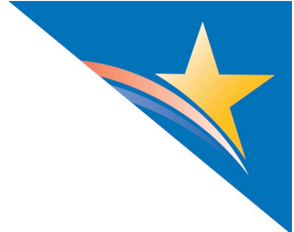
Transcript

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

October 16, 2020, 3:30 p.m. – 5:00 p.m. ET

VIRTUAL



Speakers

Name	Organization	Role
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Co-Chair
Carolyn Petersen	Individual	Co-Chair
Christina Caraballo	Audacious Inquiry	Member
Brett Oliver	Baptist Health	Member
Lauren Richie	Office of the National Coordinator	Designated Federal Officer
Michelle Murray	Office of the National Coordinator	Staff Lead

Call to Order/Roll Call (00:00:00)

Operator
Thank you, all lines are now bridged.

Lauren Richie
Good afternoon, everyone. Welcome again to our HITAC Annual Report workgroup meeting. Happy Friday afternoon. We've got our full team, Carolyn Petersen and Aaron Miri as our co-chairs, and Christina Caraballo and Brett Oliver. At this point, I am going to turn it over to Aaron for a few opening remarks, and then we'll jump right in.

Opening Remarks, Meeting Schedules, and Next Steps (00:00:25)

Aaron Miri
Outstanding. Thank you so much, Lauren, and welcome everybody listening in on the call. I'm Aaron Miri, I'm one of the co-chairs here with my esteemed partner, Carolyn Petersen. We really appreciate you all joining us on a Friday afternoon. The work that the ONC team has done is phenomenal. We are very, very close to goal and ready to present to full HITAC and start getting their full opinions as we prepare our final report. I do want to call attention to just the depth of topics and the importance this year especially with COVID-19 and all the topics that are going on, how relevant all of this has been towards getting a really big handle on a lot of things going on. So, a lot of credit to the ONC and HHS in general, and a phenomenal partnership. Carolyn, anything you want to add?

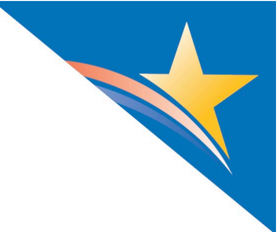
Carolyn Petersen
No, just that I appreciate everyone coming in on a Friday afternoon when it's gorgeous out and a great time to be enjoying fall, and also to share that we'll be doing kind of a casual Friday approach to this meeting with some help reading documents aloud and discussing them, a little different than we usually do.

Aaron Miri
That's right, Carolyn.

Carolyn Petersen
Tiny but effective.

Aaron Miri
I think we are a very effective team, so we're going to wing it today. Both Carolyn and I are in the middle of other meetings and through things, so the ONC team is going to help us read out what exactly we're going to talk through and get that feedback from the team so we can incorporate that as we get ready for the HITAC, so thank you, Carolyn. All right. So, in general, before we go into the crosswalk, which is the meat of today's meeting, I do want to call attention to that we have an upcoming HITAC in which we'll be reading through some of the dynamics and some of the questions and some of the topics. I think there's been a lot of great discussion particularly in previous meetings around research, around privacy and security, and some of those items that we know the industry is struggling to overcome. I do know, and I give a lot of credit again to the administration and to the Congress for really starting to try to tackle some of this stuff. But again, this team has a great opportunity to present things that are out there that we know are issues and barriers for care, and we appreciate everybody. So, Carolyn, anything you want to add to that real quick?

Carolyn Petersen
Nope, I think we're good. Let's dive in.



Aaron Miri
Let's dive in. All right. Let's go into it. So, the way this is going to work, I'm going to ask the ONC team or the Accel team if they don't mind reading out loud what it is specifically they need our feedback on so we can finalize this draft, and that way we can just cut right to the chase of things. Michelle, would you be able to help us, or one of your team?

Michelle Murray
Yes, we can do that.

Aaron Miri
Perfect. All right. Let's go into it.

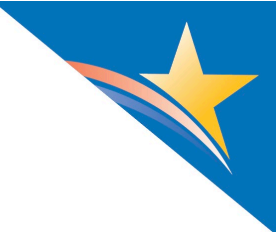
Discussion of Draft Crosswalk of Topics for HITAC Annual Report for FY20 (00:02:58)

Michelle Murray
All right. This is Michelle Murray, by the way, policy analyst and staff lead at ONC. I'll be helping out our co-chairs today. The screen is much too small on their cell phones or other equipment, so I'm expanding out my large screen and reading it for you. I may not read every single word. We've been over these several times, and we'll highlight a few changes that ONC is requesting in the past week, so they're new to the workgroup. And you can give us feedback on if you think they're good changes and if so, what we might do to add them further. So, the first one's in the public health target area. So, in the gap, the topics about exchange clinical data for public health purposes. In the gap we're asked to add the words "and exchange," so it would say, "public health authorities face interoperability challenges to be able to collect and exchange information from clinicians and laboratories needed for proper reporting." So, that's the first change we're asking for. The challenge would stay the same. That says, "need standardized codes, data, and terminology to document patient diagnosis, treatment, and reporting in clinical care across settings during pandemics."

The opportunity, the first two elements stay the same, "To improve interoperability between public health reports systems and EHRs;" the second one is, "To accelerate use of data standards to improve situational awareness for federal, state, and local government emergency response." A third one that ONC is wondering if we should add gets to the idea of adding exchange to this. We say "exchange" in the topic, but then we don't quite follow through all the way through, so they're having us circle back. The third opportunity would say, "To explore an expanded role for health information exchanges (HIEs), to support public health." That leads us to the activities which are all staying the same but adding one that has not yet been determined. So, this is where we do need your feedback. We're doing some internal thinking, too, of what might be a good activity, circling back to some work that was done earlier this year on rolling out the star HIE program and the ideas that didn't make it into the final announcement and award might still be on the table. So, we're looking into that and doing some research with our contractors.

But we were wondering if there is an activity we would want to add to support exchange for public health. I'll turn it over to the team for that.

Aaron Miri
Michelle, I think that's a really good question. I'm curious what the group thinks here. For me, I do think I'll give a lot of credit to CMS for recently changing the reimbursement around COVID-19 testing, turning it around in two days at $25.00 more a pop. I think those are great characteristics to look at that and it's really intelligent to begin to try to incentivize the industry to hurry up where we can. I do wish there was exchange of information tied to that kind of thing. So, Michelle, I don't know how we would word that, or to the group. But to me, looking at the carrot and stick approach is a great idea for exchange to go along with financial penalties or reimbursement in this case. That's my two cents. I'm curious, Brett, Carolyn, Christina, what you all think.



Carolyn Petersen
I'm wondering if it would be helpful if we had maybe like a half-day session where some different public health agencies that are able to do some exchange or that have done some really focused work on the barriers to exchange and are able to say, "we need this and this and this to be able to meet these X, Y, Z goals." Something like that to kind of put some real flesh and bones on the problem and also elucidate some things that are working, what progress has been made despite the fact that public health is not really coordinated and wasn't kind of a part of the thinking when a lot of exchanges started building out their work.

Aaron Miri
That's a great thought.

Brett Oliver
Carolyn, I really like that because I think there's so much variability in what – I mean, we're using the term "HIE" pretty generally. Whether it's the state of Indiana, the state of Kentucky, or the state of Tennessee, just as an example, in my region, there's incredible variability in what they can do technically, what they're already doing, what's on their roadmap, just with electronic case requests. Aaron and I gave talked about this before, but with electronic case requests, as an organization, we're ready. We've had it built for six weeks now for COVID, but my state HIE has some technical limitations now that they're working through. So, understanding, as you had said, Carolyn, sort of what those barriers are, whether they're technical, operational, contracts, et cetera. I think that would be helpful, at least a starting point.

Carolyn Petersen
Well, and if there are some partial solutions or some solutions at small scale that are working for people, why not take a good, hard look at those and maybe think about how to bring that to other places? I shouldn't use the S word "standards," but to kind of help move things forward in the sense of this is what's worked, let's see how to scale it, or at least scale it regionally.

Aaron Miri
Those are really good points. Christina, what do you think?

Christina Caraballo
Yeah, I think these are great additions. I guess I'm surprised we left off the sharing or exchange. So, I think that was a good catch on ONC's part and I do think there are opportunities for health information exchanges to play a role. It would be interesting to see like what some are doing today and kind of look at – well, backing up, Brett was just saying that there are technical limitations in some states and I think it's important to understand and note those so we can look at how we can scale these approaches, but I do think these are really excellent additions. I like Carolyn's idea of a listening session on this.

Aaron Miri
Yep. Good points. Great points. Michelle, is that clear for you?

Michelle Murray
Yes. That's exactly what we needed from you.

Aaron Miri
Perfect. All right. Next? Next one?

Michelle Murray
Question for the team. Do you want me to cover the items in red as well, because that's text that was requested to be added from previous meetings, especially the last meeting? So, it should reflect what you've already told me to add. I can go over those now if you want me to, or do you want me to just cover the ONC suggestions?

Aaron Miri
I would be a fan, and Carolyn I defer to you as well, let's cover the items that we know we need to cover today just from a time perspective, and then we can always come back if we need to.

Carolyn Petersen
Yes, I think that's good.

Michelle Murray
All right. That means we would skip down to Page 3, the interoperability target area, and the topic of the association between EHRs and patient safety. ONC was thinking of bringing back-end suggestions that actually came from the FDA HITAC members and also came up in this group at one point about adding activity to this about FDA involvement, but I'll go back over what the gap and challenges and opportunities are first. So, the gap is, "impact of health IT on patient safety." The challenge is, "a well-designed, properly implemented and responsibly used EHR can improve patient safety by better supporting clinical workflows and decision-making. However, EHRs can pose new patient safety risks, including sharing incorrect data." The opportunity is, "define factors that increase and decrease the safety of health IT that affect patient outcomes."

And the activities, we have two already. One was "to review changes that could be made to the health IT certification program to support improvements to EHRs to support patient safety. The second one was, "Suggest that ONC conduct an initiative to further define patient safety and any gaps where technology does not support that definition, then develop a roadmap for better health IT support for patient safety by 2023." That is very broad obviously. That covers a lot of things. This last one was more specific, and it came from – I literally cut and pasted some wording from a transcript from February from our FDA liaison. It says, "Collaborate with the FDA to explore the use of health IT in automating collection and sharing of data about adverse drug events." And I'll add that this one could be broadened, if you wanted it to, and it could include other technology, but that was the wording I had as a starting point.

Christina Caraballo
If you were to broaden it, what were you thinking?

Michelle Murray
I was wondering if we wanted to cover multiple kinds of technology or things beyond adverse drug events.

Carolyn Petersen
Adverse device events?

Michelle Murray
Are you saying that that would be…?

Carolyn Petersen
Let me say that again. Adverse events related to devices as well as to drugs?

Michelle Murray
I'm not clear what the FDA person was suggesting, but yeah, that's a change we could make.

Carolyn Petersen
When I say devices, I'm thinking of implantable medical devices like pacemakers and defibrillators and other things that are in the body where you would want to know if there's a problem, but they're not drugs.

Christina Caraballo
I think that's a good addition.

Aaron Miri

I think that's a good idea. I like that, and it all ties back. Carolyn, that's a smart, smart move, because it all ties back to the EPI and all the other components of the medical device that the FDA is concerned about. That's a great idea.

Carolyn Petersen
Yeah, I don't think you need to call biologics out separately because I think the reporting there is similar to drug events. For devices in particular, the studies that investigate them are so small and there's so much less experience for them when they are approved or not approved, it would be really good to be able to capture those adverse events.

Michelle Murray
So, I'm hearing a couple of you are saying you'd like the addition and might just expand the scope a little bit.

Carolyn Petersen
Yep, I think so.

Aaron Miri
Yeah. Me as well.

Michelle Murray
Any other comments on that one? If not, we can go to privacy and security on page 5. And beyond HIPAA, the second line item for that one, to the consent subtopic. This one the workgroup had updated somewhat last time, but I'll walk you through it. The gap is, "lack of clarity about the parameters of data sharing and disclosure and their implications for consent." The challenge is, "rules for consent have not been established for receivers of pushed/received data when they receive it." The opportunity is, "improve clarity around patient consent for research and exchange of their data and further patient understanding of the accuracy and validity of clinical information offered by third-party apps." And part of that sentence was updated last time by this group.

So, in the recommended activities, there are currently three. ONC is suggesting inserting one kind of in the middle of the two that already existed. So, I'll read the first one that already existed: "Identify educational approaches and potential regulatory solutions that offer improved transparency of privacy protections outside the purview of HIPAA." I'm going to skip down to the third one that already existed: "Explore ways clinicians can educate patients about the benefits and potential risks of using third-party apps as contemplated by the ONC Cures Act Final Rule and about the need to review and comprehend about the app's privacy policies." So, the item that ONC was suggesting we add, that is, "Suggest steps toward a consistent technical approach to capturing and managing consent." So, the idea here was that ONC thought there might be missing a broad activity about a broad framework for managing consent because the other two kind of dive into some details.

Brett Oliver
So, I guess the assumption is that they have to get consent. That's what the addition is not saying, but saying?

Michelle Murray
Yeah. I think it's saying that you have to get consent, so like when you get consent, how do you manage it? How do you capture it and manage it? And if we have to clarify if we get consent, we can do that as well.

Christina Caraballo
From a patient perspective, this seems like a good idea, if it's more consistent, even in language. So, you've got the technical approach to capture and manage, but it also could be just what is presented to patients when they go out just to fill out a consent form. If it's more streamlined, then it could make it so

patients better understand what they're signing and the differences between different apps.

Brett Oliver
Would we want to change it, Christina, to say, "Suggest that's towards consistent technical and operational approach to capturing and managing consent?"

Christina Caraballo
Is "operational" the right word? I don't know.

Brett Oliver
How you were going to approach it with the patient.

Christina Caraballo
Yeah.

Brett Oliver
But, yeah, I'm open to add something there to make it what you're saying.

Aaron Miri
I support that.

Brett Oliver
I don't care about the words if somebody's got a better suggestion there. I was just trying to simplify it.

Christina Caraballo
Sounds good.

Aaron Miri
Good suggestion, Brett. I like it.

Carolyn Petersen
Me, too.

Michelle Murray
All right. So, I'm hearing that you like this addition of an activity and you're adding a little bit of phrasing to it, "technical and operational approach."

Brett Oliver
Yeah, Michelle, if you have a better suggestion. I mean, what I think we're trying to say is just when a patient sees this standard wording, they get used to that. It's muscle memory. It's not something new each time that they're reading through trying to understand. I'm assuming we're doing that from an operational side, and then from the technical side, it would have to maybe get that collected the same way.

Michelle Murray
Yeah, I think "operational" is fine to add, especially because the HITAC would just be in this case suggesting steps towards getting to the framework or approach and not necessarily getting into the weeds of how it gets operationalized. Anything else on that one?

Christina Caraballo
I don't know if it's taking it too far to consider the user experience might be too much, but it may be something to think about.

Michelle Murray

So, you're saying maybe add a phrase, like a comment in, saying, "While considering the user experience?"

Christina Caraballo
That would work. Perfect.

Michelle Murray
Okay. Good. I can do that. All right. So, anything more on this topic? Okay. If not, I'll go to the next one. Right below it there was one. I think there's only one more maybe after this one. Right. So, we're on the fourth of five suggestions. This one again is beyond HIPAA. This one is internet of things subtopic, and ONC had a general comment to say like specify the scope a little more about internet of things, it's not everything about all devices on internet of things, but it's those that collect health-related data. So, that shows up in three spots, or four spots actually. So, that's really the thing that's changing. It's not like a major change, it's more a wording change to fix the scope. So, let me know if you want me to read this one through in detail, because I can.

Brett Oliver
That one makes total sense, just for clarity.

Aaron Miri
Yeah, I would agree.

Carolyn Petersen
Yeah, I'm fine with that.

Michelle Murray
Okay. Yeah, it was pretty straightforward. All right. So, we can go to the last one that we need to review. It's in the patient access session on Page 6, the first row. So, the topic is general right now, patient-controlled data collection, access, and sharing. And it's one that carried over from last year. The specific gap is "safety of mobile health applications." The challenge is "safety and effectiveness concerns with consumer-facing mobile health applications." The opportunity stays the same also; "Provide reliable information about the quality of apps to enable clinicians to advise patients about app use and to empower patients when using apps to make decisions about their care."

And then in activities, the first one the group did alter it some at the last meeting. I'll read it for you. "Support the existing efforts of consortia that are working to vet apps based on safety and accessibility and educate patients about the findings of the consortia. In particular, investigate if frameworks or scorecards for assessing apps exist or are being developed. If so, raise awareness of these efforts." The second one is the same as before, "Explore ways the safety of mobile health applications could be enhanced." The idea ONC was adding was another kind of broad idea. Tell me if you think it fits here or needs to be developed in a different way. It is, "Hold a listening session on impact of use of apps as opposed to the current portal systems on patient challenges in collecting, accessing, and sharing their health data."

So, it's talking about apps, which fits in this line item, but it grows broader than that. It goes beyond the safety concern and talks about the experience too, or could, about does the use of more apps change how patients with interacting with their health data and how does that compare to portal systems.

Aaron Miri
I like that. This is Aaron. I like it a lot. It ties back nicely to the other health equity discussions we had earlier, and the other topics. And it is about experience, right? In all dimensions. So, I think it's a great addition in my opinion.

Christina Caraballo

I think it's a great addition as well. Good job.

Carolyn Petersen
I'm trying to think if we need to add a little bit more text in it to make it more specific in some way, because when we talk about the impact and use of apps, then you get into all sorts of questions that impact what that means but aren't necessarily things we can fix, like operating system versus another operating system versus different versions if you're on an older one versus a newer one versus a phone with different features, including security versus what sort of security, firewall, et cetera protection you've got. Sometimes that impacts things, versus a private internally developed app that's not like an app developed by a health care organization that you use just to access your records or certain interactions you have with that organization as opposed to something that's broader like a fitness kind of app or something.

It just seems like there's so many different kinds of apps with so many different potential regulatory stuff wrapped around them or governing them. And so many different ways that you can implement apps depending on your devices and your needs and what kind of broadband you have and stuff. I'm just trying to think of a way to make it a little more specific to something that you could actually manage rather than just having like a day where you have lots of good presentations but they don't tie together because they're not really all unified by certain ground rules or guardrails.

Aaron Miri
Kind of like a score card to rank them or talk to different dimensions?

Carolyn Petersen
Well, I'm just thinking, I mean, do we want to talk about this in a way that makes it platform agnostic, something about apps that gets away from looking at the platforms or HIPAA versus un-HIPAA covered or something to make it a little more manageable for ONC? Because when you think about it, this is just a broad way, and it's hard to get through it to something useful you can actually act on.

Aaron Miri
Yeah, no, that's a really good thought. Because Michelle, I think the intent is to look at functionality, right? This is actually not what the patient/consumer is looking for from a health care IT app, is that right?

Michelle Murray
I think it really is as broad as it says, and I think we're asking if there's a certain area we should focus on, that's where we're gathering your input.

Aaron Miri
Right, right, right. And I think what Carolyn is saying, which makes a lot of sense, is trying to bucketize the different dimensions to assess an app and then go from there, which makes sense to me because then it's actionable. All the security of apps – I'm making this up – is the biggest concern to people or whatever. So, I like the suggestion. I think Carolyn's suggestion makes sense. It actually makes it logical.

Michelle Murray
I would suggest you don't need decide now exactly how you scope it, but we might need to add a phrase that says something about ideas for how you might scope it.

Aaron Miri
Yeah, I'm good with that. Let's give some precision to it. Carolyn, I'm speaking for you here, so please speak out, but I think that's what you're looking for.

Carolyn Petersen
Yeah, I mean just some way to help tighten it a little bit so we don't wind up with soup-to-nuts kind of

panel sessions that are very informative, but don't move us at all towards making decisions or advising on a particular kind of issue or topic or something. That's all. You're right, we don't have to decide that today. We can just keep churning that in our heads and perhaps we can even ask for feedback about this at the HITAC meeting, on what do people really want to dive into in terms of efficacy of apps and experience around apps and challenges, and what do you care about? Do you care about security? Do you care about consent around data sharing and use? Is it a connectivity problem? Interoperability with certain EHRs or portals? What sticking points do you want to work on in the immediate future?

Michelle Murray
Yeah, I think that's a good approach. We do have time on the activities to further develop them. We don't have them on the meeting schedule, but there is time to still flush this out for the November HITAC meeting. For the October meeting, you're just presenting so far the topics, gaps, challenges, and opportunities.

Christina Caraballo
And that's why I'm reading it again. I'm wondering if we shouldn't add using their data. So, you've got collecting, accessing, and sharing, but it's also how a patient's going to interact with that data. So, adding "using" throughout.

Michelle Murray
Yeah, I captured that for you. Does the group agree with Christina?

Aaron Miri
Yeah, I think that's fine. I think it is good.

Carolyn Petersen
Yep.

Brett Oliver
Yeah. I agree.

Michelle Murray
Okay. Anything else on this topic area? I did notice one thing as you were all talking. In the gap, I was thinking the gap wording was maybe a little too narrow for adding this recommendation. If we say the gap would be "the safety and impact of mobile health applications," that might be broader or it could be effectiveness and the challenge.

Christina Caraballo
I like that suggestion. Adding "impact."

Michelle Murray
Okay. Any other thoughts on this topic?

Aaron Miri
I think it's good. I think we can marinate a little bit more, but I think it's good.

Michelle Murray
So, those are all the ONC suggestions. Let me know if there's anything else you want me to circle back to that you want me to read in this list. So, I think you were all talking about wanting to tackle the proposed tiers at this meeting as well.

Carolyn Petersen
Yeah, we can't avoid the tiering forever.

Aaron Miri
Right. I definitely don't want to avoid it. I think it's an important topic. We can absolutely do it, Michelle. Let's do it.

Carolyn Petersen
Don't all be enthusiastic at once.

Michelle Murray
So, I think we need to jump back to the top of the document. I'll walk you through a little more than I usually would since you're having some visibility issues. Okay. Now, this is where I would summarize and not try to read everything again for you. So, the first topic was "exchange of clinical data for public health purposes." We walked through this one together today already. Right now, we have a TBD in the proposed tier column. I'll remind you it's on the last page, we already did talk through as a group the proposed legend for this current report. The immediate would be the years 2021 through 2022 calendar years, or fiscal years, I guess. I think it's fiscal years. Well, okay. I will say that's problematic, actually, because the report is FY20. I think the years are more likely calendar years because that's what the HITAC has been following for their work plans. So, I think we'd assume calendar years. So, the immediate and longer-term time periods.

So, the immediate is 2021 to 2022 and longer term is 2023 to 2026 and after and beyond, if there are any that go beyond. And I'll add too that ONC is planning to present soon, hopefully October's meeting next week, to the HITAC, the objectives and benchmarks updated for the next set of fiscal years, which is 2021 to 2022. There is some overlap there, which when we get to the drafting stage, we can sync that up a little bit more if we need to. So, we are kind of ahead compared to last year of that step. Usually we've seen that work and what ONC is thinking. So, that's one reason I think you're hesitating, is that we were sort of reacting as a workgroup last year to that work already having been established. But I will sort of give a sneak peek that they're similar to the previous year, so I wouldn't say that that's going to have a big impact this time around.

Carolyn Petersen
Well, I think at least the first couple which is what I can see are probably immediate just because the COVID isn't going anywhere anytime soon and probably just if we could make some real impact in these areas, that would help the COVID situation overall and it would position us to be better able to respond to some of the long-term problems associated with COVID that we're just now learning about.

Christina Caraballo
I agree. All three of these on here. The three now would be immediate.

Aaron Miri
Yeah. This is Aaron, I agree.

Carolyn Petersen
I think the fact that we brought on this as a new target area because it was important kind of supports the immediate tiering.

Michelle Murray
Okay. So, that covers as far as the exchange of clinical data, privacy and security, vaccine tracking, and then there's two more public health topics on the next page.

Carolyn Petersen
International exchange might be a later, but I think patient matching is probably immediate also. It's hard to be fully effective with the other three if you don't have patient matching.

Aaron Miri

I totally agree. The patient matching is critical. It's absolutely urgent, and we're running into it. I can tell you real world story here. We're absolutely running into this issue here in Austin. So, we need it yesterday.

Brett Oliver
Yeah. I agree. It goes with the patient safety piece, too, I almost brought it up there.

Christina Caraballo
Yep. I agree as well. Immediate for patient matching and long-term for international.

Michelle Murray
Okay. I'm hearing immediate for everything except the international exchange, and that would be longer term.

Carolyn Petersen
Right.

Aaron Miri
Yeah. I mean, that's a bit of a misnomer, right? Because I know it's important, like super important, but what's more important, like what's 1-A, like patient matching wins over international.

Michelle Murray
Yeah, and I recall from last year we differentiated between importance and timing and said that this group is comfortable suggesting timing of when something would start for the HITAC to do the activities. So, getting at sort of the urgency issue, but we weren't making a call on whether it was important or not important or when it needed to be sequenced when. Anything else on the public health target area? If not, we can go to interoperability on Page 3. There's four on this page and two more on the next page. So, the ones on this page are exchange of health data more broadly across the care continuum, association between EHRs and patient safety, exchange of social determinants of health data, and increased health equity across populations, locations, and situations. We don't necessarily have to do them in order either. If some jump out to you quickly, we can go to those first if you want, as long as we cover all of them.

Christina Caraballo
This page is a little tougher.

Carolyn Petersen
That's why I'm letting you go first, Christina. So, I think the exchange of health data more broadly across the care continuum is probably going to be more critical in the immediate term because with COVID, you have certain points in the care continuum that are more impacted than other points, like the long-term care situation, people in assisted living going into acute ICU care, having to go someplace else, and that information about infections and test results and long-term effects needing to follow people. Depending on what we see with pediatric events when we have large numbers of children infected, we may see one of those special conditions that seem to develop in children. And of course there's a lifetime impact of that and a need to track that information lifetime. So, I'm thinking at least the first one probably needs to be immediate because of all the COVID related stuff around that.

Christina Caraballo
Looking at these as you're reading them, I would agree with the first one being immediate.

Aaron Miri
Ditto.

Brett Oliver

I'm in agreement, too.

Christina Caraballo
Knowing that we can't make all of these immediate, the second I'm leaning towards long-term. For those who can't see, that's the association between EHRs and patient safety.

Aaron Miri
Although patient safety is very important, we don't want to in any which way suggest not.

Christina Caraballo
I know.

Aaron Miri
But in terms of 1-A and 1-B, yeah, I agree with you. I totally agree with you.

Christina Caraballo
I'm also looking at the recommended activities under this.

Brett Oliver
I like that being 1-B, simply because if you can improve the interoperability of the data exchange, I'd like to see how that impacts patient safety in and of itself versus going at it as a separate issue. So, allowing just a little bit of time between those two might make sense.

Christina Caraballo
So, one thing, I guess a question for you, Michelle. If there's an activity through these, like these are chunks and some of them have a couple recommended activities under them, if we see something that might be an activity that we think should be a higher priority but maybe we don't want to do the whole clump, that might be something to consider as we think through these.

Michelle Murray
Right. I think we could assign a tier to a specific activity if you prefer. I don't think that's come up before, but we definitely could still do it if we need to.

Aaron Miri
I think that's a fair suggestion. That's good.

Carolyn Petersen
Yep.

Michelle Murray
So, within the patient safety item, are we splitting out, so far, any difference from longer-term? Any items that would be different from longer-term?

Christina Caraballo
I'm going to default to Brett and Aaron on that.

Brett Oliver
It's difficult.

Aaron Miri
Sorry, I have to look at it, I'm sorry. I need to be able to look at it and tell you guys, I don't know.

Michelle Murray
Okay. So, we'll flag this one as it could change, but at the moment it's marked as longer-term, as a straw man.

Aaron Miri
I agree. I think this is one of those we should come back and look a little more in-depth, like maybe offline, when we could e-mail back our thoughts.

Carolyn Petersen
We can do that.

Michelle Murray
Okay. So, the next one was social determinants of health. One activity was update the ONC playbook on patient engagement. The next was convene a group of stakeholders across many entities to understand the state of SDOH data exchange and identify gaps and barriers.

Christina Caraballo
I'm leaning towards putting this on immediate, at least the second proposed recommendation. The convening of a group of stakeholders.

Brett Oliver
Make the playbook sort of a 1B, Christina?

Christina Caraballo
Yeah, I mean, if I had to pick. I feel strongly about social determinants of health, but I do think that the second one is definitely more immediate, because I think so many organizations are really starting to look at social determinants of health, we're seeing acceleration in the standards world around it, and that kind of attention. So, I think that second one is really, really important.

Carolyn Petersen
Yeah, I think so. I mean, there's nothing to say we can't have a different tier for different activities within a particular line item.

Christina Caraballo
I think it's one of those that maybe we put it as immediate and then after we go through the whole grid, if we've got too many immediate, then we do a second round to see if some of the proposed activities should be tightened up, like if we need to tier activities.

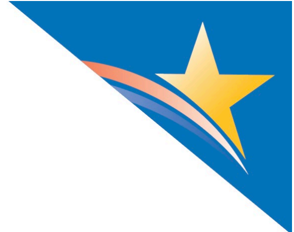
Michelle Murray
Yeah, that could be helpful.

Christina Caraballo
So, any objections on this one being immediate?

Aaron Miri
No, no, no. I think we could probably also do that if we have to with immediate, that's another to like look over e-mail and respond back, right? And coalesce our thoughts.

Michelle Murray
Okay. Do we want to talk about health equity?

Aaron Miri
So, I'm really big on health equity. I think it's important, but I don't think it's immediate. It's important, but I mean we've got to get functionality on here first before we know what to level in terms of an even playing



field. That's my two cents.

Carolyn Petersen
I'm comfortable with that. I feel like if everything wasn't important we wouldn't have put it on the list and we wouldn't be making proposed activity recommendations around it, but still we can't rate everything as being immediate.

Christina Caraballo
Yeah, I agree. It pains me, but I 100% agree.

Michelle Murray
Okay. So, I'm hearing longer-term for health equity for now at least.

Aaron Miri
Yes, ma'am.

Michelle Murray
Okay. We can probably go to the next page. There's two more under interoperability. They're both about research. First was an overarching topic about research generally and the second one was the metadata subtopic. Let me know if you need me to read anything to you. I will maybe go back to these because we're getting granular about this. Just for research overall. Okay. We're scrolled over. The first one says, "Hold listening sessions to learn more about gaps and standards needed by the research community, which is accountable to institutional review boards." The second was, "Identify educational approaches that increase awareness and promote the implementations of a national health IT priorities for research, so the research agenda document that just came out." And on the metadata, that activity was, "Charge a task force to review and apply recommendations.

Christina Caraballo
Did anyone else lose audio?

Michelle Murray
No? I hear you.

Aaron Miri
I can hear.

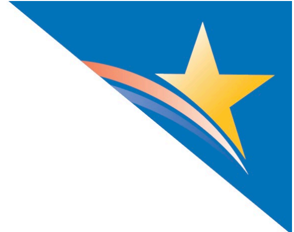
Carolyn Petersen
It comes and goes a little bit, but I can still hear.

Michelle Murray
Okay. So, I was reading you the metadata activity. "Charge a task force to review and provide recommendations regarding metadata standards and potential additions to the USCDI."

Aaron Miri
Sorry, yeah, go ahead. Sorry, go ahead. Go ahead, Carolyn.

Carolyn Petersen
That feels like a longer-term thing to me.

Aaron Miri
That's exactly what I was about to say. It's important, just like the previous item, but it's not critical. I mean, it's important, but it's like a 1-B.



Christina Caraballo
Hi, everyone. I dropped. I'm back. Where are we? My phone tends to drop on these calls. I don't know why. It keeps kicking me off.

Michelle Murray
Christina, we described the activities, and then Carolyn and Aaron were saying they think research is longer-time, and I was about to ask, do you mean for both the topic and the subtopic or one versus the other?

Christina Caraballo
Sounds good. I agree, this one is longer-term.

Aaron Miri
So, I'm wondering, do you think there's value in us getting back to you by next Monday or Tuesday or first half of next week, our thoughts and coalescing that? Give us time to think about this prioritization? Is there value in that, or should we do this right now, line by line? What's helpful to you guys, because I know you put so much work into helping us.

Michelle Murray
Yeah, I don't want to postpone it again. I think we need to go on.

Aaron Miri
Right. Okay, let's do it.

Michelle Murray
I think it gets harder from here to actually gather your feedback because people's schedules are super busy between October and November and we don't have any more meetings planned until after the November HITAC meeting.

Aaron Miri
No problem. Got it. Let's do it.

Michelle Murray
So, yeah. We're kinda out of time.

Aaron Miri
Let's do it. Let's do it. Yeah, I was –

Michelle Murray
You're doing great, by the way. I'll give you encouragement. I'm being a nag just so I make sure I capture what you want accurately so we don't have to come back again. I'm trying to make it less painful for you, but it means I have to nag you a little bit right now.

Christina Caraballo
To Aaron's point, maybe we go through this and get initial reactions, and then once this is filled out with tiers, we can all via e-mail just take the time to read through it and make sure we're comfortable.

Michelle Murray
Yeah. I think that would be great.

Christina Caraballo
So, round one.

Michelle Murray
Okay. So, we're down to privacy and security now, Page 5. There's beyond HIPAA, three topics there. One is rules for sharing, the other is consent, and then there's internet of things, and the last one on that page is synthetic data. That's everything for private and security. Just those four items.

Carolyn Petersen
I guess as much as I dearly love and value privacy, I'm definitely thinking data needs to be longer-term.

Aaron Miri
Yeah, I was just about to say that Carolyn. Yeah, you're exactly right. Synthetic data is a longer-term. It's important, again, but not critical.

Carolyn Petersen
And part of the thing with data outside the HIPAA framework. I mean, I feel like we all have a pretty good sense of what that means and what data are affected, and I'm not sure that there's that much that health IT can do about that without some kind of change in the law, which makes me wonder if we should make this one also a longer-term thing, because there's certainly been discussion about updating HIPAA and some other statutes that would make changes that would affect that. I'm not sure what we can actually do to address what we know is a problem.

Michelle Murray
I'll remind you, some of the activities were listening sessions, doing some research on patient and clinician experiences with third-party apps, and reviewing government industry activities, that's for the rules for sharing. The consent was identify educational approaches and potential regulatory solutions, suggest steps towards the approach around consent, and then then explore ways clinicians could educate patients. And remember, some of these things are exploratory. They could start sooner to get you to where you want to go longer-term.

Carolyn Petersen
I feel like the first one on that list, the first line item is probably a longer-term item. Second one, the second line item in terms of identifying potential regulatory solutions, that would be helpful in the immediate realm because if you don't get started on identifying and thinking about those things, you can't get to actions down the road. And then best practices around privacy and security, have those not been identified already? I mean, is that really a completely new thing or is it sort of an ongoing thing that changes with technology and is a longer-term activity that we're always doing in the background as opposed to something that we bring forward to do once and then move on?

Michelle Murray
That one might have been about internet of things? Is that where you're looking?

Carolyn Petersen
The third line item.

Michelle Murray
The third topic, which was internet of things?

Carolyn Petersen
Yes. Yes, that would be it.

Michelle Murray
Yes. So, I think you're right, that activity tends to be general when it's ongoing, but this one's going to be focused on internet of things, which might be newer. I don't know if that changes your thinking at all.

Carolyn Petersen
I want to hear what somebody else thinks.

Aaron Miri
I believe that makes sense, Carolyn. I'm looking at it right now. I'm trying to pull it up on my phone, but I think that makes sense from what I heard and what I understand.

Michelle Murray
What I have so far is longer-term for everything but calling out the regulatory solutions idea for the consent topic, making that more immediate. Is that what people are saying? Or is that the other way?

Aaron Miri
I think we are. Yep.

Carolyn Petersen
Yeah, I think so.

Michelle Murray
Do you want to say anything more about this one or move on?

Carolyn Petersen
Let's move on. We can add any comments if we have any, if anything comes to mind when we review the first round of the tiering.

Michelle Murray
Okay. Now we're at patient access to information. There's only two topics. One is the patient control data for collection, access, use, and sharing, and specifically we're talking about a gap of the safety impact of mobile health applications. And then, the second one was correction of incorrect data and the ramifications of exchange of incorrect data.

Aaron Miri
Both to me are critical especially given the public health issue right now.

Brett Oliver
I would agree they're critical in addition to the public health piece, just with the interoperability and permission block rules that are changing, meaning you're going to be pushing more data around. How you correct the incorrect downstream or at least setting up some standards is critical.

Carolyn Petersen
I agree.

Christina Caraballo
I agree as well.

Michelle Murray
Everything immediate for both?

Aaron Miri
Yes, ma'am.

Carolyn Petersen
Yes.

Michelle Murray
Great. So, you're through it. That wasn't so bad, was it?

Aaron Miri
No, and thank you so much for helping us with the technology challenges. Appreciate you, Michelle.

Michelle Murray
Absolutely.

Aaron Miri
It wouldn't be IT if there weren't technology challenges on a Friday afternoon. So, thanks for your help.

Michelle Murray
You're right about that. Okay. So, we've completed our crosswalk, and filling in every value. I have a few very minor updates for you to review and we can do something more through e-mail to confirm or continue debating a few of these. We have a presentation by the co-chairs next Wednesday. There's a half-hour time period for that. So, you'll get to present the topics, gaps, challenges and opportunities. We're not presenting activities yet. That will wait until November, and we'll have a few minutes to gather any feedback on that information. We're just presenting the slide deck at that point. We'll wait until November to present the actual crosswalk document and share that in a written form rather than a slide deck form. We have one meeting in November for the workgroup, but none before then, so the next meeting is November 19th. We also have a meeting in December to start looking over outlines and drafts at the November and December meetings.

Aaron Miri
Sounds good. Thank you all.

Carolyn Petersen
Oh, we have public comment.

Aaron Miri
Oh, yes, public comment. Yes. Go for it.

Public Comment (00:58:26)

Lauren Richie
Thanks. I'll just get the phone number pulled up and then we'll ask the operator to open the public line, please.

Operator
If you would like to make a public comment, please press *1 on your telephone keypad. The 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 handset before pressing the star keys.

Lauren Richie
All right. We're just going to poll to see if we have any comments in the queue at this time.

Operator
There are no comments at this time.

Lauren Richie
Okay. Carolyn and Aaron, anything else before we wrap up?

Aaron Miri
I don't. I really appreciate everybody and thank you for the ad hoc nature of this meeting. This was a good experiment of how Carolyn and I both have technology challenges on the same day, so can we wing it? We did a great job. Thank you for that. Michelle, I hope you got the answers that you needed, and I look forward to the next meeting.

Michelle Murray
Yes, thank you everyone.

Carolyn Petersen
Ditto here. I appreciate all the great work and helping us do this kind of thing in improv mode. And I think we made good progress.

Aaron Miri
Yes, we did, and thank you. And thank you again, ONC. You guys rock. All of you. We appreciate you.

Lauren Richie
Okay. Great. Thanks, everyone. We'll adjourn and talk to the co-chairs for a minute.

Aaron Miri
Bye. Thanks, group.

Lauren Richie
Thank you for helping review.

Carolyn Petersen
Bye-bye.

Christina Caraballo
Thanks.

Brett Oliver
Have a good weekend, everybody. Bye-bye.

Adjourn (01:00:05)