Health IT for the Care Continuum Task Force (HITCC)

Transcript
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Virtual Meeting

Speakers

Name	Organization	Role
Carolyn Petersen	Individual	Co-Chair
Chris Lehmann	Vanderbilt University Medical Center	Co-Chair
Susan Kressly	Kressly Pediatrics	Public Member
Lauren Richie	Office of the National Coordinator	Designated Federal Officer
Cassandra Hadley	Office of the National Coordinator	HITAC Back up/ Support
Samantha Meklir	Office of the National Coordinator	SME
Alex Kontur	Office of the National Coordinator	SME
Al Taylor	Office of the National Coordinator	SME
Stuart Myerburg	National Center for Immunization and Respiratory Disease, CDC	Guest Speaker
Rebecca Coyle	CDC	Guest Speaker
James Daniel	HHS/ CTO	Guest Speaker

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

Good morning, everyone. Welcome to the Health IT for the Care Continuum Task Force. We will get started here shortly. Of the members, we have Carolyn Peterson, Chris Lehmann, our co-chairs, and Sue Kressly. Hopefully, the others will be able to join us soon. We have a full agenda today. First, we'll have a few opening remarks, and then we'll hear from our HHS colleagues at CDC around immunizations and followed by DS4P and then a recap of our draft discussions information from yesterday with information from yesterday's full HITAC call. With that, I will turn it over to Caroline and Chris for a few remarks.

Carolyn Petersen – Individual – Co-Chair

Good morning. We want to thank everyone for coming again to our early morning Friday meeting. We're really pleased to have our guest from the Center for Disease Control with us this morning to do a presentation on immunization. Then we will have some good discussion about some of the comments we received from the Full High Tap and discuss a little bit about where we go from here in preparing our transmittal letter. So with that, welcome, and I'll pass the mic to Chris.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

Thank you, Carolyn. Again, I appreciate this committee coming together to work on the tasks that were given to us including the pediatric certification. I just wanted to remind us why what we're doing really matters. When it comes to electronic health records and use in pediatrics, safety is a paramount concern. I was reminded yesterday of a study of 9,000 pediatric safety events in hospitals in a five-year period where one in three of the errors were related to EHR usability. The work that we are doing here will drastically, hopefully, improve the usability of EHR's used in children. With it, hopefully, we'll reduce errors and the risk to children. This is important, valuable work and I appreciate all the feedback and input we have received. I will turn it back over to ONC.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

This is Sam, Samantha Meklir, with the Office of Policy. I want to thank our chairs for their dedication and leadership and all task force members. As we mentioned just moments ago we are delighted we have colleagues from the CDC available today to present to us. As folks may recall in earlier calls, it was identified that it would be helpful to learn more of the relevant activities that the CDC is engaging with as an alliance with the ONC Pediatric Health I.T. recommendation focused on immunizations. So with that, I would like to pass the baton to our colleague in the CDC, Stewart. Thank you again to you and your colleagues for your collaboration support and for taking time to be with us today.

Stuart Myerburg – National Center for Immunization and Respiratory Disease, CDC - Guest Speaker

Thank you for letting me speak. I've got a lot of slides, but hopefully, we can get through them quickly because I do want to have enough time for any questions or discussion. Can you see my slides, hopefully?

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Yes, we can.

Stuart Myerburg – National Center for Immunization and Respiratory Disease, CDC - Guest Speaker

Okay, good. I just wanted to give an overview of some of the activities that we are engaging in along with our partners to help with some of the issues that have been discussed within your group. This is just kind of the high-level agenda just to focus a little bit on some of the work we are doing within the EHR space as well as within the IIS space around standardization and reducing variability and then just some specific things that have come up around the school certificate and also some of the activities that we are planning for the future. So this is a kind of visual representation of some of the focus areas for today. The first topic is some of the work we're doing with IIS, EHR integration. Back in 2013, Gartner conducted a feasibility study to investigate the feasibility of doing certification to help with integrating EHR and IIS and making sure there was interoperability. The CDC brought experts and stakeholders together to identify capabilities that would improve clinical workflows related specifically to immunizations to help with data sharing between providers and IIS.

That resulted in what we have dubbed the immunization integration program or IIP. IIP is operated by HIMSS in collaboration with the CDC with a contract that we have with Chickasaw, and the goals really are to improve the clinical workflows related specifically to immunization and also improve the information sharing between the IIS and providers focusing on those workflows. The two ways of doing that, first we established a voluntary testing and recognition program for EHR's focused on those clinical workflows. Then also something I will be talking about in a second, we also established immunization collaborative recently convened by HIMSS and working with the AIRA, the American Immunization Registry Association to kind of operationalize some of the work that has come out of IIP. This goes along with some parallel efforts that we have been doing to try to improve IIS information sharing and also improve the onboarding process. This just kind of gives an overview. There are 25 EHR capabilities that are tested in the program. I have included the subset that addressed some of the issues that were identified by the task force.

Through the testing recognition program so far six products have been developed by five software vendors that have achieved recognition so far, one of them being Cerner. A number of other software developers and products are in the queue for testing as well. This group is recognized by ONC as a testing partner for 2015 certification for the transmission to the immunization registry. Any vendor that goes through this process will then be recognized officially through ONC. The immunization collaborative I mentioned earlier, as I said, is really a way to kind of operationalize this work. While IIP was focused mostly on just testing and certification the collaborative is really trying to work to resolve some of the issues that have surfaced during that testing process - things like vendor specific connection issues with IIS and then just common interoperability challenges that were discovered across the EHR's and IIS. While we were informally trying to mitigate some of these issues during the testing process, the collaborative is really a way to formalize the process and try to work together with the EHR and IIS communities to come to a common solution. As I said, the collaborative

was convened between HIMSS and AIRA, and the goals really are to try to identify and prioritize the challenges that were discovered related to the immunization workflows that were tested and then develop and support actions to address these challenges.

Along with working with the EHR community, obviously, CDC is very focused on the IIS community as well. One of our main ways of assuring interoperability is encouraging broad adoption of the standards that we have developed, like the HL7 implementation guide, our transport recommendation, as well as our clinical decision support - CDSI. So, development and refinement of these standards are occurring collaboratively between CDC, the IIS community, EHR's, and standards organizations. One of the drivers I'm adopting these standards within the EHR community was obviously the 2015 CHRT, and then on the IIS side trying to meet the needs of the end-users working within the incentive program. And so it kind of was a two-way street with the adoption of 2015. Then simultaneously, as I mentioned before, we have established the IIP for testing on the EHR side, but on the IIS side, we are also working to measure and improve and make sure that there is standardization across the community.

A little bit about the work that we are doing in that area, similarly to IIP within IIS we are trying to measure compliance with our standards and improve standardization across IIS. AIRA and CDC are working together to provide testing tools and roll it out within the community and actually do the testing, look at the results, and try to work with the community to make sure that everybody is implementing the standards correctly. We have a collaboration with NIST to develop our testing tool. Those tools are focused on testing the messaging, transport evaluation forecast and data quality. And AIRA is actually operationalizing that testing by working with the community to make sure that the tools are being used and gather the results. This is kind of showing the stages of the work that we are doing around the testing. Transport and messaging are actually already in the validation stage. Clinical decision support is currently in the assessment stage, and then data quality is in the early stages of development. Then we have other future goals as well as you can see.

The results so far from this activity are that we are seeing very good adoption within the community of the transport standards, HL7 query response as well as submission. You can see that there has been an increase since we started evaluating and 80 percent of IIS being tested. We are seeing solid gains in the adoption of transport and HL7, and we're hoping to see great results as well within clinical decision support but that is still in the testing phase. One of the things we have also discovered is the vast majority of IIS have query response capability, and that is really a cornerstone to making sure that data can be exchanged properly with an EHR so that the most accurate information is available. But just some success stories around that, Nevada has documented improved timeliness of reporting fueled by the interoperability standards supported by incentive programs. In Rhode Island, data has become more complete, so now school nurses are actually using the IIS almost exclusively to monitor compliance with school immunization requirements.

Along with success stories within IIS, we have also received some information from EHR and providers about how the stronger IIS adoption of standards has led to better access to data within the EHR ultimately resulting in better clinical information. I am just going to put some of these up on the screen. I do not necessarily need to read through all of them, but

something that has really come out of all of this is that as standards and interoperability have improved within the IIS, the information available to the EHRs has become better and is being relied upon more. And I think this last one really makes a strong statement about the query response and the ability to do by directionality really influencing how EHR's and providers are able to get immunization data.

Another issue that we are trying to tackle is onboarding. Obviously, you can have all the best standards and have the ability to do query response, but if you cannot get connected as a provider, then none of that is going to make any difference. We are working to improve the onboarding process across the community. Obviously, the onboarding process is sometimes lengthy, and that is really often just because IIS have very particular requirements to make sure that there is quality and to make sure that they can manage workflow properly, but, obviously there are areas of improvement. And so last year AIRA published a consensus-based recommendation around onboarding, which is available on their website, and it really aligns the steps for onboarding for implementation across IIS. The focus is to make sure that there is some better standardization, try to streamline the process, reduce the time in the queue, as well as the time that it takes once you are in process for onboarding, but also help manage expectations, so helping to make sure there is clear documentation for anyone who is trying to onboard so they know exactly what the process is and what will be involved, and also to provide some testing tools so that the EHR vendor can test their messaging ahead of time so that can reduce some of the issues they may experience once they start onboarding.

So, really, the conclusion of all the standards work is that all these activities are improving interoperability, and ultimately that will improve the quality of data within the IIS and what is available to the EHR. And that ultimately, of course, also helps with the population health needs and the information that is available for analysis. The query response has really helped the EHR community be able to get to that information and lower the burden. But, of course, while there is a lot of improvement happening, there is still more work to be done, and really want our focus is is to make sure that we are collaborating between the EHR and IIS communities to make sure that we continue to improve and that both sides are at the table so that we can make sure that we are addressing everyone's needs. A couple of other things I just wanted to talk about briefly, I know that the issue of school certificates has come up in discussions. And just a little bit of an overview of how that world works that we have seen, all states require immunizations, obviously, for school entry. Not all states require the same types of vaccines are the number of doses because of variability in the state law.

Not all states require an official certificate of immunization status, but those that do usually have very different looks and feels and that's all obviously guided by state policy. So, what we have seen is that obviously - and I think you all have said this as well - the EHR's should be able to produce a report. But EHR's should not necessarily be required to generate the state-specific certificate, and so the report that is going to be produced by the EHR is not necessarily the official record that is needed that you need to have a very special format to take to the school or daycare or whatever it's required for to get school entry or to be allowed into daycare. And so because those all have varying formats that are going to be very state specific, it probably makes more sense for the IIS to be creating those very state specific certificate while the EHR should be able to spit out a report.

Then just some future projects that we are working on that are aligned with a number of the topics I mentioned earlier, we are working with HHS CTO on what has now been dubbed collectively the immunization gateway. That is another way we are trying to lower barriers to connectivity and improve onboarding. The initial focus of it was really on interstate data exchange, but now it has involved to include federal agencies, independent pharmacies, and smaller provider organizations. Then out of the tools that we were developing with NIST for testing, one of the other things we are working on is an implementation guide authoring an management tool. What the goal of that is to allow the creation of local implementation guides for HL7 so that there is more consistency in the creation maintenance of them. But as a result of that, it will also allow us to look at the delta between states and catalog that clearly. Once everyone starts using the tool, it will be very easy to see where the differences are within the guides between states. So, with that, I think I have given a sort of the overview and welcome any questions or comments.

Susan Kressly – Kressly Pediatrics - Public Member

This is Sue Kressly. Thank you so much for that presentation, and I have been involved in some of the efforts in other ways. I have two questions that struck me. Your comment about the IIS producing the state-specific forms, how do you envision operationalizing that: every patient needing to have their own login or the schools be able to generate them? I'm trying to figure out where the provider who's really getting the request would operationalize that.

Stuart Myerburg – National Center for Immunization and Respiratory Disease, CDC - Guest Speaker

Also, Rebecca, please jump in around school certificates if I misspeak. Our feeling was that - and this is an evolving thought process - obviously, the IIS being in the state is going to have a better idea of what the very state-specific requirements are. It will be easier for them to create those. One of our ideas around that was really that the IIS would be doing the certificate generation but then allow EHR's to request the state-specific form from the IIS through something like an API potentially like a fire request or something. Yes, that's obviously something that would be a future idea of how to address it, but from a workflow perspective at least that's kind of what makes sense to us currently.

Rebecca Coyle – CDC - Guest Speaker

Stuart, this is Rebecca. I will just chime in on the state-specific certificate. For the states that require a state-specific certificate, their systems today generate that state-specific report from the registry. Schools, childcare providers, the entities that need that certificate have access to the registry to get those reports. So, the report I think that the EHR needs to produce in a lot of situations would just inform what needs to be on that certificate. It would really be a two-part if for some reason that certificate is not produced already or there is new information that came in.

Susan Kressly – Kressly Pediatrics - Public Member

The problem as a provider, who does this probably hundreds of times a day now that it's like the end of school and everyone is registering for kindergarten, if it's not integrated in the EHR - I have a bidirectional registry in PA for so long - I do not even have a clue how I would get to the web-based application because it's integrated. But the integration of a form flow is

not. I can with the click of a button push it and pull in a report from IHR, but I cannot even push on the portal for a patient to print out at home. To me, the better thing seems to think why can't we hook the schools up with the registers and they print their own? Why do we take the doctors out of the middle of this unless there are gaps in care that are identified with that? It just seems to me it's an extra burden to throw the provider in the middle of it. As an EHR vendor, there is no way I have development resources to figure out how to pull an API and pull that report and give it to my users who then need to push it to the families.

I can tell you that will not happen for probably at least three years. To me, it just seems like we're just sort of making a new burden not eliminating it. I would love the opportunity to sort of brainstorm and discuss alternatives. And the other comment I had was is there any thought to creating an entrance for providers to report a barrier to IIS integration so that we can track in a way that is sort of a user complaint department? Like, you know, my EHR is ready, but the state says that we have to stand behind. We are number 27 in the queue, and we cannot get to it for six months. Or my state is ready, but my vendor is not. That way we can sort of help empower the providers to have somewhere to send their ongoing doubters so that we can identify and work to chip away at them both collectively in your aggregated information but also where the rubber meets the road.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

If I may also what Susan said, I understand that this varies significantly from state to state, but I am kind of interested in hearing from you with the current timelines for onboarding are. I saw you put a lot of effort into improving it, but I would like to have an idea if I come to the immunization registration right now and say I want to be integrated, you know, what are the ranges depending on state or region that is required before I'm really part of this?

Stuart Myerburg – National Center for Immunization and Respiratory Disease, CDC - Guest Speaker

So I think as far as the complaint box goes, I think that the consortium would be a logical place to kind of bring up those issues because that is really what's established to do is to bring the EHR and IIS community to the same table. As far as average onboarding times, I'm not aware of those. I do not know if anybody else on the call has any anecdotal information around that.

James Daniel - HHS/ CTO - Guest Speaker

Stuart, this is Jim. I think Rebecca might as well. I think a lot of the timing for onboarding really depends on the prioritization and I know from what I have heard is that a lot of times it's the adult providers that are not prioritized and are sitting in the queue. I do think the pediatric providers are generally prioritized and onboard it fairly quickly, but I think we could probably work with AIRA to get you a better answer to that. As long as I got the floor, I did want to add one other point to the question about immunization certificates. I know there was a question about having the patient have access to that as one possibility, and I did want to let you guys know that the CDC has another pilot project that they are doing with our office and the chief technology office around getting patients access directly to their data including the ability to print an immunization certificate. That has been very successful in two states, Washington and Louisiana. It was extremely helpful during the measles outbreak

when we had a lot of people signing up during the measles outbreak in Washington.

Susan Kressly – Kressly Pediatrics - Public Member

Go ahead.

Rebecca Coyle – CDC - Guest Speaker

Sorry, this is Rebecca. I was just going to comment on the provider queues in terms of onboarding. I think one of the challenges with onboarding is when the standards are there on the EHR side and on the IIS side, onboarding can be fast - two weeks and through the queue. I think the challenge becomes when the systems are off standard, and there are a variety of different ways things can be off-standard just slightly or little variations here that can delay that a little bit longer. As far as the actual cues for each jurisdiction, I do not have those off the top of my head. I did you know that there are some that are more lengthy than others. I think in general the resources to try to get folks through the onboarding process have not been adequate over the last several years to meet the demand. I think we are finally getting to the point where we are achieving at least some balance there, but we do know that there are some places where that queue remains longer than we would like to see it.

Just to the question about if you are having problems particularly with the assisted IIS or not able to onboard or get through that queue, we would be more than happy to hear about that. This is one of the benefits that we are able to work with all of the jurisdictions, and sometimes there is just a little piece that is off that we could have a conversation about. It is what we're seeing. These are some of the comments we have heard from others. Oftentimes, that can help maybe move things along a little bit. We would welcome those concerns.

Susan Kressly – Kressly Pediatrics - Public Member

This is Sue again. That would be awesome if there is a way that there's an email or something we could share and had some direction on how widely we can publicize that. That would be very helpful for us. I echo your comment about resources. We are also - wearing my vendor hat - in a situation now where we have functional IIS connections with the old spec, but then we've got to figure out how do we upgrade them and onboard new clients. And with some of the IIS, it's hard to figure out how do we preserve what we have with moving the connections we already have to upgrade to the new spec as well is onboard new clients. And it becomes really difficult to manage on both the IIS and the vendor side whenever you change those specs. You are absolutely right in the sort of one-off. Yes, we like the Social Security Number in this state, but, no, we want this here. And, no, we don't want the CDX at all we only want the NBC number.

That becomes challenging. The other piece of it is when you talk about the adult versus pediatric space, I think this is also vendor specific and organization specific. It totally makes sense. If your pediatrician in the middle of Wyoming and you are with a small vendor and there are only two doctors in your practice, you take way less priority than a health system that is onboarding a whole lot of people with a vendor that IIS has already worked with. So, there are some resource limitations, and most people will ask where can I impact the most patients first. That often leaves the most vulnerable practices in the most vulnerable areas who are using smaller vendors and not part of the big health system to get to the last of the queue. I want us to be mindful of making sure that we are paying attention to that.

Stuart Myerburg – National Center for Immunization and Respiratory Disease, CDC - Guest Speaker

Any other comments or questions? All right, well thank you all. This has been hopefully informative. It was informative to me. If you have any other questions, please feel free to reach out to any of us.

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

Thank you so very much.

Stuart Myerburg – National Center for Immunization and Respiratory Disease, CDC - Guest Speaker

Thank you.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Can we queue in the next agenda item, please? Great. Thank you so much. This slide is on data segmentation for privacy. This is content that has been shared with the workgroup previously. As folks recall, last week we heard a great presentation from Dr. Galvan on this standard. She shared her expertise with us on privacy. We wanted to circle back on the DS4P proposal just to see if there was what we anticipate is the consensus from the group. But we wanted to be that diligent and robust in establishing that as a concrete recommendation from the task force on the DS4P proposal. This is part of our charge. Again, the proposal and the notice of proposed rulemaking involves the API. Do we have the actual proposal on the slide?

Carolyn Petersen – Individual – Co-Chair

I do not think so.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Okay. We can pull that up if folks need to look at that. Alex Kontur is also on the line, and he can recap or talk through that as well. But what we wanted to do, again, is our understanding based on the input from the group in the last two calls is that there was support for this proposal both from the replacement for the granular section document and then also as involves the API proposal. Alex, did you want to take 30 seconds to just state the proposals? That would be helpful for the group. Caroline, should we do that since we do not have it on the slide?

Carolyn Petersen – Individual – Co-Chair

I think that would be really great.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Okay. Alex, are you just able to walk through that? I'm not sure. Alex may not be in the speaker box. He may be listed as a participant. Okay great. Then Al Taylor should also be in the speaker box as a presenter as well.

Al Taylor – Office of the National Coordinator for Health Information Technology - SME
Yes, I am here.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME
Okay, great. Either Al or Alex, if you could just walk through the proposal on the DS4P just in probably 20 or 30 seconds for folks. Apologies. We do not have the slide with us today.

Alex Kontur - Office of the National Coordinator for Health Information Technology - SME
Hi, Sam. Can you hear me now?

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME
Yes, we can hear you. Apologies, Alex.

Alex Kontur - Office of the National Coordinator for Health Information Technology - SME
Okay, great. No problem. The two proposed DS4P criteria include the capability to enable a user to create a summary record tagged as restricted at the document section and entry-levels and for the capability for certified EHR technology to receive a tagged summary record and preserve privacy markings to ensure fidelity to the tags. Then the certification criteria related to APIs is the capability to respond to data requests using the fire standard in accordance with the consent to share consent profile or consent implementation guide as we called it.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME
Great. Thank you so much, Alex. So, again, our sense from the discussion was that there seem to be general support for the proposals in our rule but we wanted to again circle back and invite explicit input to establish that as part of a recommendation from this group going forward, if our sense from this discussion is correct.

Carolyn Petersen – Individual – Co-Chair
My sense is that this group is supportive of this, but after the comments yesterday at HITAC, I am not so sure how supportive of it to the full HITAC will be. We heard from a small number of people, and sometimes particularly at the end of a very long, intense meeting, not everyone is as willing to speak up as they might've been a few hours before. But I felt like we heard pretty strongly from some people yesterday that they are not at all in support of any data segmentation. That seemed a bit strange because I believe that currently there is some capability to do some of that within systems. Perhaps it's not always within a record, but, certainly, you can segment some records and exert some controls over things. So, I am wondering kind of how you read that.

Susan Kressly – Kressly Pediatrics - Public Member

This is Sue I am also interested in do you have a sense of why? Because to me without this interoperability gets stalled.

Carolyn Petersen – Individual – Co-Chair

Right. The comments that were brought up had to do with, "I can't do my job as a doctor if I do not have all the information. We could be killing people if we do not know their full history."

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

I think just reading through some of the comments that were sent to me - I wasn't in the meeting - clearly, people are not willing to trade off the benefits that this brings for the lack of potential data that they might require in order to do their job right.

Susan Kressly – Kressly Pediatrics - Public Member

To me, maybe it's just because I have a skewed viewpoint, when you're working a big health system, you think you are seeing things. When I'm sending you things outside the health system, they are already not getting the full picture because I cannot send it safely.

Carolyn Petersen – Individual – Co-Chair

Speaking from the patient perspective and from what is somewhat in the literature, if people know that what they tell their doctor isn't going to be confidential with that particular doctor but it will be there for all sorts of people to see, you know, from nurses to other doctors to business associates and third-party groups that work with the medical information, people will not share things that concern them: whether it's something very simple that the doctor would not care about at all but maybe is just a personal preference of the patient to things that you might want to really know like drug use or domestic violence or other kinds of criminal events in the family history. Sometimes there are reasonable reasons for people not to share that stuff.

There is also literature to suggest that sometimes care providers assume more negative views of patients when they see that information in someone's record kind of coming into the encounter with a predetermined vision that is not necessarily upheld by what's in front of them. Or the patient feels they are being treated in a way that is not respectful or not going to be helpful so does not seek help when they truly need it. I can certainly bring that evidence back to future discussions with HITAC. There's a way to do that to show people. I did not want to bring it up yesterday because I did not want to create a sense that I am accusing anyone of anything. I do not feel that way. It is just a point of evidence.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

Another comment to make, Carolyn, is the fact that nothing stops a provider from actually probing for sensitive information. If there is no information about, say, previous pregnancies or sexually transmitted disease, nothing stops the provider from asking that information. There is no inherent right of having this information served on a platter every single time,

and I think the sensitive information providers need to realize that that might not be transmitted. It's something they have to elicit themselves.

Carolyn Petersen – Individual – Co-Chair

Yes, that is a really good point.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

Last I checked the Constitution it doesn't say physicians have the right to know every information about their patient.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Thank you this is helpful. What we at ONC can do is we can proceed to include some additional implementation considerations based on this discussion. We will proceed to retain the recommendation in the draft transmittal for the proposal as included in the rule. Is that correct?

Carolyn Petersen – Individual – Co-Chair

I think so.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

I think that sums it up nicely.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Okay, thank you. Any other topics of discussion or questions on this topic?

Carolyn Petersen – Individual – Co-Chair

I do not have anything.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Okay. Thank you. I think this is a nice segue into the next agenda item. If we can advance the slide. Carolyn and Chris, I will pass this back to you. This is really recapping the interaction and feedback from the HITAC to date.

Carolyn Petersen – Individual – Co-Chair

Okay, and I will start with this one. So back a couple of weeks ago, although it seems like a lot longer because we have had so many meetings, I did a presentation with Chris on the phone, and we had some concerns from members about exactly what they were voting on and how all of this fit together. I think because there were so many materials, so many presentations and because the NPRM itself is just huge, you know, 724 pages or 188 pages in the Federal Register, however, you prefer to read it, people maybe weren't framing all of the issues and all of the topics that we're looking at in the way that they actually fit together. To deal with

that we worked with ONC to create a different presentation with a crosswalk kind of a format that I gave yesterday. And, in effect, each recommendation had its own slide, and there were four columns on the slide. In the far left column, it was the recommendation. In the far right column it was what we as a task force had brought out in the discussion, you know, some high-level bullet points about our thoughts, what we're recommending, and then the information that showed which of the supplementals went with the original ten.

In that way, we were able to connect the dots for people as I walked through the slides. You know, this is what was done before. This is what we are considering. We vote to retain this, and here are some of the thoughts we were thinking about. Yesterday in the discussion we did have a person say, "So are these bullet points part of the recommendation? Is this stuff to think about, you know, advice for the future?" We were able to clarify that so that people understood better the structure of what we are looking at and what needs to go into the transmittal letter and more about what they can expect to see when that comes through to them. People were also at the 04/10 meeting. There was also some concerned about functionalities to be included in technology and reference standards. This gets back to the visual table of showing how things fit together. There were some concerns about limiting certification requirements due to regulatory burden that did not come up at all yesterday. People, I think, were already quite clear about the fact that these are the voluntary certification. It's not something that requires anyone to do anything, and there was no concern about redundant criteria or requirements.

It was really good to have that presentation and see new and different comments coming up and requests for clarifications about specific pediatric recommendations rather than sort of a lot of concern about the process as a whole. That was really good to see. I felt like we definitely had a much, much better day at the races yesterday than we did two weeks ago. Can we go to the next slide? Then at the 04/10 meeting, there was some discussion around recommendation aid that's associating the maternal health information and demographics with the newborn. We didn't really see these issues come up yesterday at all. So, I read this feedback as some thoughts to give back to us as we had discussed these recommendations. But when I look at the slide of disagreement about no standard nomenclature available, where we can push out and allow the transfer, this stuff this did not come but up at all yesterday. I think with that further background and context, folks are pretty comfortable, folks on the HITAC, are pretty comfortable with what we are doing and where this goes. Did you have any follow-up, Chris or Sue?

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

No, I think that was pretty clear. Thank you.

Susan Kressly – Kressly Pediatrics - Public Member

No. Thank you.

Carolyn Petersen – Individual – Co-Chair

Okay. Let's go to the next slide. We did have a bit yesterday of discussion about four, but it was a request for clarification. We did not hear anybody yesterday expressing that the recommendation could be a red flag or any understanding that we were expecting vendors

to be able to work with both the state and local laws. That did not come up as a consideration. Again, I think people understand where this is in terms of our work overall. We did not get any feedback yesterday about how the work we are doing fits with the USCDI. I think yesterday their meeting, their discussion, was a bit more like ours was on 04/10 with a number of HITAC members bringing forward discussion about the naming data elements and having a number of very specific questions about data elements. It didn't come up in our discussion at all. I wouldn't say that this is a concern. I think perhaps in our recommendation we might want to frame the importance of this task force continuing to work with the USCDI task force so that we do not wind up with things that are radically different and potentially un-implementable because they are so different.

But we didn't get as a concern yesterday that there is a significant difference or incompatibility between the work. Fire did not come up at all yesterday, fire-based apps. That may have been just a general comment someone made two weeks ago, but in general, it was a pretty smooth discussion. Yesterday, Erin and I pulled together our notes and sent those out so you would have that for reference. There were no really significant red flags for me on that. I know considerations, except the concerns about DS4P that came up, that differs from what we talked about. Then I think the next slide gets to the 04/25 feedback. Again, the task force recommends to retain the ten ONC pediatric health IT recommendations for voluntary certification and to affirm the proposed rule, identify existing and proposed certification criteria. This is just kind of a recap of what we presented to them to let them know what we have been doing, and that was well received.

The sense of the task force seems to be that we're doing the things that we should be doing. Is there any discussion about the comments that Erin and I sent out yesterday after the meeting? I know they aren't placed in context within the discussion of the slide, which perhaps makes it a bit awkward, but we did try to capture the essence of each presenter's concern, each member's concern. I'm happy to try to talk through that now if you would like.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

It sounds like you did a great job of representing the discussions of the group, so thank you very much, Carolyn.

Carolyn Petersen – Individual – Co-Chair

Thank you. I think that the work that we are doing and the ideas that we have had to date really are not significantly different from the broad expectations and concerns of the HITAC. I think when you have an array of material and information in front of you it is easy to kind of pick out points on subjects that you are familiar with and ask questions and bring those things up. Overall, I do not see broad disagreement except within this data segmentation. We need to think about bringing evidence to show why that is important because there are at least a couple of people who had significant concerns about that.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

You encounter that. If you deal with physicians as customers, you encounter this righteous indignation if you block something for potentially very good reasons. I think that's kind of the response you saw. Physicians are really good at that.

Susan Kressly – Kressly Pediatrics - Public Member

It takes other physicians to push back.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

That is right.

Carolyn Petersen – Individual – Co-Chair

So, I suppose, Chris, that that brings us to the discussion of your availability on May 13, which will be, I think, the next date that we will be presenting to the full HITAC, and also a broader discussion for this task force about when we want to meet next to talk about the transmittal letter and be sure that we are all in agreement on the language that is in that: that it conveys the things that we think are important, and for us to think about any ways that we want to frame our discussions or any additional evidence that we should locate ourselves, or work with ONC to gather to support our positions when we bring that forward. Because at the next meeting on the 13th we will have a set of slides as we have here, but we will also be asking people to vote on the specific recommendation. And I know we also need to bring forward some kind of recommendations about the opioid use disorder question. That is a request for information, but, still, ONC has asked us to do it in the recommendation form, which means we will wind up taking support of HITAC for that.

The next Friday that we would normally be scheduled to meet is the 3rd. So, it may be quite a lot to get through in 90 minutes. I was going to see if we could also have a conversation about scheduling an additional meeting and what might be a good date for that. I think given what I have heard so far about your calendars, Monday, May 6 or Wednesday, May 8 at this time are probably the two most promising days. We probably really need to get the transmittal letter out to the HITAC committee by the end of the day, May 8, Wednesday, May 8 at the absolute latest so they have time to read it for the meeting.

Susan Kressly – Kressly Pediatrics - Public Member

Then why don't we do the 3rd and the 6th?

Carolyn Petersen – Individual – Co-Chair

We could certainly meet on the 8th if that works better for you, but we just have to be very diligent.

Susan Kressly – Kressly Pediatrics - Public Member

The 6th is better for me, but I do not know how anybody else responded assuming the 6th is fine.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

I have to apologize, but I am starting service on the 3rd for a week. I might as well be out of the country.

Susan Kressly – Kressly Pediatrics - Public Member
Is there any appetite for doing this in the evening?

Carolyn Petersen – Individual – Co-Chair
Personally, I'm fine with that.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair
That might do. I might be able to do it then during that week. If it is done after 5:00 p.m., I can do that.

Carolyn Petersen – Individual – Co-Chair
That is fine with me as long as we can find a date that works for everyone. Yes.

Susan Kressly – Kressly Pediatrics - Public Member
That would have to be the sixth of for me. Chris can you do the 3rd or you cannot even do the 3rd, the Friday normal scheduled meeting?

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair
No. I am on rounds at that time, so I am taking care of patients. The afternoon when I am on service, generally, there is a good chance I can do it. The afternoons and evenings there is a good chance I could do it. The day does not matter to me because I clear my schedule when I am on service otherwise.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
This is Lauren. Would it be okay to start at 5:00 p.m. EST because we typically do not have evening calls? But we could possibly start at 5:00 p.m. if that works.

Carolyn Petersen – Individual – Co-Chair
Would that be Monday or on Friday the 3rd or what?

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair
I can do as early as 3:00 p.m. EST on any of those days.

Carolyn Petersen – Individual – Co-Chair
I am just looking at my schedule on the 6th.

Susan Kressly – Kressly Pediatrics - Public Member
And Chip is not on this call, but I do not know if he responded to any of the requests when we talked about additional dates.

Carolyn Petersen – Individual – Co-Chair

I could do five Eastern on May 6 or Friday, May 3, if that is a time that works for you all. I know that is Friday night.

Susan Kressly – Kressly Pediatrics - Public Member

Do you think we need both of those in order to get to what we need by the 8th? Or are you just talking about one because you said you thought there was a lot of material for 90 minutes?

Carolyn Petersen – Individual – Co-Chair

I think we probably need to plan on two days, and I think we might be able to wrap up early on the second one.

Susan Kressly – Kressly Pediatrics - Public Member

I can do both of those. The only question is 5:00 p.m. on a Friday night, it does not matter to me, but if somebody's not available, Chris, you said you can even do earlier like 4:00 p.m. on Friday, depending on other people's availability.

Carolyn Petersen – Individual – Co-Chair

Should we send out a poll to the rest of the task force and see?

Susan Kressly – Kressly Pediatrics - Public Member

Yeah, probably. To me, I think Friday and Monday make sense because that gives us time for you guys to finalize and write something that needs to be submitted.

Carolyn Petersen – Individual – Co-Chair

Okay. I think that would certainly be better for ONC, but I know we also need to be respectful of people's time because you are seeing patients. In my mind, that is kind of the first consideration.

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

Okay. We can get a poll sent out to the members, and it sounds like we will settle on sometime between the 3:00 and 6:00 p.m.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

That sounds wonderful. Thank you so much.

Carolyn Petersen – Individual – Co-Chair

On Wednesday I probably can't do it much before 5:00 p.m. myself, but on Friday any time that works for the rest of the group is fine.

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

Okay.

Susan Kressly – Kressly Pediatrics - Public Member

In your comment before about what do we need to get together, I think any academic papers we have talking about patients not being honest and withholding information that they feel will be shared and any of those barriers that we sort of alluded to sort of backup are push for DS4P segmentation would be helpful if people have academic citations that we can at least point to.

Carolyn Petersen – Individual – Co-Chair

I will do a literature search on that and get that over to ONC so they can distribute it. And we can decide if there's anything else we need to add to it or any holes that would be helpful to fill.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair

There should be some literature on that. I recall a study from the '90s were 50 percent of OBs said they had never had a gay woman in their practice. There should be plenty of data.

Carolyn Petersen – Individual – Co-Chair

It's a matter of just searching for the different reasons why people do not share information. I think you can probably pull eight or ten studies for different issues.

Rebecca Coyle – CDC - Guest Speaker

I think that help frame the conversation and especially for physicians who are being a little myopic in their view of what they think is important.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

If it's helpful, we can also sort of map out - Alex Kontur probably has some good ideas on this - the other types of use cases because it isn't just the data segmentation would be segmented from provider to provider. Some of what the use cases that have been really important for pediatric care have been these others. What about a patient who is emancipated and then un-emancipated? And which parental unit are you data segmenting for and those types of use cases that are extremely important and very nuanced from a legal perspective? We can try and make a little flow of some of those as well to support it.

Carolyn Petersen – Individual – Co-Chair

That would be really helpful. Thank you.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

We can follow up with Dr. Galvin who I would anticipate would have some additional ideas for us.

Carolyn Petersen – Individual – Co-Chair

Okay. That sounds good.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

I did want to share the draft summary presented to HITAC on 4/25, the three bullets on the slide that's on the screen now. This was in large part also to be responsive to the input we received on the 10th, which was providing clarity to the HITAC on what they would be voting for. This is structured in a way that we anticipate should align closely with the language they would be voting for in the future and also the language we would anticipate including in a transmittal. What you will note is there are really these three bulleted items, and really to clarify on the last one that focuses on OUD as Carolyn indicated, that is a request for information in the rule. Really, we would be asking that they vote to affirm sharing of the information that we identified and discussed and sharing that to the national coordinator. It's slightly nuanced but, I just wanted to offer that.

Carolyn Petersen – Individual – Co-Chair

Okay.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Sorry. Go ahead, Sue.

Susan Kressly – Kressly Pediatrics - Public Member

The third bullet, the opioid use, it occurred to me while we were talking about where we were living in the IIS world and the gaps of interpreting standards differently across states learning from that, do we even venture in the world of trying to not replicate this same problem with PDMPs and try to look at harmonization and gathered data and gaps on onboarding, etcetera and use based on the ability for vendors to have to support multiple different iterations and multiple different states? Just a thought.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

No, I appreciate that. I think that that kind of thinking holistically across these opportunities and current state and future state, we can include additional implementation considerations, where we're talking about PDMP with references and lessons learned as you identified. And we can update that as well and share that with the larger group in part of the future call with our task force. Does that address your comment, Sue?

Susan Kressly – Kressly Pediatrics - Public Member

Yes, thank you.

Carolyn Petersen – Individual – Co-Chair

I'm just trying to think of anything else that came up yesterday. I think we have covered the feedback from HITAC. We know what we need to do going forward. We're getting together the recommendations, gathering some evidence to support and provide more background

and more value around the DS4P so people have a better sense of the full issues, particularly some of the pediatric and legal side of things that I suspect the bulk of the committee is not as familiar with. We are going to do a poll in terms of when the task force can meet looking at evenings on the 3rd and the 6th. I'm trying to think of what else you might need from me.

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair
Afternoon and evenings.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Chris this is Lauren. Do you have any preferred block of time for the next HITAC meeting on the 13th?

Chris Lehmann – Vanderbilt University Medical Center - Co-Chair
There is nothing I cannot cancel on that day.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. Carolyn, I'm sure you will be on the whole time, but do you prefer going to the top of the call or in the afternoon?

Carolyn Petersen – Individual – Co-Chair
I kind of think that information blocking is going to require a lot of time and will take a lot of discussion. So, maybe it's good for us to be sort of towards the end of the day because we have had three updates now, and other than the DS4P stuff that we can summarize the additional in probably five minutes with three slides. I think we can get through our recommendations pretty quickly in terms of voting because we have not had any major significant feedback on the 10, and the supplementals go pretty close with those. We won't have a lot of recommendations for the opioid use. It's primarily just the DS4P, but, even so, with evidence, I do not think we will have a lot of pushback there either. So, I would say start with info blocking and CNC and maybe after lunch or after the break bring us on.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. That works. That helps in planning the agenda.

Carolyn Petersen – Individual – Co-Chair
Because we do not wind up getting into a lot of small discussions about things that people ultimately are pretty comfortable with and then not have time for the info blocking.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Agreed. Yeah. That's a good point. Okay. That's all I have, Sam, anything else? The ONC team?

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

No, I just want to thank you for helping to facilitate some of the process items as we near this next, final stretch and also for the great presentation yesterday, Carolyn, as well to the larger HITAC and for responding to the questions. I don't have further comment.

Susan Kressly – Kressly Pediatrics - Public Member

I have one quick question. Do I have to block out any subsequent time after this 3rd and 6th that you will need the whole group? Should I save time in any calendars for subsequent weeks?

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Lauren or Cassandra, do you want to respond to that? Go ahead.

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

Yes, I was just going to say, Sue, it really depends on how the meeting goes on the 13th. I think, fingers crossed and assuming that we get all the recommendations approved, you should be able to keep your calendar clear, but, if not, we may need just like one or two additional meetings before the end of May.

Susan Kressly – Kressly Pediatrics - Public Member

Okay. Fair enough. Thank you.

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME

Thank you. Any other comments or input from anyone for from ONC on any of the process or substance to date? Okay. Okay. Thank you. Lauren, I think we can go to public comments.

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

Okay sounds good. Operator, can we open public the line?

Operator

If you would like to make a public comment, please press *1 one on your telephone keypad. A confirmation tone will indicate your line is in the question 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 headset before pressing the star keys.

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

Do we have any comments in the queue?

Operator
There are no comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. We'll leave the number up. Any last remarks? Then we will circle back if there are any public comments. Just give them time to dial in. Co-chairs, ONC, anything else?

Samantha Meklir – Office of the National Coordinator for Health Information Technology - SME
This is Sam. I do want to thank Katherine for inserting under chat and public comment on the screen. There is the link to the materials from the HITAC meeting from yesterday. Those are obviously on our HITAC website as well. So, Carolyn was describing the table of the presentation of the crosswalk. That content aligns with content that everyone has seen in slides and the technical pediatric worksheets to date. For access to that document and that format, please click on that link, or contact us if you have any questions accessing any of the materials from yesterday.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. Thanks, Sam. Operator, any comments in the queue?

Operator
There are no comments at this time.

Susan Kressly – Kressly Pediatrics - Public Member
You just gave us back 13 minutes in our day.

Carolyn Petersen – Individual – Co-Chair
We did.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Thank you. We can adjourn. Thank you, everyone.