aaron Miri –Imprivata – Co-Chair

Yes, I am on the call. Thank you.

Christina Caraballo – Get Real Health – Annual Report WG Member

So, Carolyn, this is Christina. I was thinking about the feedback from the full committee yesterday, and I think it was brought up that the structure was a little off. I think that we had all the content that the committee was asking for, but as I was thinking through this, I don't know what flows really well. So, I had a recommendation on how we could restructure the slides. If you look at it in our deck we go from the outline to the content for the gap analysis. I think that that is where the confusion is. We have all the work in there. I just think we need to shift it around. So, I would suggest that we add – and label a little better. I would suggest that we add specific charges as we go through to transition as headers. I think it just would be up better flow.

For example, I would recommend that after our outline report we put a slide that says, “Charge One: HITAC progress related to priority target use cases.” Then we add the content at the end of this. Even though we are working on it later, and we want to add more. I think it will give a better introduction and landscape in the slide. I think that we can transition to a second header that says, “Charge No. 2:

Health I.T. infrastructure and advancement.” Then we can go into our gap analysis with the new section that says, “Charge Three: Existing gaps in policies and resources for priority target areas.” We have this. I think it is just a matter of adding these transitions and headers. Under each of these subsections for the priority target areas, we can then go into the – sorry, under the gap analysis, we can go into each of the three target areas.

One other thing I wanted to point out to the work group as I was going through this on how we could restructure the slides was that for our priority areas, we have interoperability, privacy and security, and patient access. Then we also have other target areas related to the three that HITAC identifies as appropriate, which Carolyn, you mentioned earlier in the discussion. We haven't actually had conversations around if we think that there are additional areas. So, we might want to bring that up as an agenda item at some point. I just wanted to note it. After the third one, we can go into our transition into charge number four, which are our suggestions for potential HITAC activities. I believe we have up right now up for discussion. I think that would help it be more clear to the reader when we bring this back to the full committee. I took notes on all of that and I can send it to you. I was doing a little outline in my head before the call.

Carolyn Petersen – Individual – Co-Chair

I think whatever we can do in terms of moving the slides around or retitling them or adding other transition slides in there to help clarify what is where, I think that would be all to the good.

Aaron Miri –Imprivata – Co-Chair

That would be helpful. I also thought about this. Perhaps – remember the Gantt chart that we had in the very beginning, some of the earlier slide versions where it had each of the sections and it had the status of each item, it may be helpful to start off with that, and tell the full committee next time that these are things in flight that are going to carry over. These are the items that –maybe call it idea placeholders – we want to talk about. Then we can go into the idea of placeholders now as we talk through things. I think folks are getting lost in all the verbiage versus seeing that one-stop shop.

Christina Caraballo – Get Real Health – Annual Report WG Member

I agree with that.

Carolyn Petersen – Individual – Co-Chair

I do too. Good plan. Was that clear for you and your team, Michelle, what Christina suggested or do you have questions about that?

Michelle Murray

I think it is helpful, and I would like to see what she has to email to us as well. That would be great.

Carolyn Petersen – Individual – Co-Chair

If you could scan that and send it out to the other workgroup members, I think that would be helpful. I think I sort of know what you mean, but it is always good to see it in a hard copy.

Christina Caraballo – Get Real Health – Annual Report WG Member

No problem.

Carolyn Petersen – Individual – Co-Chair

I think it is worth taking a last look to see if there any other points or issues or opportunities we wanted to add to the slides or if we feel like that aspect of the work.

Aaron Miri –Imprivata – Co-Chair

I thought it was fine. I think yesterday was just a presentation issue. It wasn't a content issue, like Christina was saying.

Carolyn Petersen – Individual – Co-Chair

Okay. I'm good with that. It is good to feel like we are putting things to bed, also to feel like we're not going to have to do some rework later with something else or stuff we didn't think about. If everyone is comfortable with that, we can move on.

Aaron Miri –Imprivata – Co-Chair

Agreed.

Christina Caraballo – Get Real Health – Annual Report WG Member

Sounds good.

Carolyn Petersen – Individual – Co-Chair

This brings us to the initial recommendation ideas. Do you want to read through those slides, Aaron and head that discussion?

Aaron Miri –Imprivata – Co-Chair

Sure, let's do it. Next slide please. Some of the potential recommendation ideas for interoperability. We talked about this yesterday with the big HITAC. I am curious because this is around the reality gap. I know that everybody can speak to from their own perspectives, and I even talked to from my own perspective yesterday when we were explaining about it with the big HITAC. I'm just curious, particularly from you all, are there other examples we want to add here about the reality gap? Are there other issues that we want to speak towards? I think this is a big opportunity for HITAC to really help fix this if it is a perception issue or it is a reality issue. What do you all think?

Carolyn Petersen – Individual – Co-Chair

Would it be helpful to call that out in some cases, the business system functionality is at a more advanced place than some of the health data sharing functionality, and to note that that creates challenges that are not always immediately understandable and fixable, because there is so much variation among the nonclinical systems that wind up being a part of what is interoperable. I think within the informatics community we sort of all just know that, and we don't talk about it anymore, because it is kind of a baseline belief. Speaking to a wider audience where people are not so familiar with all the functionalities, might that be helpful for us and for readers?

Aaron Miri –Imprivata – Co-Chair

That's a good thought. That's a very good thought. Any other feedback? Christina or Brett or anybody?

Christina Caraballo – Get Real Health – Annual Report WG Member

I just had a question in general. Going into our recommendation ideas and I know this is listed out of one of the opportunities under our gap analysis, how did we pick which ones we were going to focus on on our opportunities that were identified? Are we going to each of them and then are we narrowing it down? What is the process on that?

Aaron Miri –Imprivata – Co-Chair

I understood it – and Carolyn, correct me if I’m wrong – that we wanted to present this slate back to the HITAC and for the HITAC to figure out and prioritize. We really think passionately about – I am making this up – of these 20 items, these five rise to the top. This will be the HITAC recommendation back to the ONC and whatnot. Carolyn, what did you understand?

Carolyn Petersen – Individual – Co-Chair

I think the HITAC definitely wants to have some involvement in prioritization. What I was hearing yesterday is there is definitely some desire to perhaps revisit some of the work that was done particularly around the TEFCA. I don't know how much activity that will involve, but I get a sense that people don't see it as check the box and move on. They feel there is some ongoing observance or perhaps engagement there to be had for the future. I think we would fail if we didn't at least create the opportunity for there to be some engagement and discussion at the HITAC level about what role they want to play. Is that voting on priorities or is that saying here is a list of things we think are important? Here's another list we think are important, but not as important as the first list. I mean really this work product is to represent the views of 30 or so people that are on the committee. I think we have to take some direction from them as well.

Christina Caraballo – Get Real Health – Annual Report WG Member

I completely agree and I see where you've got – it is a different order. The next slide has the areas of opportunities. That makes sense. I want to get my head around it. Thank you.

Aaron Miri –Imprivata – Co-Chair

I think we are the representatives of the HITAC, which is why this work group is just the HITAC members. The HITAC has to come back and recommend this. So, we're doing all the legwork to give back to them so they make the final decision.

Christina Caraballo – Get Real Health – Annual Report WG Member

Makes sense.

Aaron Miri –Imprivata – Co-Chair

All right. Let's go to the next slide. Other opportunities for further consideration. Interoperability, obviously usability metrics, the priority use cases for additional care settings and stakeholder groups, addressing alignment and timeliness of guidelines, the development of technology, incentives for change across stakeholder groups to improve level of interoperability and data quality, supporting the increased broadband access, and improve patient matching when sharing data. I can tell you that the patient matching one obviously has a lot of recent press around it, as do all these items. All of these items are right for HITAC further consideration. Particularly when it matches back to other initiatives like TEFCA and others.

Let's go next slide. Potential activities identified by the workgroup to date. Obviously increase the uniformity of information sharing practices across states. Then of course support the widespread adoption of cyber security frameworks. We talked about this yesterday with the large HITAC. I'm curious if there's any more feedback from this smaller group about these two items. Or is this pretty much – to me as common sense. This is mom and apple pie stuff. But I'm curious if anybody feels that way or has other feelings strongly.

Carolyn Petersen – Individual – Co-Chair

I think this is pretty baseline stuff we can't ignore but maybe don't necessarily need to go into a great deal of detail about in the report. It is more reiterating support for things that have been of concern to ONC, and the public, and the health care community for quite a while.

Christina Caraballo – Get Real Health – Annual Report WG Member

On this, it might be – we have kind of the view of the state policies. We put it in our area on privacy and security, but we might actually want to add it to a gap under interoperability as well. So, adding a gap under interoperability to add the variance in state governance and then an opportunity to just understand those nuances for exchange.

Aaron Miri –Imprivata – Co-Chair

That's a fair point. I was just thinking to do that. That's a fair point.

Carolyn Petersen – Individual – Co-Chair

I agree.

Aaron Miri –Imprivata – Co-Chair

Let's go to the next slide. Other opportunities, education around HIPAA and substance disorder – confidentiality substance disorder rather, granular levels of consent to share and disclose information, which I think also ties back to that – How you identify a patient appropriately? Address the implications of the GDPR and privacy shield. Education for technology uses around privacy and security settings especially social media. Consider what to regulate around IoT. And Carolyn, I really appreciate you highlighting this one yesterday that we really haven't talked about this. IoT is becoming really the center of the universe for healthcare, and what is going on, and all these different companies moving into it. I don't know if we asterisk and bold that. That's actually becoming more and more prevalent as time goes on. Last but not least, continue to improve patient matching when sharing data.

To me, if you look at this and ranked and stacked it, if you take the regulations and the law items out just because those have to be done, and we have to figure that out, it all comes back to how do you identify people? And how do you identify machines? And how you manage those people and the machines effectively with the right security and privacy controls? I think all of these can be summed up and stitched together in terms of storytelling. I was going to see if that may be easier if we start trying to add explanations of real life issues that have hampered folks for each of these. So that when we present the next version of HITAC we can say here is an example of what happened at – take my previous lives – Children's Dallas. Here's what happened when trying to identify a minor that didn't have their parent because of a car accident or whatever and the issues we had with that. You know, things like that. So, something to consider.

Carolyn Petersen – Individual – Co-Chair

And what we can reasonably expect or what assumptions we can make about the future given recent FDA action in terms of the way that it is going to regulate or choose to define some things as not being part of the regulation that may have some kinds of patient engagement? It could be health apps. It could be some kind of devices. I'm not the legal or regulatory authority, but I have seen a number of things come down in the last few months, and certainly they are promoting it. So, that is something that is on the horizon. I don't know that it is something we need to think about today, but if it is not on the 2019 agenda it is probably something to emphasize. We need to think about it in 2020 and more of that technology coming into play.

Aaron Miri –Imprivata – Co-Chair

I agree with that. Next slide. Potential activities identified with the work to date. This is for patient axis information. Supporting the use of APIs, which I think we are doing. We can continue to do more. I give a lot of credit to ONC and CMS and all the groups out there for embracing APIs and pushing forward. It's great. Other opportunities for supporting infrastructure needs for underserved populations including exchange costs, prevalence of electronic equipment, Internet access, pharmacy service, and telehealth services. We talked about this yesterday with the large HITAC. How you measure the impact or the monetization of exchange of data? Even our last committee meeting here, we talked about the fact that people are taking these data silos or data legs and monetizing them. Will that be an impediment to patient access in the future? I don't know. Is that something patients need to be better aligned to? We need to talk about it. All of those items are impacting or have the potential to impact care and impact the progress to deliver care. How do we begin to wrap our minds around that? Are there any thoughts around that?

Carolyn Petersen – Individual – Co-Chair

I think the whole issue with APIs can be confusing to a lot of people in healthcare, because it is one of those invisible things that sort of happens. You can't always tell when you have one doing something that you just take as part of your job or your day-to-day job flow. I think we definitely want to continue supporting and pushing for infrastructure issues related to underserved groups. The new technology brings new needs. It changes work flows, and if we don't have the infrastructure then there is no adaptability, no option to be able adapt it. So, I think we have to keep pushing on that.

Aaron Miri –Imprivata – Co-Chair

Right.

Christina Caraballo – Get Real Health – Annual Report WG Member

This is Christina, I don't know if this is the right place. One thing that I would like to add to priority areas is looking specifically at standards around social determinants of health. I know that with APIs in the context of this slide we are looking at access to information. But when we think about the patient giving information back to the health ecosystem, I think that we are still hitting major roadblocks because we don't really know how that happens. If you even look at some of the initiatives around patient engagement, and data sharing, and sharing of information from the patient side, a lot of it has gone from we see it being in full use. We saw the patient generated health data in there, and then we saw it come out. ONC has asked the community to look at how we actually get patient generated

health data into the systems. I feel like we talk about it a lot, but even organizations that want to start incorporating patient data and social determinants of health – I know they're different but kind of bundle them together – it is kind of like how do you do it? I don't think that there is a clear roadmap on that, and I think it is causing a major challenge when we look at how we move forward with the lot surrounding patient engagement initiatives from a lot of stakeholders. That can be from your care coordinators, to your researchers, to the list goes on but a lot of different use cases we have discussed.

Aaron Miri –Imprivata – Co-Chair

Good points. Very good points. Okay, next slide. Other potential activities. Considering improvements to accessibility and usability of patient portals and other patient-facing technology. Measure the amounts of length of time the portal has been online and working properly. Patient engagement or patient understanding of data. I have a new one to add. Here's a new one. Here's my bugaboo, why I was a few minutes late to this call. Some vendors that provide portals do not provide multi-language portals. They only provide portals in English. Well guess what? I have a huge Spanish-speaking population. It's a very difficult proposition for all my Spanish speaking patients. And they cannot access their data. So, I am now in a discussion with my vendor to alleviate that which is unfortunately not a standard option as part of their portal technology. So, how can we measure the ability to be multilingual to various respective audiences or something like that?

Christina Caraballo – Get Real Health – Annual Report WG Member

This is Christina. Go ahead Carolyn.

Carolyn Petersen – Individual – Co-Chair

I was going to say that is a problem the country over, and it's a particular problem in places that have subpopulations with less common languages. We think about Spanish, but in some places it's Mandarin and in some places it is Russian.

Aaron Miri –Imprivata – Co-Chair

Or if you're in Alaska it is the tribal languages up there and whatnot. I mean, it's just issues.

Carolyn Petersen – Individual – Co-Chair

Absolutely. That's a good thing to keep on the list.

Christina Caraballo – Get Real Health – Annual Report WG Member

Another thing to note is that the certification for the 2015 addition, and I'll lean on ONC to correct me on this completely, but I believe that it only requires two languages and that second language may be optional. But it might be something that we recommend or discuss supporting or requiring the use of more languages within the certification. That will be the root.

Aaron Miri –Imprivata – Co-Chair

I didn't realize it. That's a great call out. I put that on this list, too. If that is really -- if you are spot on with that, then that should be on this list. We have to move the ball forward in terms of healthcare. I was truly dumbfounded to note that this wasn't a standard offering from the product that I use from a very major well-respected vendor. They shrugged like why would it be? The disconnect is appalling. We have to call more attention to make sure more swaths of the population can be serviced.

Carolyn Petersen – Individual – Co-Chair

It may be that a way to frame that is should include the capability to work with other languages as deemed appropriate or needful by the local organization or the local population. Because I think some organizations will be progressive and say yes, it is in our best interest. It relates to the outcomes that we have to report for these particular things, to these particular agencies. Others will say it is a large expense that we aren't able to easily manage, and it's a small population. You will have that need or that goal driven by community groups who organize and are advocating on behalf of the population itself. Regardless of who drives it, I don't think we can say that you should also be able to do X language, XYZ, in addition to Spanish. It should be reasonably easily customizable to meet the needs of the local user community.

Aaron Miri –Imprivata – Co-Chair

I would agree and including ADA compliant. How do you deal with patients who have disabilities? In order to make a product for the federal government, if you are going to sell inside the VA or whatnot, they require you to meet certain standards of code that are ADA complaint. So, your products have to work across multiple types of consumers, which I totally agree with. How is that not the standard in uniformity for any product developer in healthcare IT? I don't know.

Carolyn Petersen – Individual – Co-Chair

It just didn't get thought about way back when, and there hasn't been the push to change it going forward. So, we can be the push.

Aaron Miri –Imprivata – Co-Chair

That's exactly right. I think this could be a huge win for patients and a great bullhorn that we can blow and say timeout, let's really call attention to this and help everybody and not just one kind of patient. That is my soapbox for the day. Next slide.

Christina Caraballo – Get Real Health – Annual Report WG Member

They just require the WCAG 2.0 requirements, but it is like a low-level and the higher level is optional for certification.

Aaron Miri –Imprivata – Co-Chair

Got it. Interesting. Okay. We will have to bring that note back to ONC as well. All good. Other opportunities for further consideration. Consider the workflow and tech improvements for the increased use and sharing of patient generated health data and data from mobile devices. Obviously the impact of clinical grade data collected by patients on testing costs. Better aligned timing for planning activities operational impact and consider implications of varying experiences of net neutrality at the national, state, and local levels. There are so many different dynamics impacting patient care. There was a great article this morning about the tech titans getting into patient generated health data. And obviously the Apples, the Amazons, the world. And this is just further going to become an issue. So, whatever we can do to start helping the patient side of things I think will be a good cause. That's my two cents.

Carolyn Petersen – Individual – Co-Chair

I agree.

Aaron Miri –Imprivata – Co-Chair

Let's move on. Next slide. This will be our content for the FY18 HITAC progress outline. So this is our crosswalk of the priority target areas for '18 as based and called out in Cares with interoperability, private security, patient access, and of course additional target areas that we have been talking about. This is the crosswalk that I was speaking about earlier today that I think maybe would have been helpful to lead with for the big HITAC yesterday. I think they thought we had forgotten that obviously TEF and the US CDI and all these things are going on, and we hadn't. We just jumped right into the recommendations first. So, it just escaped everybody's mind. These are the items that are being worked on, and obviously they will be scored appropriately as we move along the way.

Next slide. The TEF. Obviously the overarching charge there was to inform develop an advanced recommendation of part A, part B of the draft TEF to inform development of the final TEF and Common Agreement. The specific charge there is to make specific recommendations and language included in the minimum required terms and conditions of part B including an RCE recognized coordinating entity. The definition of requirements of qualified QHINs, permitted usage and disclosures of privacy and security.

What have we done in '18 already? We've had nine public meetings of the task force and transmitted 26 recommendations to the National Coordinator for Health IT. Next slide. The US CDI Task Force. Obviously there is the overarching charge to provide feedback on the US CDI. So, specific charge was to provide recommendations on the mechanisms approaches to receive stakeholder feedback regarding data classes. Propose categories to which data classes would be promoted. The US CDI would be expanded by how much. Any factors associated with the frequency of it.

Our accomplishments in FY18 are we held nine meetings of the task force and transmitted nine recommendations to the National Coordinator for Health IT. On these past two slides, I happen to have been part of the task forces. I know we sum it up in a really simple sentence, but it was a lot of work that went on behind the scenes. There are so many people to thank for those two items. Nine public meetings, but maybe a couple of dozen major email discussions, and write-ups, and just great work by a number of people. So, I just want I want to take a moment to hats off to everybody who was part of those work groups.

Next slide. Interoperability standards priority task force. Make recommendations on the priority uses of health information technology and associated standards. The ISP task force would make the recommendation for the following. The priority uses of health IT consistent with Cures. Standards development, implementation specifications that support or may need to be developed for each identified priority, and subsequent stats for industry and government action and publish a report. The accomplishments in FY18 were we held six public meetings and produced an initial list of priority uses for further discussion. And that ISP task force is still meeting, and ongoing, and really delving deep, and doing some great work on that.

Keep going, next slide. Administrative requirements. Policy framework states that in general the HITAC will recommend to the national coordinator policy framework for adoption by the secretary consistent with the strategic plan, and the framework shall prioritize achieving requirements to stay consistent with the strategic plan. Policy framework shall seek to prioritize advancing achievements and may to the extent consistent with this section, incorporate policy recommendations under the 21st Century Cures Act. So, our accomplishments. We transmitted a recommended policy framework for ONC activities to the National Coordinator for Health IT on 2/21/2018.

Next slide. HITAC Annual Workgroup. The HITAC was formed – formed a work group to inform, contribute, and review draft and final versions of the HITAC annual report. That's what this group is. We consist of five HITAC members, all of us. Two of them act as work group co-chairs. In '18 we have established the scope of the work group activities and support in development of FY18 report. We've held three public meetings of the workgroup, and updated the full HITAC committee on 09/05 and of course yesterday.

Next slide. Okay, so before I go to this section, are there any other comments from this work group on what we have done for the year or how things year or how things are going?

Carolyn Petersen – Individual – Co-Chair

I think that may be a section that gets extended discussion and perhaps some discussion about how we frame the language around some of the things that have been accomplished, particularly with regards to TEFCA. So, I think the more work we can get done and the more language we can have in place for review and discussion at the meeting in November – the full HITAC meeting – I think the better off we are. I know we are crunching for time. At the same time, I feel like it is in everyone's best interest if we can put the things that could provoke significant discussion or controversy on the table as early as possible so we can be sure to get those discussed and not get to late December or January and discover that there are some people who are really concerned about how issues and work have been framed.

Aaron Miri –Imprivata – Co-Chair

I agree Carolyn. I also think things like TEFCA, which are still a work in progress or still working through. There are a lot of public questions, appropriate questions, appropriate inquiries, and whatever next steps are with the TEFCA somehow to delineate that we are reporting on status. It doesn't mean we are done. I have gotten feedback from folks on the side. They think that that when we say we've worked on TEFCA and submitted initial requirements. They are like, TEFCA is done. No, it is not done. This is what we submitted and what will happen next, will happen next. There may be a great way for us in this report to say these are things still in flight. We will still be doing more activities and make that very easy to understand.

Carolyn Petersen – Individual – Co-Chair

I think it will be – that item in particular – will be something that will be really important to the full HITAC, because when we got to the end of the discussions and had to present something to ONC essentially the workgroup was split right down the middle literally 50% in terms of one perspective and 50% in terms of another. What we actually brought back was something that provided some insight into both views, but I think among the membership there are still probably some pretty strong feelings

about one or the other. That probably would benefit from some airing before we try to submit a report for ONC to take to Congress so everybody feels like we have really covered all the ground and presented the issues in their full, unadulterated complexity.

Aaron Miri –Imprivata – Co-Chair

Agreed. Carolyn or Brett? I think Brett had to drop off, but Carolyn?

Carolyn Petersen – Individual – Co-Chair

Yeah, I am here.

Aaron Miri –Imprivata – Co-Chair

I meant to say Christina, sorry.

Christina Caraballo – Get Real Health – Annual Report WG Member

Sorry. No, I don't have anything. I agree with what you guys were just saying. I think it's important to bring up these issues earlier. And do we want to off-line do some back and forth on some of this stuff as well?

Carolyn Petersen – Individual – Co-Chair

We might want to by email take some of that language out of the document that was presented to ONC – actually for all of these task forces, but that one more time than others – take out some of that language and see about how we can edit that to include in the annual report in a way that it is perhaps not as voluminous, a bit more streamlined, but still includes all the perspectives and as much of the background and underlying emotion as we can. I think the closer we stick to the product, the easier it will be to get through HITAC in terms of their approval just because it will hue closer to what was presented.

Aaron Miri – Imprivata – Co-Chair

Agreed. I want to be cognizant of the time. What time does this thing run until? Do we have enough time for public comment?

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

We are scheduled to go until 1:30.

Aaron Miri – Imprivata – Co-Chair

We have a little bit of time. I thought for whatever reason it was 1:00. Any other feedback or comments? Personally, I think the work that has been done already has been phenomenal. It's a lot to put together and a lot to try to synthesize. If we are – from what I heard yesterday, what my take away from the general HITAC was that this truly was a presentation of the volume of information questions not the content of the information. I think we are in pretty good shape.

Carolyn Petersen – Individual – Co-Chair

I agree. I think there was some confusion yesterday based on the organization of the presentation, but I didn't get the sense that anybody had any significant disagreement with any of the information that we have brought forward so far.

Aaron Miri –Imprivata – Co-Chair

Right. I have this worry. I don't know how to solicit the HITAC for this. Maybe Carolyn, it's something that we can noodle. I really want to make sure everybody feels heard. I want to make sure that everybody with a question, or a gap identification, or an opportunity item, no matter how silly or bizarre it may appear on the surface could be so significant and could be so worthwhile that I just hope everybody on the HITAC really has had a chance to speak their mind and feed us back whatever. I want to consider it. I want to look at it. I want this to be a truly transparent, as encompassing as possible, report. I think it's important.

Carolyn Petersen – Individual – Co-Chair

Absolutely. This really is kind of – I don't want to say the mouthpiece, that's not quite the right word – but it is the voice of the full HITAC.

Aaron Miri –Imprivata – Co-Chair

Yes. That's exactly right.

Carolyn Petersen – Individual – Co-Chair

So, in terms of getting the perspective and getting the feedback, I think two things would help that immensely. First, if we can really push down on our work and try to get a draft out to people say three to five business days before the meeting so they have the opportunity to comment then they have had a chance to look at it. If you are having Internet problems, or you are traveling, or whatever the sorts of life issues that get in the way of saying you've got enough runway that you can find some way to massage it. It is not like the thing comes to your email the night before when you are in the hotel where the Wi-Fi is down, and you can't make it work so you can't see it. The other thing we can consider is having a long enough meeting or setting aside enough time in that meeting so that we can pole each member the way we did for perspectives on interoperability at the September in person meeting. And Lauren and I can touch base on that outside this call. I think Robert Wah, my co-chair for HITAC, would be very supportive of that. I know that he is also very invested in ensuring that everyone has a chance to speak their piece and to get their ideas out there. The challenge is how we can work with the support staff at ONC to ensure that we can have those drafts early enough to send them out. That is partly on them doing their job, but it is also on us getting our job done and really supporting their effort to get things in a timely manner.

Aaron Miri –Imprivata – Co-Chair

And I'm thinking out of the box, too. Do you think it may even help further once we do have that draft out there – I think we can do that. We can saddle up and get that done. – maybe having Elise or some of the senior ONC staff really encourage the HITAC to speak up. It may help having senior leaders say hey here's a draft. Please give us your feedback. Just like she did yesterday on the call for comments. I thought that was excellent. In much the same way, it may help inspire anybody who may be feeling reluctant to speak up.

Carolyn Petersen – Individual – Co-Chair

Absolutely. Absolutely. Really for that matter we can even invite people to e-mail comments to Michelle and Lauren. If they are not comfortable speaking in front of the group. Although I don't feel like we have a group dynamic where that would be a challenge or a problem for anybody. If for some reason someone – either maybe they can't make the meeting or something else going on, we can provide that venue as well. Then Michelle and Lauren could share that with us, with this task force.

Aaron Miri –Imprivata – Co-Chair

That's a great idea. Great point. I agree with you. I think the group is a made up of a bunch of type A plus personalities, which is why they got selected. These are the best of the best across the country. So, no doubt. Sometimes there may be an item that somebody doesn't want to put out there for fear of controversy. And for me those are the best items for us to talk about. It's those controversial items where we get the most distance, because we have the right aptitude around the table to really talk about it.

Carolyn Petersen – Individual – Co-Chair

Yes. I agree.

Aaron Miri –Imprivata – Co-Chair

Okay. Michelle, if everybody else on this call is good, I am good with opening up to public comment.

Carolyn Petersen – Individual – Co-Chair

I am.

Michelle Murray

Great. Operator, can you please open the public line?

Operator

Sure. If you would like to make a public comment please press star one on your telephone keypad, and the confirmation tone will indicate your line is in the question queue. You may press star 2 if you would like to remove your comment for the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys.

Michelle Murray

Can we have the number just light up for a while? Do we have any commenters in the queue at this time?

Operator

No comments at this time on the phone.

Michelle Murray

Okay. We will hand it back to Carolyn and Erin for any closing remarks.

Aaron Miri – Imprivata – Co-Chair

I think we got quite a lot done today. It is good to see some agreement not only on the content but

also on the process in terms of the report structure and in terms of what we can do in terms of organizing the work and the review to ensure we get the desired level of participation and agreement or input by the full HITAC. I am feeling pretty good about it. I am really looking forward to getting down to the writing and the editing.

Aaron Miri – Imprivata – Co-Chair

From my perspective I agree. I echo exactly what you said and further add to – just because of my soapbox for the day if there are any developers or any other product community listening in please consider everybody when making a product. All languages, all types of individuals. That is my soap box for the day. Thanks.

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

Great. Thank you everyone for your time today, and please be on the lookout for our next meeting.

Group

Thanks everyone, goodbye.

[Event Concluded]