Annual Report Workgroup

Aaron Miri, Co-chair
Carolyn Petersen, Co-chair

October 18, 2018

Agenda

- Call to Order/Roll Call

- Review of Workgroup Scope and Schedule

- Workgroup Discussion

  » Feedback from HITAC Full Committee Meeting on 10/17/18

  » Review of Proposed Report Structure and Gap Analysis

  » Recommendation Ideas

  » Content for FY18 HITAC Progress Outline

- Public Comment

- Next Steps and Adjourn

The Office of the National Coordinator for
Health Information Technology

Annual Report Workgroup Membership and ONC Staff

Member Name	Organization	Role
Carolyn Petersen	Individual	Co-Chair
Aaron Miri	Imprivata	Co-Chair
Christina Caraballo	Audacious Inquiry	HITAC Committee Member
Brett Oliver	Baptist Health	HITAC Committee Member
Chesley Richards	Public Health Scientific Services, CDC	Federal Representative

ONC Staff Name	Title	Role
Donald Rucker	National Coordinator for Health Information Technology	
Elise Sweeney Anthony	Executive Director, Office of Policy	
Seth Pazinski	Division Director, Strategic Planning & Coordination	
Lauren Richie	Branch Chief, Policy Coordination	Designated Federal Officer (DFO)
Michelle Murray	Senior Health Policy Analyst	Workgroup ONC Staff Lead

The Office of the National Coordinator for
Health Information Technology

Workgroup Scope

- **Overarching:** The workgroup will inform, contribute to, and review draft and final versions of the HITAC Annual Report to be submitted to the HHS Secretary and Congress each fiscal year. As part of that report, the workgroup will help track ongoing HITAC progress.

- **Detailed:** Provide specific feedback on the content of the report as required by the 21st Century Cures Act including:

  » Analysis of HITAC progress related to the priority target areas

  » Assessment of health IT infrastructure and advancements in the priority target areas

  » Analysis of existing gaps in policies and resources for the priority target areas

  » Ideas for potential HITAC activities to address the identified gaps

The Office of the National Coordinator for
Health Information Technology

HITAC Priority Target Areas: Defined

HITAC Priority Target Areas noted in Section 4003 of the 21st Century Cures Act cover the following areas:

- Interoperability – Achieving a health information technology infrastructure that allows for the electronic access, exchange, and use of health information

- Privacy and Security – The promotion and protection of privacy and security of health information in health IT

- Patient Access – The facilitation of secure access by an individual and their caregiver(s) to such individual's protected health information

- Any other target area related to the above target areas that the HITAC identifies as an appropriate target area to be considered on a temporary basis with adequate notice to Congress

The Office of the National Coordinator for Health Information Technology

Meeting Schedule for Workgroup

Month	Deliverables to Review
June 20, 2018	Workgroup scope for FY18 Annual Report announced
August 2, 2018	Discuss plans for FY18 Annual Report
August 24, 2018	Landscape Analysis Outline Gap Analysis Outline
September 20, 2018	Landscape Analysis and Gap Analysis Discussion
October 18, 2018	Landscape Analysis and Gap Analysis Discussion Outline of HITAC Progress in FY18
November 1, 2018	Description of HITAC Progress in FY18 FY18 Annual Report Outline
December 6, 2018	FY18 Annual Report Draft
Winter/Spring 2019	FY18 Annual Report Completed as Needed
Spring 2019	Work begins on FY19 Annual Report

Review Schedule for Full Committee

Meeting Date	Action Items/Deliverables
June 20, 2018	Subcommittee Charge Presented
September 5, 2018	Workgroup Update
October 17, 2018	Landscape Analysis and Gap Analysis Update
November 14, 2018	Description of HITAC's Work in FY18 Reviewed
January 23, 2019	FY18 Annual Report Reviewed
Winter/Spring 2019	FY18 Annual Report Approved by HITAC FY18 Annual Report Submitted to HHS Secretary FY18 Annual Report Submitted to Congress

Feedback from HITAC Full Committee on 10/17/18

- Suggestions for the current state topics and advancements listed in the landscape analysis

- Suggestions for the gaps and opportunities listed in the gap analysis

- Ideas for recommendations for HITAC activities that would address the gaps and opportunities

The Office of the National Coordinator for
Health Information Technology

Proposed FY18 Annual Report Structure

I. Executive Summary

II. Overview

III. HITAC Progress in FY18

IV. Health IT Infrastructure Landscape Analysis

V. Health IT Infrastructure Gap Analysis

VI. Recommendations for Addressing Health IT Infrastructure Gaps

VII. Suggestions for Additional HITAC Initiatives

VIII. Conclusion

IX. Appendices

Content for Gap Analysis

The Office of the National Coordinator for
Health Information Technology

Proposed Gap Analysis Structure

- For each priority target area:

  » Gaps Identified

  » Opportunities Identified

The Office of the National Coordinator for Health Information Technology

Gap Analysis: Interoperability

- Gaps Identified by Workgroup

  » Ongoing efforts regarding open APIs, information blocking, Trusted Exchange Framework, and standards and implementation specifications

  » Lack of knowledge about user experience of health information exchange

  » Unmet needs of additional care settings and stakeholder groups

  » Delay in timeliness between issuance of guidelines and development of technology

  » Need to increase level of interoperability

  » Need to improve data quality, provenance, and usefulness

  » Infrastructure needs of stakeholder groups, especially broadband access

Gap Analysis: Interoperability

- Opportunities Identified by Workgroup

  » Establish usability metrics for health information exchange

  » Expansion of priority use cases to meet needs of additional care settings and stakeholder groups

  » Address alignment of timeliness of guidelines and development of technology

  » Incentives for change across stakeholder groups to improve level of interoperability and data quality

  » Support for increased broadband access across stakeholder groups, especially underserved populations

Gap Analysis: Interoperability

- Opportunities Identified by Workgroup (continued)

  » Continue to improve patient matching when sharing data

  » Address "reality gap" between perception of what certification requires and its operationalization

    – For example, continued mapping of Common Clinical Data Set via C-CDA and FHIR standards required when integrating networks and sharing data among smaller providers who may lack resources

The Office of the National Coordinator for
Health Information Technology

Gap Analysis: Privacy and Security

- Gaps Identified by Workgroup

  » Variability of information sharing policies across states

    – Implications of the California Consumer Privacy Act of 2018; for example, what happens if other states pass similar legislation?

  » Lack of knowledge about HIPAA and Confidentiality of Substance Use Disorder Patient Records (a.k.a. 42 CFR Part 2) regulation implications

  » Lack of user control to share and disclose information

  » Implications of European Union's General Data Protection Regulation (GDPR) and Privacy Shield

  » Variability in adoption of cybersecurity framework(s)

    – For example, health care organizations concerned about being held liable for breach of data at a vendor

  » Lack of user awareness and education about privacy and security settings

  » Implications of emergence of the Internet of Things (IoT)

Gap Analysis: Privacy and Security

- **Opportunities Identified by Workgroup**

  » Increased uniformity of information sharing policies across states

    – Address implications of the California Consumer Privacy Act of 2018

  » Education about HIPAA and Confidentiality of Substance Use Disorder Patient Records (a.k.a. 42 CFR Part 2) regulation implications

  » Granular levels of consent to share and disclose information

  » Address implications of European Union's General Data Protection Regulation (GDPR) and Privacy Shield

  » Support for widespread adoption of cybersecurity framework(s)

  » Education of technology users about privacy and security settings, especially for social media

  » Consider what to regulate about the Internet of Things (IoT)

  » Continue to improve patient matching when sharing data

Gap Analysis: Patient Access to Information

- Gaps Identified by Workgroup

  » Lack of patient and caregiver access to patient data

  » Use and sharing of patient-generated health data (PGHD) and other data from mobile devices

  » Need to improve alignment of timing of planning activities with operational impact of technology development

  » Potential for lack of net neutrality due to market forces

  » Unmet infrastructure needs for underserved populations

  » Accessibility and usability of patient portals and other patient-facing technology continue to need improvement

  » Patient awareness and education about health IT resources

Gap Analysis: Patient Access to Information

- Opportunities Identified by Workgroup
  - » Support use of APIs to improve access to patient data
  - » Consider workflow and technology improvements to increase use and sharing of PGHD and other data from mobile devices
    - – For example, impact of clinical grade data collected by patients on testing costs
  - » Better align 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

Gap Analysis: Patient Access to Information

- Opportunities Identified by Workgroup (continued)

  » Consider improvements to accessibility and usability of patient portals and other patient-facing technology

  » Encourage patient and caregiver education about health IT resources

  » Address "reality gap" between perception of what has been certified for a system and what is truly interoperable in the field

The Office of the National Coordinator for Health Information Technology

Initial Recommendation Ideas

The Office of the National Coordinator for
Health Information Technology

Proposed Recommendations Section Structure

- For each priority target area:

  - » Recommendations for Addressing Gaps and Opportunities

Recommendation Ideas: Interoperability

- Potential Activities Identified by Workgroup to Date

  » Opportunity: Address "reality gap" between perception of what has been certified for a system and what is truly interoperable in the field

    – For example, continued mapping of Common Clinical Data Set via CCD-A and FHIR standards required when integrating networks and sharing data among smaller providers who may lack resources to upgrade their systems

    – HITAC Activity Idea: Further measure whether systems are truly interoperable at both content and transport levels after implementation, especially among smaller providers

Recommendation Ideas: Interoperability

- Other Opportunities for Further Consideration

    » Establish usability metrics for health information exchange

    » Expansion of priority use cases to meet needs of additional care settings and stakeholder groups

    » Address alignment of timeliness of guidelines and development of technology

    » Incentives for change across stakeholder groups to improve level of interoperability and data quality

    » Support for increased broadband access across stakeholder groups, especially underserved populations

    » Continue to improve patient matching when sharing data

Recommendation Ideas: Privacy and Security

- Potential Activities Identified by Workgroup to Date

  » Opportunity: Increased uniformity of information sharing policies across states

    – Address implications of the California Consumer Privacy Act of 2018

    – HITAC Activity Idea: Consider federal role in setting guidelines for exchange of data across states

  » Opportunity: Support for widespread adoption of cybersecurity framework(s)

    – HITAC Activity Idea: Consider whether a nationwide cybersecurity framework should be adopted

    – HITAC Activity Idea: Delineate cybersecurity accountability for data by role

Recommendation Ideas: Privacy and Security

- Other Opportunities for Further Consideration

  - » Education about HIPAA and Confidentiality of Substance Use Disorder Patient Records (a.k.a. 42 CFR Part 2) regulation implications

  - » Granular levels of consent to share and disclose information

  - » Address implications of European Union's General Data Protection Regulation (GDPR) and Privacy Shield

  - » Education of technology users about privacy and security settings, especially for social media

  - » Consider what to regulate about the Internet of Things (IoT)

  - » Continue to improve patient matching when sharing data

Recommendation Ideas: Patient Access to Information

- Potential Activities Identified by Workgroup to Date

  » Opportunity: Support use of APIs to improve access to patient data

    – ONC and CMS already raising awareness of value of use of APIs

  » Opportunity: Support infrastructure needs for underserved populations, including exchange costs, prevalence of electronic equipment, internet access, pharmacy services, and use of telehealth services

    – HITAC Activity Idea: Measure impact of monetization of exchange of data

Recommendation Ideas: Patient Access to Information

- Potential Activities Identified by Workgroup to Date (Continued)

  » Opportunity: Consider improvements to accessibility and usability of patient portals and other patient-facing technology

    – HITAC Activity Idea: Measure amount/length of time a portal has been online and working properly, patient engagement and/or patient understanding of data

  » Opportunity: Encourage patient and caregiver education about health IT resources

    – HITAC Activity Idea: Identify use cases demonstrating value of patient's data to the patient

Recommendation Ideas: Patient Access to Information

- Other Opportunities for Further Consideration

  » Consider workflow and technology improvements to increase use and sharing of PGHD and other data from mobile devices

    – For example, impact of clinical grade data collected by patients on testing costs

  » Better align timing of planning activities with operational impact

  » Consider implications of varying experiences with net neutrality at national, state, and local levels

Content for FY18 HITAC Progress Outline

The Office of the National Coordinator for
Health Information Technology

2D Crosswalk of Priority Target Areas for FY18

	Impact on HITAC Priority Target Areas			
	Interoperability	Privacy and Security	Patient Access	Additional Target Area(s) TBD
ONC Objectives				
Publish Proposed Regulation				
Publish Draft Trusted Exchange Framework				
Consider Standards and Specifications				
ONC Benchmarks				
Proposed Regulation Published				
Draft Trusted Exchange Framework Published				
Standards and Specifications Considered				
HITAC Charges				
Trusted Exchange Framework				
U.S. Core Data for Interoperability (USCDI)				
Interoperability Standards Priorities				
Additional Initiatives TBD				

The Office of the National Coordinator for
Health Information Technology

FY18 HITAC Progress: Trusted Exchange Framework

- ## Trusted Exchange Framework Task Force

  - » Overarching charge: The Trusted Exchange Framework Task Force will develop and advance recommendations on Parts A and B of the Draft Trusted Exchange Framework to inform development of the final Trusted Exchange Framework and Common Agreement (TEFCA).

  - » Specific charge: Make specific recommendations on the language included in the Minimum Required Terms and Conditions in Part B, including:
    - Recognized Coordinating Entity
    - Definition and Requirements of Qualified HINs
    - Permitted Uses and Disclosures
    - Privacy and Security

  - » Accomplishments in FY18
    - Held nine public meetings of task force
    - Transmitted 26 recommendations to National Coordinator for Health IT

FY18 HITAC Progress:
U.S. Core Data for Interoperability (USCDI)

- ## USCDI Task Force

  » Overarching charge: Review and provide feedback on the USCDI structure and process.

  » Specific charge: Provide recommendations on the following:

    – Mechanisms/approaches to receive stakeholder feedback regarding data class priorities;

    – The proposed categories to which data classes would be promoted and objective characteristics for promotion;

    – How the USCDI would be expanded and by how much; and

    – Any factors associated with the frequency with which it would be published.

  » Accomplishments in FY18

    – Held nine public meetings of the task force

    – Transmitted nine recommendations to National Coordinator for Health IT

- ## Interoperability Standards Priorities Task Force

  - » Overarching charge: To make recommendations on priority uses of health information technology and the associated standards and implementation specifications that support such uses.

  - » Specific charge: The ISP Task Force will:

    - Make recommendations on the following:

      - Priority uses of health IT (consistent with the Cures Act's identified priorities);

      - The standards and implementation specifications that best support or may need to be developed for each identified priority; and

      - Subsequent steps for industry and government action.

    - Publish a report summarizing its findings.

  - » Accomplishments in FY18

    - Held six public meetings of the task force

    - Produced initial list of priority uses for further discussion

- ## Policy Framework

  » The 21st Century Cures act states:

    – "In General, the Health IT Advisory Committee shall recommend to the National Coordinator a policy framework for adoption by the Secretary consistent with the strategic plan under section 3001(c)(3) for advancing the target areas described in this subsection. Such policy framework shall seek to prioritize achieving advancements in the target areas specified in subparagraph (B) of paragraph (2) and may, to the extent consistent with this section, incorporate policy recommendations made by the HIT Policy Committee, as in existence before the date of the enactment of the 21st Century Cures Act."

  » Accomplishments in FY18

    – HITAC transmitted a recommended policy framework for ONC activities to the National Coordinator for Health IT on 2/21/18

FY18 HITAC Progress: Administrative Requirements

- ## HITAC Annual Report Workgroup

  - » HITAC formed a workgroup to inform, contribute to, and review draft and final versions of the HITAC Annual Report to be submitted to the HHS Secretary and Congress each fiscal year. As part of that report, the workgroup will help track ongoing HITAC progress.

  - » The workgroup consists of five HITAC members, two of whom act as workgroup co-chairs

  - » Accomplishments in FY18

    - Established scope of workgroup's activities in support of development of FY18 Annual Report

    - Held three public meetings of workgroup to discuss structure and content of report on 8/2/18, 8/24/18, and 9/24/18

    - Updated HITAC full committee on progress on 9/5/18

Public Comment

To make a comment please call:

Dial: 1-877-407-7192

*(once connected, press "*1" to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
"Public Comment" field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

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

The Office of the National Coordinator for
Health Information Technology

Meeting Adjourned

@ONC_HealthIT   @HHSONC   HealthIT.gov