



The Office of the National Coordinator for  
Health Information Technology

# Transcript

## **HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) ANNUAL REPORT WORKGROUP MEETING**

May 20, 2020, 4:00 p.m. – 5:00 p.m. ET

VIRTUAL



# Speakers

| Name                                | Organization  | Role                       |
|-------------------------------------|---|----------------------------|
| <a href="#">Aaron Miri</a>          | The University of Texas at Austin, Dell Medical School and UT Health Austin | Co-Chair                   |
| <a href="#">Carolyn Petersen</a>    | Individual  | Co-Chair                   |
| <a href="#">Christina Caraballo</a> | Audacious Inquiry   | Member                     |
| <a href="#">Brett Oliver</a>        | Baptist Health  | Member                     |
| <b>Lauren Richie</b>                | Office of the National Coordinator  | Designated Federal Officer |
| <b>Michelle Murray</b>              | Office of the National Coordinator  | Staff Lead                 |
| <b>Cassandra Hadley</b>             | Office of the National Coordinator  | HITAC Back Up/ Support     |

## **Lauren Richie**

Good afternoon, everyone, and welcome to the kickoff edition for our fiscal year '20 annual report of the Health Information Technology Advisory Committee. I'm happy to get started again here. Of the workgroup members, we have Carolyn Petersen, Christina Caraballo, and Brett Oliver. Aaron Miri, our other co-chair, can't be with us today, so I will turn it over to Carolyn Petersen for a few opening remarks.

## **Carolyn Petersen**

Thanks, Lauren. Welcome, everyone. It's great to see you all again, and kind of surprising that it's like we hardly finished up the last one, and here we are going into the fiscal year '20 report, but it's great to be working with you again. I hope that everyone's been healthy and safe and is finding new routines and new ways of getting things done while working with the challenges we have in our environment. I appreciate your taking time out of your busy days to get started on the discussions related to the next annual report, and I really appreciate your help in being able to give Michelle and her team some ideas and guidance about how to proceed so they can help us keep it moving.

Our agenda today is fairly – we're kind of at the beginning. We're going to look at some potential topics for the annual report. As you all know, we put several things in a parking lot last year because we either felt they weren't ready for discussion or didn't sit well with the work that the HITAC had done during the year. Today is our opportunity to revisit that list, and also start thinking about other things that have transpired since that last annual report and about how we want to frame that thinking in terms of gap analysis, landscape analysis, potential recommendations, and where things fit in the three defined priority areas for the HITAC, as well as under our opportunity to create additional areas that are priority based upon the environment. We'll then have a public comment period, and we'll close by following up with our next steps so we know what's ahead for us. With that, I will hand the mic back to Lauren and Michelle.

## **Lauren Richie**

Great. Thanks, Carolyn. So, I'll let Michelle speak to the slides here, but here's just a quick status of the fiscal year '19 report. We're completing all the required steps, including final transmittal to HHS secretary





and Congress, and today, we'll get into the draft list of topics that Carolyn just mentioned in terms of starting to frame the discussion and content for the fiscal year '20 report. Michelle?

**Michelle Murray**

Yes. I'll just mention – I think we have a slide or two about our schedule. So, we've got a couple dates for this month and one for next month in preparation for presenting to the June HITAC meeting, which will be virtual. We'll present the topic list that we come up with in the next couple weeks. And then, we're starting to set up meetings that will be monthly through the end of the calendar year. We want to try to get the draft written up a bit earlier this year and use our Crosswalk tool earlier in the process, so over the summer I think we'll switch to a Crosswalk view of the topics against the gaps and opportunities and potential recommendations.

So, it does mean we might need to meet in August this year rather than pushing out until September because the September HITAC meeting is a little bit earlier than last year, and Labor Day hits right in the middle of all of that, so look for that request coming your way about when to schedule a meeting for August, and let us know what works for you as well as July, for getting those two on the schedule soon. And, I think we can just turn to the topic lists. I have a slide in there about the full committee dates, but they're available on the website as well.

**Carolyn Petersen**

And, I would just interject before we hop into the topics. Brett and Christina, if you have any dates that you know will be particularly problematic coming up through the next few months, please go ahead and send those to Lauren, Michelle, Aaron, and me so we can be sure to get those on the calendar and know that those are times we shouldn't plan to work on things. I know with all the COVID rescheduling and practice deactivations and reactivations and such, things might have changed. We want to be sure that you have the time off that you certainly have earned and need, and if you help us with the scheduling, we can ensure that that happens.

**Brett Oliver**

You got it, Carolyn. I think I already got my stuff to Katie last week in terms of those dates that went out for the next couple months.

**Carolyn Petersen**

Okay, and if you see some changes on the horizon or things coming into the fall with meeting shift and stuff, just let us know because we definitely want to be sure you get in the things that you need, given that you're giving us all this time when things are so crazy in the environment.

**Christina Caraballo**

I got my tentative in as well.

**Carolyn Petersen**

Absolutely. So, shall we launch into the potential topics? Okay. So, a list of potential topics was sent out, and I'm trying to see if it's in the small sidebar. I'll pull up my list. Do we have a list to show, or are we using our own?





**Lauren Richie**

That was just a preliminary – yup.

**Carolyn Petersen**

Okay. I was going to say – gosh, my eyesight's getting worse by the minute.

**Lauren Richie**

Michelle, is there any way we can zoom in on that a little bit? That helps a little. Thanks.

**Carolyn Petersen**

Okay. I guess we'll just start at the top and go through as far as we can go.

**Michelle Murray**

Do you want me to give just a second or two on the structure of this document? It's similar to last year's – the same format. It starts with some comments that were collected during the last round of commenting on the last report and some of the current issues. And then, the next section is additional comments that came up in meetings after the report was approved, so that started to cover some of the COVID response. You'll see some public health ideas start to creep in.

And then, the next section, which starts on Page 4, is a list of topics from last year that were already published in the last report that probably need to be mentioned again – things like the rule, TEFCA, some basic stuff that we know is going forward – and then, I think in the last section of current ideas, there are some new ideas that we're adding or suggesting be added. They're coming from meetings that that HITAC held, from ONC's thinking, or our audacious inquiry contractor support doing research the last few months while you guys were on break, and those things in the literature that looked promising. The final section is on Pages 7 through 9. We don't necessarily have to go through it today. It's pretty detailed, but it's just starting to capture thoughts around if we want to keep certain topics from last year, especially in the landscape analysis, that may not carry through to every gap in opportunity, but may still be important for general information. What are some thoughts around what needs to be updated there?

So, those just capture some ideas that we wanted to make sure people thought of before we get much further, but we don't want to spend a lot of time on them if they're not interesting to people. So, I think the goal of today, next week, and two weeks from now is to start working through the list as sequentially as we can and give ONC direction of yes, no, keep this in the Crosswalk tool, or not. We don't necessarily have to develop them a lot at the moment – it's sort of a check to see if we want to keep these in our list of thinking right now.

**Carolyn Petersen**

Okay, that sounds good. It's quite a big list, so we probably won't get through all of it today, but we can get a good start on things. So, the first thing on the list is price transparency, and this is "Increase attention to improving patient access to financial information, including showing any progress made by the HITAC while discussing the intersection of clinical and administrative data in the HITAC ICAD task force." So, in terms of the target area, this is federal activities. We did mention it in the '19 report, although we didn't get into it in great depth because those comments came in quite late, and there were different pieces of legislation





that looked like they were going to impact this, and we didn't have the final rule out, so it was a bit difficult to deal with it. What are your thoughts about it today?

**Brett Oliver**

Sort of a nebulous...issue – “Increased attention.” I'm not sure – obviously, “showing progress,” but progress based on what? What do we need to show? I know what Cynthia said in several meetings in terms of what she wants from a price transparency standpoint, but...when I read it, I was like, “I'm not sure what to make of the description of the issue and, honestly, what to do with it.” Do you have any thoughts?

**Christina Caraballo**

I was actually – go ahead, Carolyn.

**Carolyn Petersen**

I was going to say I don't think we've even gotten marginally close to talking about metrics or how you would assess what this is, what this means, and from that perspective, I agree, Brett. I don't know that it's something that we'll get to – that the HITAC will get to this year. Go ahead, Christina.

**Christina Caraballo**

I was trying to pull up the last report that we wrote to see if – I couldn't remember if this was an item on there. I do think that from a consumer perspective – I don't know that Cynthia is getting that, but from a consumer perspective in general, having more price transparency is really important, so in the landscape analysis, it could just be an overview of where we stand as an industry to start the discussion and get moving in the right direction, even if it's not as robust as the HITAC taking it on right now. I'm just listening to the two of you and your thoughts, but in general, I do think price transparency is important.

**Brett Oliver**

Yeah, I would agree with you. That's a great way to put it in terms of making it part of the landscape. I was struggling with a specific HITAC activity or, as you said, Carolyn, metric that we're trying to show improvement upon or moving in a certain direction. I don't know about that, but I like what you said, Christina – that it's more of a picture of the landscape, and that it's important to consider – it's important to everybody. I don't discount that at all; I'm just not sure what the particular targeted activity is that we're to comment on there.

**Christina Caraballo**

I agree. I do think it's a topic of particular importance to patient consumers, but also to other stakeholders in the sense that organizations and other individuals have to do their own planning and management of their organization. So, maybe it's something to put in the landscape and see if other developments occur over the year that we can use to flesh that out more.

**Lauren Richie**

To Christina's point about last year's report, it is a good idea to tie back to statements we've made previously. It was part of our summary table of gaps in opportunities and activities. The activity was to offer ideas for the role of health IT and improving price transparency of healthcare services. We could either say we've already addressed this as a future activity; we don't really want to mention it again this year, or we





could follow up and push this further, or just mention it again. We have multiple options here in acknowledging the past.

**Carolyn Petersen**

My own personal preference would be to leave it on the list and say there is ongoing interest in this area. I think with everything that's going on with COVID and some delayed efforts to get things moving on the final rule, it's probably not something that there will be a lot of movement on this year, but I see it as the lack of action having to do with the logistics rather than with interest.

**Brett Oliver**

That's fair, Carolyn.

**Carolyn Petersen**

Should we move to the next one?

**Brett Oliver**

Sounds good.

**Carolyn Petersen**

So, this is EHR –

**Michelle Murray**

I think –

**Carolyn Petersen**

Oh, sorry.

**Michelle Murray**

I was just saying it sounds good, sorry. Lag.

**Carolyn Petersen**

Oh, okay. So, this topic is EHRs and patient safety, and the description of the issue is reviewing changes that could be made to the health IT certification program to support improvements to patient safety. We could refer to the JAMA study on ONC safety issues with CERT that gets at the interoperability target area. It was indirectly referenced in the fiscal '19 report.

**Michelle Murray**

To supplement that activity last year – well, it started with a gap of EHR-related adverse patient safety events, and the activity suggested was to develop recommendations on ways ONC can include EHR-related patient safety events in the EHR reporting program, which is still getting under way. It's a little early yet still.

**Carolyn Petersen**





Right, and there was also some discussion about this from the usability perspective in the clinician burden reduction strategy, and from the implementation side with the safer guide. So, maybe this is something we want to leave on the list, but we don't know what the action will be. We just want to keep an eye on it.

**Brett Oliver**

I agree.

**Christina Caraballo**

Sounds good.

**Carolyn Petersen**

Okay. The next topic is to establish common metadata nomenclature and use. This gets at determining the types of metadata and related standards necessary to facilitate machine-based clinical data management, including management of exchange data to reconcile data from multiple sources. This is in the interoperability area. It was not in the fiscal '19 report. It was something that was suggested by Terry O'Malley. And then, in terms of where it's at, ONC's national health IT priority is to research policy and development agenda and call for presentation to HITAC about metadata standards. I'm wondering if you have any more thoughts about that, Christina.

**Christina Caraballo**

I think that we should highlight this. I remember when Terry brought it up, and it was well received by the HITAC, and in light of the note on here that it's an ONC priority to do a presentation for HITAC, I think we should star this.

**Brett Oliver**

Yeah, I –

**Carolyn Petersen**

Lauren, do you have a – oh, go ahead.

**Brett Oliver**

I was just going to add that I would agree. Being able to reconcile the data from multiple sources is so important. It's more than research, but it's also just the clinical end user becoming more and more of an issue.

**Carolyn Petersen**

Lauren, do you know if we have a presentation scheduled for a HITAC meeting, or is that something that you're thinking will happen later on this year?

**Lauren Richie**

I think we were anticipating a brief update starting in June, but then, certainly, we should be ready for more in-depth discussion by the meeting in September.

**Carolyn Petersen**





Okay, that sounds good. We may wind up with more to discuss in the report and the result of those efforts as well.

**Lauren Richie**

Yeah, I think this goes beyond just a discussion, but a potential charge to some of the HITAC task forces – thinking through it beyond just a presentation to what the next steps will be. So, as ONC's looking at the presentation, maybe we try to think of early things that we could ask the committee to do.

**Carolyn Petersen**

So, perhaps some recommendations to us for things to be thinking about in the fall after we've had the larger presentation in September or perhaps October, if it rolls back a bit.

**Lauren Richie**

That sounds good.

**Carolyn Petersen**

Okay. The next item is updates to the USCDI. The issue here is to consider additional data elements that may include images, care plans, and price and payment information. This falls under the interoperability priority area. It was not included in the '19 report. The note there is that these comments go beyond the work undertaken by the USCDI last year, and the question is if the HITAC would consider such elements in fiscal year '20 or beyond that.

**Christina Caraballo**

So, on this one, as it relates to USCDI, there is a whole promotion process that we have put in place, so it's not necessarily up to us to just come up with a pocket or a grouping of data elements to be considered for USCDI. The HITAC can certainly submit comments to the USCDI and back up the data elements with the right criteria, but based on where we are with work around the USCDI, I don't know if this one really makes sense.

**Brett Oliver**

I agree with you.

**Christina Caraballo**

I'm not picking on the data elements.

**Brett Oliver**

No, not at all, but it undermines – what was the use of outlining the whole process last year if we don't use it?

**Carolyn Petersen**

I'm thinking if it falls off the list, it'll probably be brought back again. If it fell out of the report completely, I'm thinking it would get brought back again by the members who have an interested in that area, so perhaps on our parking lot, we need an area that's still too soon to address these topics, or would require other HITAC activity to get a fuller viewing, or something along those lines. I agree with you, Christina, that it's really not something for the annual report committee to take up.







**Christina Caraballo**

Right, but the natural process in the promotion process – sorry for that – is for there to be a review by the HITAC, so this is already going to happen organically based on the USCDI promotion cycle.

**Carolyn Petersen**

Okay. It sounds like maybe we don't really have anything at all to do with it. The next item is increasing interoperability across the broader care continuum, and the issue here is that the long-term post-acute-care behavioral health and home and community-based service settings are limited in their ability to exchange data with clinical providers, including social determinants of health data, and that falls under the interoperability target area. It was not addressed or covered in the '19 report. It was suggested by a HITAC member. It doesn't look like we really did anything with this yet. I think this was something that came in very late, or perhaps even in January, when we were not able to address it in any way.

**Christina Caraballo**

I would agree that this is an important topic.

**Brett Oliver**

Yeah, it's definitely part of the landscape. I'm not sure what to do with it. It's a huge black hole right now for patients in terms of their data.

**Carolyn Petersen**

Why don't we leave it on the list with an asterisk to revisit it in September, perhaps? I'm thinking with all that's going on with COVID and the care transitions that need to be addressed and the greater urgency of exchanging data in some of these kinds of situations, perhaps there will be more to talk about or more happening a few months from now. I agree it's important, but like you said, Brett, I'm not sure what we would do with it today.

**Christina Caraballo**

I might want to think through that one a little bit more, but I think that's okay for right now.

**Carolyn Petersen**

Okay. We can definitely revisit this list quickly. Michelle, can you put an asterisk by that one? We'll be sure to revisit it on the next call.

**Michelle Murray**

Sure. We'll also have chances in the Crosswalk over the summer to address all of these again in a different format, so we won't just be waiting until September for these. We'll have another crack at them in a different format. But yeah, I'll mark this one to come up again next week – or, two weeks from now, sorry. I keep doing that too.

**Carolyn Petersen**

Yeah, we just don't want to forget it. So, that brings us to the correction of incorrect data and the ramifications of exchange of incorrect data. Today, we don't have much ability to correct inaccuracies that have been exchanged so things get further disseminated. We need transparency about the accuracy of patient data and consent to share it when it's not there for patients, and that becomes a patient safety issue.





This one falls into two priority target areas: The interoperability and the patient access. We did not touch it last year, and it was brought up by one of the HITAC members earlier this year. It doesn't look like we have any notes on this yet.

**Brett Oliver**

I feel like this is an important one to understand what is really going on out there. We're an Epic shop, and I sit on an Epic committee that's trying to understand what the best way to approach this is. If you do a correction in Epic, what's your downstream effect responsibility? But, I don't know what's going on out there outside of our system or outside of our EHR. Other thoughts?

**Carolyn Petersen**

That's a good point. I honestly don't know because I've never had the opportunity to change anything in the record that was wrong. Lauren, does this fall under any activity, presentation, or anything that may be coming to the HITAC this year, do you think?

**Lauren Richie**

Well, not specifically, but we're currently reviewing the list of topics that the HITAC will address broadly for the remainder of the calendar year, so we're looking more broadly right now. So, I may have a better response by the time of the June meeting on how specific we want to get relative to these topics.

**Carolyn Petersen**

Okay, that sounds good.

**Michelle Murray**

Also, let me know if you want any presenters to come to this meeting. We did a listening session a couple years ago with all the cybersecurity experts across the federal government, which was helpful, so if there's anybody you want to bring in for our presentation, we can add that to our agenda.

**Brett Oliver**

I'd like to see a target for HITAC or ONC to just outline guidance. What are your responsibilities, either as an individual organization or data collector, when you're brought – the biggest – it's one thing if it's a note. We had those processes in place – at least, internally – but if we start exchanging labs and those kinds of data like we are now, and all of a sudden we realize that an instrument wasn't calibrated correctly, we send out that correction internally, but then, what happens downstream in data provenance with that? I don't think there's any national guidance, so maybe that would be a goal to understand if ONC could be tasked with that, then we could give guidance to every committee. Just a thought.

**Carolyn Petersen**

Yeah. I'm trying to recall if we had any plans to have... I wouldn't say "hearing." That kind of implies something pretty big. But, if we had any plans for discussions about health information exchange, or if there will be some discussions related to TEFCA where this might be something that can be at least presented in brief and get a 15- or 20-minute airing as something that members were interested in earlier. We can ask where we're at and if it's something they want to try to work on either this year or next and see where it sits. I'm thinking there might be other – it may be that the TEFCA group and the RCEs are a place to get more





information about the downstream effect – when you're making changes to a record, what's already been transmitted?

**Brett Oliver**

Yeah, that's true.

**Carolyn Petersen**

Well, we can leave an asterisk as something we want to circle back to in a future meeting. The next item I see is the patient consent for data sharing, and here, the issue is to further improve clarity around patient consent for research and exchange of data. For example, do receivers of push data need to consent to receiving it? More generally, HITAC should discuss the tradeoff between increased interoperability, protecting privacy, and public interest during the COVID-19 pandemic. We're looking at things like increased contact tracing and remote monitoring, for example, which have some security concerns around them. In terms of the target areas – public health and privacy insecurity – we have not addressed this in the past, but it's been brought up by several members at the January and April HITAC meetings, so it's definitely something that we already have some collective action and interest in, and I think there's probably interest on the part of other people who are not listed on the sheet.

**Michelle Murray**

Can I take a minute to point out the addition of public health as a target area? It's coming from the CURES Act itself, where there are priority target areas and additional target areas, and so far, we've only needed to use the priority target areas. The additional target areas allow the HITAC to take up other topics without having to go back to Congress to inform them that we're going in a new direction.

So, public health – or, specifically, technology for supporting public health – was one of the target areas that we're allowed to add to this work, and there's a general question for this group that doesn't have to be resolved today because I'm not sure what the right answer is quite yet, but is public health a separate target area from existing interoperability, privacy/security, and patient access information, or is it matrixed with it where we want to insert public health in those three existing areas, or do we want to add it to that list to make it four areas? It's hard to say at the moment. I think we have to talk through a lot of them to see where they fit, but I just want to point this out as a general construct for the group and why that got added to this list early on – to trigger that discussion. All right, back to the specific items. Sorry, I don't want to take us off course, but I wanted to make sure people understood where that was coming from.

**Carolyn Petersen**

Given all the COVID stuff that we're dealing with this year, I can see where public health would be a separate subsection of the report where we talk about many different developments that have ties to the public health needs and requirements, and they're in a kind of boots-on-the-ground situation now, consent being one thing, but data exchange, standards, and security – we're dealing with specifically underfunded groups that are in government where things can't move super fast, but now they certainly have all these additional needs because of the pandemic. I think it would be hard – it might be less cumbersome in terms of framing a report to just pull all that into one section rather than to have a little bit here and a little bit there strewn throughout the whole 80 or 90 pages.

**Christina Caraballo**





I like that.

**Carolyn Petersen**

We can talk about format later on, but I'm just trying to think in terms of cohesion for readers. Anyway, I think it's certainly an issue, and by fall, we should know a lot more about the U.S. strategy for contact tracing and have a better sense of what the states are doing. Let's ask [inaudible] [00:33:51] to revisit later in the year.

**Michelle Murray**

We can possibly group it that way in the Crosswalk so we can start to see what it might look like. We'll have a sense even sooner to see if it's coming together as an idea.

**Carolyn Petersen**

Okay. The next issue is privacy and security of synthetic data, and this gets at determining the unique privacy and security considerations driven by the emergence of synthetic data, which is a dataset that's derived from real data that is statistically identical to the real data, but is allegedly completely new data that does not relate to any actual human being, the notion being if you had this kind of dataset, you could conduct research, train machine learning models, and so on without the constraint of HIPAA, and presumably other privacy statutes.

So, this fits into the target area of emerging issues. We did not do anything with it last year. A HITAC member brought it up in written comments, and ONC is now conducting a project called Synthetic Health Data Generation to Accelerate Patient-Centered Outcomes Research, which will go on through 2022. So, I would think it's at least in the landscape analysis. Does this look like something that would have anything to do with what was previously discussed for a privacy working group or some privacy-related activities, Lauren?

**Lauren Richie**

We can certainly keep that on the broader topic under privacy and security, as we're also still combing through a lot of the specific privacy and security suggestions that we got from last year, and try to sort that out amongst everything else that's going on. So, there's more to come on that, but nothing concrete at the moment.

**Christina Caraballo**

Between this and the last one, I'm wondering if we don't need some new tags. Carolyn, on the last one, you mentioned putting different sections – maybe a public health area – and then, this one has an importance to research, and in the past, we've grouped or ranked things that we want to address based on high, medium, and low priorities. I wonder if we shouldn't start tagging based on stakeholders or high-impact needs right now so if we see trends of different areas that are going to really help with COVID or future pandemics, for example, so we start marking it and we can pull out that list and visually see if there are already overlaps between that, research, and some other areas – public health, whatever it may be – it just might help us focus and prioritize our work for what's going to impact real-world initiatives.

**Carolyn Petersen**





Okay. That makes sense. It's like so many things are coming at us so quickly, it almost feels like we need another set of ways of prioritizing and thinking through the additional target areas that we are able to decide are important enough to work on because certainly, there's a lot here that I think probably none of us were thinking about at all six months ago.

**Christina Caraballo**

Yeah, and by no means did I mean an extensive rework of the report, Michelle, so don't think that I just...or even an area, just a thing.

**Michelle Murray**

We already have a column in our Crosswalk that's for prioritization that we added in last year, but I think going into it this year, we'll already be thinking about it because we have a space for it that we didn't originally have, so I think we're already on the same page.

**Christina Caraballo**

Perfect. So, I guess maybe just come up with a few more things to add to that list, to add to that column that we already made. Thank you.

**Michelle Murray**

I like your tagging idea and thinking about the impact that ties into your prioritization, and we'll see if the same prioritization approach works this year if we want to try other things.

**Carolyn Petersen**

Sounds good.

**Michelle Murray**

Before we go off this page, Carolyn, if we're done with the synthetic data, I want to circle back to consent because I think I interjected, but accidentally pulling us off the topic by talking about public health instead. So, if you want to circle back to see if there are any comments on the patient consent part...

**Carolyn Petersen**

Yeah, let's go for it. Are there other thoughts about – do we need to be thinking about developing this for the privacy target area as well as the potential public health area?

**Michelle Murray**

I think that's the intention in this line. I know right now that it was preexisting as an idea in January, but it came up again in April in a different context, so I'm just cross-cutting that way.

**Christina Caraballo**

For patient consent? Is that the one you were referring to, Michelle?

**Michelle Murray**

Yes. So, it's the second row from the bottom on Page 2. We just accidentally skipped over responding to it, so I'm circling back.





**Christina Caraballo**

I think we decided it was really important, and I think it's going to be increasingly important. I feel like patient consent is something that ONC and the industry has been aware that we need more work around it, and work is being done. Maybe it needs to get more attention and accelerated more with COVID. Even today on my little briefing – I was reading a *Politico* article on the privacy concerns over COVID-19 tech that made me pause, so I think this is going to be increasingly important and get more attention.

**Carolyn Petersen**

I agree, and when the TEFCA work has been implemented in the field and Sequoia is able to give us a fuller view of how that's been going, we may come up against some new issues or some nuances of known issues there as well, so it may be that there is some teasing out to do when we circle back to TEFCA later this year.

**Michelle Murray**

I know this is Aaron's area, so he probably has some concrete things to add here, so we should circle back when he's available again.

**Christina Caraballo**

Send him his homework.

**Michelle Murray**

Yeah, I know. We said we were going to do it.

**Carolyn Petersen**

There we go. So, here's a topic that I think is probably ripe for some real work this year, and this is labeled under the HITAC administration, but this gets at doing some kind of tool or work to show progress against the past HITAC recommendations, and also how those things relate to annual report opportunities and recommended activities. So, have we really been doing what we thought we should be looking at, and what should we be doing in the future? We haven't looked at this before, but it was brought up by a HITAC member. I think it was important for a number of other people, including us, and I see there's a note that ONC has been working on this in recent months. Is there more to share about that, Michelle or Lauren?

**Michelle Murray**

Lauren, do you want to say anything first?

**Lauren Richie**

Sure. I apologize, the lawn guys are here. But, we are just in the very early stages of internally building out a system or database to help track the recommendations that we've received to date and where they currently are or how they've been integrated into ONC policy or programs, so it's still in the very early stages, but in the meantime, we're anticipating updates from the various task forces that we've had to date to see where and how those recommendations have been incorporated. We don't have an exact timeline for that yet, so maybe by the fall, we'll be able to have a little bit more specific announcement for the committee.

**Michelle Murray**





Yeah, I was just going to mention timeline. Even if the database interface isn't quite complete for ONC's use, we can still get to the raw data to compile a report if we need to. Part of the issue is that all the peers' recommendations are very text-heavy, and we didn't really have a set format to follow, so as we know in our EHR world, making that free text into structured data is a challenge, so that's one of the barriers where – we're hoping to at least gather that data, and going forward into future recommendations, we might have a chance to structure them a little bit so we can track them a little more easily and then report out more easily.

**Carolyn Petersen**

Yeah, I think that that is important for us and the report, but certainly also for the fall HITAC in terms of really evaluating where we are. The infographic was nice, but I think with this kind of a tool, we could give more granularity, and as a committee, it might help us think through and provide meaningful feedback about where we want to try to go for 2021 at a point where we're still far enough out that we can really affect what's on the schedule. I know this year, with the different initiatives, it felt like it was hard to provide a lot of feedback because we kept right on going through the fall. So, here's another section of additional HITAC member comments for consideration. I see the first three were submitted by Aaron, so my thinking is we should probably set those aside for right now and let him be a part of that discussion. The next one is TEFCA and patient access, and this is one that came from Christina. The QHIN entity for patient-facing apps may be following patient engagement roadmap as part of interoperability. Do you want to talk a bit more about that, Christina?

**Christina Caraballo**

No. [Laughs]

**Carolyn Petersen**

Okay. Does that mean that you're thinking we wouldn't put this in the annual report?

**Christina Caraballo**

No, I do. I think it's important. I've been thinking through it a lot, and I wouldn't mind brainstorming with others on this. I think there's a major gap in thinking through TEFCA and being able to have consumer access and patient access. While there are – it does not fit into the current model that exists, I do think it would be really great to have more of a patient-focused QHIN, or at least access points within the QHIN dedicated to patients that have their own vetting of apps and enable ecosystems where patients can have access to different kinds of applications to be able to interact with their data, and not – well, access it and interact with it.

I've thought through this quite a bit, but understand there are major challenges. I just think that as we continue to create frameworks, we should constantly think about how patients are going to access and interact with their data and how it's going to build as we advance. What I don't want is for us to create this whole great ecosystem in TEFCA and still have the same issues with patient applications and access to their information being tied to specific hospital organizations, or even just organizations in general where they can't access it across the broader ecosystem, similar to providers being able to access information across the broader ecosystem. I'd like others' thoughts. I know it's a challenge, but I do think it's important, and I think it's important for us to think about early.





**Carolyn Petersen**

I'm wondering –

**Brett Oliver**

Christina, what would be the difference – do we need to stop? I'm sorry.

**Carolyn Petersen**

No, go for it, Brett.

**Brett Oliver**

So, I understand patient access to their data, which I think TEFCA at least provides a roadmap for, but are you saying they would have access to other applications? I'm confused as to what they wouldn't have with TEFCA and what your – can you clarify that?

**Christina Caraballo**

Yeah. Do I have time to keep going?

**Carolyn Petersen**

Yeah.

**Christina Caraballo**

I see the public comment slide.

**Carolyn Petersen**

Yeah, go ahead. Let's finish this one.

**Christina Caraballo**

So, I think historically, what we were trying to do when we had the whole initiative around Blue Button and consumer access, and view/download/transmit, and the idea that patients can access any of their information and send it where they want to – in the area of meaningful use Stage 2, we had the National Association for Trusted Exchange, which took over the Blue Button trust bundles that basically enabled – were conceptually supposed to enable the ability for patients to view, download, and transmit their health information wherever they wanted despite the provider that they went to. That didn't really work because a trust ecosystem wasn't enabled, so during that time, a lot of innovative app vendors came together – my organization, Get Real Health, was one of them – and we were hoping to be able to access clinical data to be able to provide patients with tools that were more applicable to their care management, and these could go outside of the hospital setting. It could be nonprofit groups, for example, that have very specific patient needs.

But, it really just opens the ecosystem for others to be able to come in, use data, and give patients access to their information and tools to engage with that, and I am cutting myself short because I'm looking at the time, but... I think we tried to do this once, but it didn't work because of the trust framework that needed to be in place, but I think there was a desire from stakeholders that were aware of it that really saw the value, so now that we've come a lot further and we've learned a lot, I don't want us to just think that patients aren't interested in this type of access or app developers wouldn't tap into these resources and build really cool







tools just because historically, they didn't have access to the information in the first place – so, it was just apps with no information or data. Does that make sense? Sorry, I didn't mean to talk so long. I was trying to consolidate it.

**Brett Oliver**

No, it's helpful. Thank you.

**Carolyn Petersen**

Why don't we leave it on the list to be revisited at a future meeting? I think we have a few things that are asterisks. An option might be to see if there are other HITAC members who would want to do a virtual discussion about this particular topic. I hesitate to bring forth more Zoom meetings, but maybe that's where it starts in terms of HITAC understanding if it wants to engage with this, and if so, how it does, and what sort of discussion we should be looking at, given that we're always down the road from the last time that we thought about it.

**Christina Caraballo**

Yeah, and I think one thing to highlight on here is the work that the CARIN Alliance is doing as well.

**Carolyn Petersen**

Okay. So, I know we're up against the hour. Let's go to public comment, and then, if we need to swoop back with anything, we can do that.

**Lauren Richie**

Sure. Operator, can we open the line?

**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, and for participants using speaker equipment, it may be necessary to pick up the handset before pressing \*. We will pause for one moment to poll for comments. There are no comments.

**Carolyn Petersen**

Okay. If I can make a suggestion, over the next couple of weeks before the next meeting, Christina, can you give some thought to how we might try to jump-start this discussion again, whether that's an informal meeting that HITAC members can attend or not? By "informal," I mean not part of a particular task force, workgroup, or something. Or, if we need a presentation from Sequoia or some other group to talk about where things are at or how they've changed since the last time we thought this was too complicated to take on, or whatever else we could do to think about how to start wrapping our arms around this and looking at that... It sounds like there's a lot there, and it would be good to at least get it in the landscape in some place, if not at the gap point, but maybe we need to better understand that before we can find a good way to deal with it. Aaron may have really good thoughts too.

**Christina Caraballo**

Sounds good.





**Carolyn Petersen**

Okay. So, we are at the top of the hour, and I don't want to take up any more of your time, but I think we had some really good discussion today and a good start on working through this list, and I made a few notes that I will forward to Aaron, and I imagine Michelle probably has some as well, so we can bring him up to speed and have some good discussions in a couple weeks. Thank you so much for attending, and I'll pass the mic back to Lauren.

**Lauren Richie**

Nothing else from me. Thanks, everyone.

**Brett Oliver**

I appreciate you guys. Take care.

**Carolyn Petersen**

Take care.

**Christina Caraballo**

Thanks, guys. Bye.

**Michelle Murray**

Bye-bye.

