



## Annual Report Work Group

Transcript  
December 4, 2018  
Virtual Meeting

### SPEAKERS

Name	Organization	
<b>Aaron Miri (Co-chair)</b>	Imprivata	Co-Chair
<b>Carolyn Petersen (Co-chair)</b>	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

### FORMAT

#### Operator

Thank you. All lines are now bridged.

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

Good afternoon, everyone. Welcome to the HITAC annual report work group. We have a full agenda today, recapping our last meeting and preparing for our next meeting and upcoming activities in December and January. So, with that, we will go ahead and call the meeting to order starting with roll call. Carolyn Peterson?

#### Carolyn Petersen – 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**

Here.

**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**

I'm here.

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

Brett Oliver?

**Brett Oliver – Baptist Health – Annual Report WG Member**

Here.

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

Chesley Richards? [Silence]. All right, hopefully Chesley can join us later. With that, I will turn it over to our co-chairs, Aaron and Carolyn.

**Aaron Miri – Imprivata – Co-Chair**

Great. Go ahead, Carolyn. Go ahead.

**Carolyn Petersen – Individual – Co-Chair**

Okay. I just wanted to wish everyone a good afternoon and overview what we're going to be doing in this meeting. We will take a look at our schedule and then go right into a deeper dive in the privacy and security priority target area, review what we covered in our last meeting on November 9, and then have some discussion about things we can put in the report and where we see it going. We will talk a little bit about the work group update that we'll be presenting on December 13, coming up pretty quickly. There will be a comment period, and then the next steps, and adjournment. So, I will pass it on to Aaron for his comments.

**Aaron Miri – Imprivata – Co-Chair**

Absolutely. So, welcome, everybody. And I echo Carolyn in saying thank you for coming to this. We do have a full agenda of things to talk about. We have had a past couple of excellent meetings with even professional outside speakers coming to educate us on the private security domain. And again, that's my happy place is privacy and security in that strange way. So, I really enjoyed and thoroughly appreciated the speakers we've had, and I look for today's discussion because I think it really sheds some light on areas that the HITAC can really consider and look at and really think about as we move the ball forward. So, I look forward to a good discussion today.

### **Carolyn Petersen – Individual – Co-Chair**

Sounds good. Why don't we start with the slide deck then? So, this is just a review of where we have been in terms of what the work group's been doing. We are up to the December 4 meeting, having met to discuss previously the privacy and security priority target area, landscape analysis and the gap analysis, and then overall, our general plans and scope. We have a meeting in January on the 10th where we will be talking about the annual report draft, and then through winter and perhaps into early spring we will be doing whatever other work is needed to complete the annual report based on the feedback that we bring and also the feedback from the full HITAC. And then sometime in the spring, we'll start talking about the 2019 annual report. I know that seems like a lot to think about today as we wrestle with this one, but we will get there moving step-wise. The next slide please? And then this is where we are going in terms of getting feedback from the full HITAC committee. We will have a meeting with some discussion on December 13. On the 23rd of January we'll have our in-person meeting, and we'll have some discussion there with the full annual report reviewed by the committee. In February, to what we know at this point, we will have further review and approval by HITAC, and then again after that, the report will go to the HHS secretary and to Congress from there. Next slide please? So, we'll start today by debriefing the presentations and readings related to the privacy and security priority target area. As you will recall, at our previous meeting, we had three excellent speakers to give us some perspective on what other agencies see as critical issues and upcoming priorities related to privacy and security. And we had some materials that were given to us from ONC prior to that meeting and also a number of suggested meetings that came out meeting. Could we have the next slide please? So, just going back over the expert panel that we had at our meeting in November, the National Committee on Vital and Health Statistics presented on health information privacy beyond HIPAA, an environmental scan of major trends and challenges. That is part of their initiative looking at privacy behind HIPAA. Some really good and thorough information there. The National Institute of Standards and Technology presented on their cybersecurity framework, which had a number of concepts that may be very helpful for us as we think about framing these emerging opportunities for HITAC to work on next year. And the HHS Office for Civil Rights also presented on cybersecurity and brought our attention to some resources, particularly the HIPAA security rule to the NIST Cybersecurity Framework Crosswalk showing how these organizations complement each other with what they're bringing forward, cybersecurity guidance and the security risk assessment tool, more about all of these topics in the readings we received, and also on the website. And I believe these resources are now posted on the HealthIT.gov site as well if anyone or anyone on the phone wants to review those. Next slide please? So, now we come to the discussion where we get into more depth about what we want to cover in the annual report and what we want to consider as suggested recommended activities for HITAC in the new year. And at this point, I will let Aaron Miri – Imprivata – Co-Chair run with the ball so you don't listen to me for a whole hour.

### **Aaron Miri – Imprivata – Co-Chair**

[Laughter]. Sounds good, Carolyn. All right, next slide, please? So, from the privacy security and priority target area, a couple of opportunities were identified that really resonated as we spoke to the expert panelists and really talked about it amongst ourselves. One of those was the opportunity for increased uniformity of information sharing policies across the states, example being the California Consumer Privacy Act of 2018. So, from a perspective of activity, we could consider for the HITAC, which we discuss today. It's considered the federal role in setting guidelines for exchange of data across states.

Another opportunity there is support for a widespread adoption of cybersecurity frameworks. So, two potential activities we could talk about today, one of those being considered the impact of a nationwide adoption of cybersecurity framework, and then No. 2, or delineate cybersecurity accountability for data by role. And in fact, you could actually combine both of those into one, being like what framework could we adopt nationwide and how do we hold accountable for that adoption of that framework and for each of those data classifications to that framework? So, there's a way to look at this and start saying what are the rules and what are the speed limits for the highways out there that connect us from an HIT perspective? Next slide? Another opportunity here also is consider what to regulate an IOT. And this we saw this in the MCVHS report that basically IOT today is kind of like the Wild Wild West. There's really not a strong governance, or any policies around this, or legal boundaries. I believe you had a lot of academic thought around this space, but no one's really taken the bull by the horns, and from a healthcare perspective, I can speak to this now as an active provider hospital CIO, I'm seeing that now, with people bringing in their Fitbits or Apple watches, saying, "Hey, doctor, tell me what this means. Do I have dysrhythmia because I can see my heartbeat is off? How do we regulate that? How do we deal with that?" Another opportunity here is the direct implications of the European Union's GDPR, General Data Protection Regulation, and Privacy Shield. Should the U.S. establish more privacy rules for health record keepers currently not covered by HIPAA as data is exchanged? Again, this is something that we also saw referenced in the in the NCBHS report. So, there's a couple of activities around this that we could think about doing, whether it's go deep in the GDPR for healthcare, whether it's considered similar. I mean, there's a lot of things there, so we just call that TBD. Next slide? Another opportunity here is granular levels of consent of the shared and disclosed information. Brett, this is something I know I've heard you speak about several times. How do we deal with and what is the current consent form collection storage practices? And how do we deal with the fact they're very static and that assigned with data in motion? So, maybe an activity of ours could be undertake a review of emerging consent approaches and the technologies that underpin them and make recommendations for the improvement of current consent approaches. I can tell you that my prior life, especially in pediatrics, this is a big, big deal. Big deal. So, especially to deal with age-of-majority and other things, how do you overcome consent problems and is this something we really need to think about as a HITAC? Another opportunity we saw come out was support for education technology users regarding privacy and security protections, including for health and other information shared on social media. The problem is that while social media platforms can enable collaboration, they're also very vulnerable to privacy breaches and misuse of their health information. I think there's been enough national news of those very popular social networks and how they been monetizing data for us to start really looking at this from a healthcare perspective and say, "Hey, look, do we need to identify some educational approaches, technology mitigators, and potential regulatory solutions that offer improved privacy security protections? Again, I don't want to miss the fact that ONC has done a phenomenal job of trying to educate the consumers of their rights, but I think there's maybe further steps here we could consider as a HITAC to look at this in aggregate. Next slide? And then other opportunities here identified by the work group for further consideration, we could think about education about HIPAA and confidentiality of substance-use disorder for patient records, and then continue to improve the patient matching issue in sharing data. And so, we can think about all of those items I spoke about or others to think about for privacy and security, but that's really what we boiled down to from a synthesis of items for HITAC to look at for ongoing going forward. Before I move on, any thoughts, questions, concerns, confusion about what I've said thus far?

**Brett Oliver – Baptist Health – Annual Report WG Member**

This is Brett. I think you summarized it well.

**Aaron Miri – Imprivata – Co-Chair**

Carolyn, anything you want to add to what I've said?

**Carolyn Petersen – Individual – Co-Chair**

No, I think that was really quite clear and succinct.

**Aaron Miri – Imprivata – Co-Chair**

So, let me ask this general question, and again, I don't want to go too far into this without us just sort of pausing and doing a litmus test. Has anything come up in the past couple of weeks, whether it's at our own practices and our own professional roles, or we've heard from colleagues say, "Hey, this is a real bugaboo about privacy and security," that we haven't already covered on this sheet? Because as we talked about it, as we worked through it, as Carolyn and I talked about it, we felt like we had covered the panacea, but there's always something out there that potentially we haven't thought about. Is there anything that's come to you, Christina? I know you're good about this, thinking about other areas that could impact us. Have we missed anything?

**Christina Caraballo – Get Real Health – Annual Report WG Member**

I think this looks good. I have some thoughts, two that stood out to me more than others, but I don't know that we're at that point in discussion. I'm really leaning on you as our team security expert in that area, but the consumer access and education and the sharing across states were the two that stood out to me the most.

**Aaron Miri – Imprivata – Co-Chair**

All right. Well, then let's move forward then. We can come back and speak about specifics if we want to. Let's go to the next slide? So, we're going to pause and I guess, Carolyn, we should probably pause here, probably go back to the specific ones we brought up and let Christina and others go into detail. What do you think?

**Carolyn Petersen – Individual – Co-Chair**

I think that's great.

**Aaron Miri – Imprivata – Co-Chair**

Okay, so let's go back. Christina what are the two that spoke to you?

**Christina Caraballo – Get Real Health – Annual Report WG Member**

So, definitely if you go back to Slide 8, I thought that a big challenge that we have when we're looking at our operability is that ability to come to agreements for sharing across state borders, and I think that's a huge thing that needs to be looked at. I don't know if that's a HITAC activity or not. I think it should be in our report as an area that we have identified at the HITAC as a high priority. I'm sure that

Brett and I coordinating an end-of-the-year directive are going to be looking at that work too, so I'm leaning on ONC a little bit to say where that would live.

**Aaron Miri – Imprivata – Co-Chair**

That's a good thought. Carolyn, what do you think?

**Carolyn Petersen – Individual – Co-Chair**

I agree. I do think that that's a valuable activity. We may benefit from some of their input at the December meeting in terms of how that's framed and what context we put around it. But I do think that's relevant, definitely.

**Brett Oliver – Baptist Health – Annual Report WG Member**

It's a problem not just for your PDMP programs. I mean, the examples are lengthy where one state says it can live in the chart and another state says it can't, in the LMR at least. And it gets really complex when you're trying to share data between states.

**Aaron Miri – Imprivata – Co-Chair**

Great point. Great point. Okay, I have this noted. So, what's the other one, Christina?

**Christina Caraballo – Get Real Health – Annual Report WG Member**

I forget what slide it was, but I do think that when we look at educating consumers, it's really important, and that could be an opportunity under HITAC. I know the OCR has done a lot in this area, but I think when we're thinking about patient access and it being a high priority for Congress, I don't know that we've taken it far enough as an industry with really letting consumers know what their rights are. I think there's been a lot of work that's been done, but I think there can always be a little bit more. I think there's still confusion in the market. A lot of organizations still fight HIPAA when consumers try to call for access to their health information, just as one example of a just fundamental and universal challenge that still exists.

**Aaron Miri – Imprivata – Co-Chair**

It's almost like we're missing a HIPAA Consumer Reports kind of thing. I don't know what the right nomenclature is, but some sort of Better Business Bureau for HIPAA or something.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Yes, and I think it's a combination of educating providers so that they're not scared about sharing data that is sharable with consumers and then educating to consumers. That's really the whole culture shift we're undergoing where the patient has the right to be part of the healthcare system instead of just... Well, that's what I want to say, part of the healthcare system.

**Brett Oliver – Baptist Health – Annual Report WG Member**

I think that is a great point, Christina. And even more broadly, in terms of the providers right now, you've got the report that just came out last week on reduction of provider burden in trying to reduce the note bloat and the things that physicians and others are putting into the note because they're afraid that they're gonna get dinged on their billing or they're gonna be audited. It's a right time to

reassess them so you don't have to worry about that with HIPAA or you do. You don't have to put this in your note. It's a confluence of a lot of different things that may make it an opportune time to look at. And then I wonder, taking a step back further and saying education about HIPAA is one thing, but I had mentioned briefly to report at a previous meeting and really thought about it, it may be a good recommendation for ONC to look at our current education practices. Because when I looked at the website, there's some awesome stuff that I had no idea was out there, and I just wonder if we should do some kind of survey of healthcare providers or patients if they recognize the resources that are out there, and if they don't, are there better methods of reaching people than just placing it on the government website?

**Aaron Miri – Imprivata – Co-Chair**

That's a great point, Brett, and I can tell you that I just came from a meeting here for the University of Texas Health Austin where we were looking at just our demographic for Travis County and Austin, and it was surprising to me that of all the patients we saw in the past year, half of them – literally half – were under the age of 50 and the other half were over the age of 50, and both wanted to be interacted with with different modalities. So, maybe it's not only are you aware of all the resources, are you able to access the resources to your modality of choice? And so, to the degree that we can get those resources out there, even in print for somebody who's very traditional and doesn't want to touch electronically, great, how do we do that?

**Brett Oliver – Baptist Health – Annual Report WG Member**

Exactly.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Brett, I agree that that's an excellent point. I think ONC's done an extensive amount of work in the content and material. It's just a matter of actually getting people educated about what does and doesn't exist.

**Aaron Miri – Imprivata – Co-Chair**

And let me ask this other question just because this is a bugaboo for me. Having those resources also available in different languages, like for me, I would love to get my Spanish population of patients those exact same resources in Spanish, is that readily available? I don't know. Those kinds of things.

**Brett Oliver – Baptist Health – Annual Report WG Member**

Great point.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

I agree.

**Aaron Miri – Imprivata – Co-Chair**

So, we have some consensus around that. What we feel about IOT? I know this is pretty nebulous, but it is important and it's starting to become a bigger bugaboo. I'm curious what all your thoughts are on this?



**Brett Oliver – Baptist Health – Annual Report WG Member**

I think education in this realm is huge. We get hospital presidents that renew equipment or get an update on a piece of equipment that's never had any kind of connectivity. They don't even think about the security aspects of that. They renew the contract, the vendor says it's fine, and then it gets dumped on I.T., and I just use that as an example of the evolving nature of it and how it's sneaking up on people, and the security and privacy aspect of this is mind-boggling.

**Aaron Miri – Imprivata – Co-Chair**

I would agree. Brett, do you feel that as a physician, there is also a sense of liability for you and that you have to also tread carefully in how you assess and look at that data when it's clinically viable? Do you feel that that's an issue or is that something that's sort of aberrant?

**Brett Oliver – Baptist Health – Annual Report WG Member**

No, no. That's very much an issue. That's great point, Aaron. Whether it's Fitbit data or anything that comes in, a note from another provider, one of the first things that my colleagues ask is what's my liability of this information? Because we pat ourselves on the back that we're exchanging all this information, but I don't think it's well defined from a legal perspective what is my perspective. If there's something buried in a 50-page report, and the patient has a bad outcome, I didn't order it, but somehow got that report. Am I liable? And the, gosh, to throw Fitbit data and all of that out there, I'm hopeful that from a practical perspective, we can input that data to a data warehouse and then bring something to a provider that's relevant, but I still think that's a huge issue right now.

**Aaron Miri – Imprivata – Co-Chair**

Yes, I'm getting those questions from my clinical chairs and others, and I'm trying to figure out and just find resources to identify to say this is how other places have done it, and there doesn't seem to be anything readily available to say, hey, this is how X, Y, Z organization handled this. It just seems like, well, wing it and good luck. [Laughter].

**Brett Oliver – Baptist Health – Annual Report WG Member**

No, I think you're right, and I think that's why it's got characterized as the Wild Wild West right now.

**Carolyn Petersen – Individual – Co-Chair**

And I think there's also an issue of helping to educate on the patient side in the sense of getting people to start thinking about what's really useful to try to upload to my provider and what is it that I used for my own interest in personal self-management versus what they can use to help provide better care that leads to better outcomes? Because I think that for a lot of people, when you say, "Hey, it's great that you have this Fitbit data, but let's think about what do you expect your doctor will actually do with all of that?" Is it better to be thinking about submitting some kind of summary of some of that? Some tools will give you some reporting capabilities. Is it more relevant that when you look at your data, you see that there was a certain period when you are not active because it's an issue with medication or some other health-related issue where it's not the specific data point of how many minutes you ran on such-and-such a day. It's the fact that you couldn't run for two weeks before because of something happening health-wise that maybe your doctor can work with you to address. I absolutely understand the liability question. It's certainly something that I've heard from people for years and years. If we can



get a cleaner, more useful data stream from patients to their providers and organizations, perhaps we can mitigate some of that concern as well as also reduce the bulk of it so it's easier for our healthcare organizations to manage and do something with.

**Aaron Miri – Imprivata – Co-Chair**

Great point. Great point.

**Brett Oliver – Baptist Health – Annual Report WG Member**

Do we need to be concerned with the veracity of the data with IOT? Is that something that the FDA would really have governance over? I have some concern as new devices come out. You've got, obviously, the popular and hopefully well-vetted Apple products, but that's just the tip of the iceberg. Is that part of our purview here? What's the group's thought?

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Brett, that's actually an excellent point. And recently, FDA put out an open-source platform for developers and researchers to collect patient-reported data. I think it was under the PCORI initiative, but it's called My Studies, and it's focused on open-source own-health apps. I'm not sure what they've done with the privacy and security. I don't know how much work they have done around that, but it is something that FDA is looking at.

**Brett Oliver – Baptist Health – Annual Report WG Member**

Thank you.

**Aaron Miri – Imprivata – Co-Chair**

That's a good point. So, maybe that, to speak for the two it's, not just the veracity of data but what is the level of oversight when it comes to all the different jurisdictions between FDA, ONC, OCR, FTC, all these different groups when it comes to IOT, right? That's a really deep and decent topic to think about. Are there any other comments related to the suggestions there? Do we feel like all of these are pertinent to go to HITAC? Do we feel like one or two really bubble up and say, "This is what we really want to –" because again, we've got to recommend these to HITAC, and HITAC has to select the ultimate one. But are there a handful of these that really speak to us?

**Christina Caraballo – Get Real Health – Annual Report WG Member**

So, this is specifically around privacy and security, and I know we've had conversations on each of our topics universally and then in isolation, and now I'm forgetting where the overlap is because when I look at Internet of Things, I also think of future and current interoperability challenges as well, just thinking about all of the different devices using different standards, and we've got more providers wanting to implement mobile health, so they do homegrown things, and are we going to create a problem as we move forward and start seeing these more prevalent in the market? I don't know. But, to prioritize, I think it's also important to look at all of the areas that we're looking at outside of just privacy and security. But for this discussion, I still go back to the two that I highlighted earlier.

**Aaron Miri – Imprivata – Co-Chair**

Good point. Good point. Brett, anything?

Brett Oliver – Baptist Health – Annual Report WG Member

I don't know. It's all so important. I'm not sure I'm feeling like tagging any one particular one.

**Aaron Miri – Imprivata – Co-Chair**

From my perspective, I really do think there's an opportunity with IOT. I really do think this is an area that HITAC, since there's really no – that I'm aware of – trail that's been blazed just yet, this could be something that really is impactful to the ecosystem in just looking at it in general. And I'm also pretty passionate about the patient education thing. I think the more we can empower our patients and really get them aware of their rights and what they can and can't do and what they can and can't ask for. Because I, too, I'm fed up with the stories I'm reading in the newspapers about organizations that refused to give the patients their information or charge them an arm and a leg to get it. That's just ridiculous. It's absolutely ridiculous. So, to the end that we can help educate them on those rights as well as other, I'm all up for it.

**Brett Oliver – Baptist Health – Annual Report WG Member**

There's a definite movement towards monetization of this data. I'm sure, Aaron, you see it all the time with vendors that are coming in, trying to say, "We'll gather this data, and we'll put it all together in a package for you at this cost." Whereas when you go to ONC annual meeting or our HITAC meetings, that's not the intent. The government's intent is free exchange of this data, at least at some level.

**Aaron Miri – Imprivata – Co-Chair**

That's exactly right. Yes, it is not any day that goes by that I don't get a half-dozen cold calls of X, Y, Z vendors promising me the world, and the moon, and the sun in exchange for gathering my data. And it's like, really? I wonder how people fall for this. So, to your point.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Aaron, good point. While I think that first one is a high priority that I mentioned on looking at how we share data and privacy and security across state borders, I don't know that that necessarily was under the HITAC, which I mentioned earlier as kind of a we take a lead on, but I do see the Internet of Things as an area that we could offer guidance for the reasons that you mentioned.

**Aaron Miri – Imprivata – Co-Chair**

Carolyn?

**Carolyn Petersen – Individual – Co-Chair**

I'm on board with that.

**Aaron Miri – Imprivata – Co-Chair**

So, what we could do is for these few items that we push forward to HITAC, the other ones that are important but not ones we feel like we should tackle this time, we can always put them as footnotes, just so that folks reading the annual report can know that we considered them but we thought that the most meat on the bone for HITAC is obviously IOT or whatever. And so, to the degree of it that people realize that we recognize that there's a discrepancy across state lines with privacy security rule, but for

us, we think the meat on the bone is for HITAC to really be able to help the healthcare industry is IOT or patient education or whatever that be it. So, I just want to highlight to folks that we should still note it, we just won't pursue it. Does that make sense?

**Carolyn Petersen – Individual – Co-Chair**

I think so.

**Brett Oliver – Baptist Health – Annual Report WG Member**

Yes, that's fair.

**Aaron Miri – Imprivata – Co-Chair**

Great.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Yes. [Audio cuts out] [00:30:39] related to activities for HITAC to work on. I agree with that.

**Aaron Miri – Imprivata – Co-Chair**

Awesome. Great. Let's move forward then in the presentation. So, planning for the update at the HITAC meeting in December. Carolyn, do you want to speak to this one since you're over the big HITAC?

**Carolyn Petersen – Individual – Co-Chair**

Yes. We need to think through what it is we want to present or what we should – Well, I mean, we present what we've been working on, again, following, you know, noting that we've done the landscape analysis and the GAP analysis. We've been talking a bit about what we want to suggest to HITAC. I think we can determine what of that if we want to suggest activities in December or if we wanted to make that part of the report that we them in January. I guess the advantage of including that now is that people have more time to think about it. On the other hand, if we wait until January, we can present the work and the suggestions as a whole with the context in place. Perhaps that may be more helpful for some folks. I think definitely we want to talk about the high points related to the presentations we had last month so our fellow HITAC members see the landscape as well as seeing something that we present in the draft of the annual report. What are you all thinking in terms of how we time the suggested activities?

**Aaron Miri – Imprivata – Co-Chair**

Carolyn, this is Aaron. I think the last HITAC where we gave a general update, I think folks were digesting. They didn't really have too much feedback because I think it was a lot for them to absorb quickly. So, I'm thinking based upon that reaction, the more we can share with them ahead of time without it being final, noting that it's a draft – and it's definitely a draft and subject to a lot of change – could be very beneficial as we get closer to the final report because folks will have a chance to really think about – call it 60% or 70% of the material and really give us some meaningful feedback.

**Carolyn Petersen – Individual – Co-Chair**

That's a good point. Other thoughts, Christina or Brett?

**Christina Caraballo – Get Real Health – Annual Report WG Member**

I was just gathering my thoughts. I think it's important to share, but maybe some of these things we just discussed today as an example, highlighting the things that were discussed for privacy and security in educational ways for the HITAC, and then pulling out what we decided to go with with a small rationale, and then coming up with maybe a couple questions on areas that were a little unsure just to promote dialogue so we can have the group thinking about things beforehand where we see gaps or areas in the report that we just want a little more feedback. I think that could be beneficial. Do we have a working draft or outline of everything we have to date, even if it is very rough?

**Aaron Miri – Imprivata – Co-Chair**

I believe so. Carolyn, do you know? I thought I saw something like that.

**Carolyn Petersen – Individual – Co-Chair**

I would defer to Michelle Murray. She's been working on some of those aspects of it. Michelle?

**Michelle**

Yes. So, an outline exists. It needs to be updated, and it was shared a while ago with the two co-chairs to help guide our planning, but that's something we could probably circulate further once I update it with the rest of the work group. And then within the ONC, working with the contractor, we're starting to pull together an actual draft report which needs to go through a bit of review before we can pass it on to the work group, but that is underway. And that would go to the co-chairs first, and then they decide to pass it on to the full work group.

**Aaron Miri – Imprivata – Co-Chair**

Groovy. So, I guess the answer, Christina, is yes and more to come.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Sounds good.

**Aaron Miri – Imprivata – Co-Chair**

Good. Okay.

**Brett Oliver – Baptist Health – Annual Report WG Member**

I would echo a little bit of what Christina said and just throw out some of the questions to the full HITAC that we've been wrestling with with each of these, particularly in areas that we didn't have an answer or direction. I know it can get a little bit unwieldy with so many people, but I would agree that would help stimulate the conversation.

**Carolyn Petersen – Individual – Co-Chair**

Yes, I think that's a good plan. I do. And I think we will have adequate time at that meeting on the 13th to have a quite good discussion, really in depth, if people are interested in going that way. **[Audio cuts out] [00:36:17]** think of anything else that is relevant to what we might present on the 13th. Is there another slide on this topic in the deck or is this what we've got? No.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Can we go back to our deliverables that we still have? I'm pulling them up on my desktop. Let me see. If we have time, we might want to think ahead of getting feedback from the larger group prior to discussions on specific topics that we have upcoming.

**Carolyn Petersen – Individual – Co-Chair**

Do have a sense of how we might do that or a vision for how we approach that?

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Aaron, can we go back to...which slide had the overview of upcoming deliverables for us?

**Carolyn Petersen – Individual – Co-Chair**

I think that would've been the first schedule slide. It's something like No. 2 or 3. Can we go back? That's the full committee, so it would be the one before that I think. Or no?

**Christina Caraballo – Get Real Health – Annual Report WG Member**

It looks like we've gotten through most of our areas, so never mind.

**Carolyn Petersen – Individual – Co-Chair**

On the 13th, we have an update to the full HITAC that covers all of what's on this slide through today, and then the draft will go in January, I believe on the 23rd, although this is day that will be on the next slide. Yes, the January 23rd. That's an in-person meeting, so we should have plenty of time there to have good discussion and get some really very specific feedback about the draft and about whatever people are interested brought out more. Also, there will be a time for us to be really thinking about how to move quickly and make any of those changes that are requested at the January meeting.

**Aaron Miri – Imprivata – Co-Chair**

Yes. I agree, Carolyn.

**Carolyn Petersen – Individual – Co-Chair**

Do you have any other thoughts, Lauren, in terms of our meeting schedule or planning for any of that? Prep we need to do?

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

No, I think it found that sounds good. I do know that a couple of members have expressed interest, ready to dive in and start reviewing the report. So, I know we probably won't have anything in a ready enough draft form to share for next week, but I do think we should just anticipate at least a good number of the committee members wanting to dive in with this report.

**Carolyn Petersen – Individual – Co-Chair**

Yes, I would expect that. I think there's definitely interest in it, and we need to try to get that out more than the two or three days before that we do, but we've had done some of the other documents so people have a chance to see it and really start thinking through it.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

The other point I'd maybe encourage us to think too is just in anticipation of a number of other things that the committee will be asked to review around the same time to the extent that we can just really focus on perhaps the most critical areas or something just to help streamline the review process because I imagine there are going to be competing priorities in terms of things we are asking the committee to review.

**Carolyn Petersen – Individual – Co-Chair**

I think that probably the top priority that we should encourage people to review is the suggested activities for 2019 and going forward. The other things, like the landscape analysis, the gap analysis, I think folks are generally broadly familiar with a lot of that information, and if they have any concerns, it's probably going to fall in the realm of editorial changes rather than wanting to debate the inclusion or exclusion of large sections. They could certainly provide feedback on specific line revisions even a week after the full HITAC meeting itself if they wanted to.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

I agree.

**Aaron Miri – Imprivata – Co-Chair**

Okay.

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

Well, I know it is a few minutes early, but, if there's nothing else, we could go to public comment and circle back for any last-minute outstanding items?

**Carolyn Petersen – Individual – Co-Chair**

Sure. That sounds fine.

**Aaron Miri – Imprivata – Co-Chair**

Perfect.

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

Great. Let me double check. Chesley did not have a chance to join, did he? I don't think I saw him on there. Operator, can you please open the line for public comment?

**Operator**

Yes. If you would like to make a public comment, please press \*1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press \*2 if you would like to remove

your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys. One moment, please. There are no public comments at this time.

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

So, with that, since we don't have any comments, Carolyn and Aaron, I will turn it back to you if there's anything else that we should address. Otherwise, we can give folks a few minutes back to their day.

**Carolyn Petersen – Individual – Co-Chair**

Thanks, Lauren. I can't think of anything else that would impact what we present next week. I feel like we've had a good discussion about the proposed activities and good overview of the information we got from our expert panel last month. I'm feeling pretty good with where we're at, Aaron. Do you have any considerations or thoughts?

**Aaron Miri – Imprivata – Co-Chair**

No, I feel good, too. I guess the only question mark I have is any timing of any other rulemaking or other things that are floating out there that could come out in the next several weeks that may raise additional topics to further investigate for HITAC, but those are unknowns, and until we can see that and understand that, I think that that'll always be sitting out there. But given the body of knowledge that we know now, this feels pretty good. TBD. Who knows what else is out there?

**Carolyn Petersen – Individual – Co-Chair**

Well, I think what we can do is pretty much just keep monitoring the situation. ONC is quite good about sending out announcements when big-ticket items get published, and I think we just have to watch and be ready to spring into action if we see something new come out.

**Aaron Miri – Imprivata – Co-Chair**

Absolutely agree.

**Carolyn Petersen – Individual – Co-Chair**

It hasn't reared its head for us yet.

**Aaron Miri – Imprivata – Co-Chair**

Right. All you can control is what you can control, right?

**Carolyn Petersen – Individual – Co-Chair**

What we can control is our foot on the gas pedal to adjust.

**Aaron Miri – Imprivata – Co-Chair**

Exactly. Exactly.

**Carolyn Petersen – Individual – Co-Chair**



So, if other members have no other questions or concerns, then I think we're probably ready to adjourn, Lauren. Is there anything else with anyone?

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

No. Sounds good. Just a reminder, we did confirm our next work group meeting will be on January 10th. And with that, I think we can adjourn.

**Carolyn Petersen – Individual – Co-Chair**

Great. Thank you so much for your time.

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

Thanks, everyone.

**Brett Oliver – Baptist Health – Annual Report WG Member**

Thanks, everyone.

**Aaron Miri – Imprivata – Co-Chair**

Thanks, everyone. Have a good afternoon.

**Carolyn Petersen – Individual – Co-Chair**

You, too.

**Christina Caraballo – Get Real Health – Annual Report WG Member**

Bye-bye.

**Carolyn Petersen – Individual – Co-Chair**

Bye-bye.

**Brett Oliver – Baptist Health – Annual Report WG Member**

Bye-bye.

[Event concluded]