The Office of the National Coordinator for Health Information Technology

Transcript

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

November 19, 2020, 3:00 p.m. – 4:30 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 for Health Information Technology	Designated Federal Officer
Michelle Murray	Office of the National Coordinator for Health Information Technology	Staff Lead

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

Operator
All lines are now bridged.

Lauren Richie
Good afternoon, everyone. Thank you for joining our HITAC Annual Report Workgroup meeting. And happy early Thanksgiving to everyone. We'll get started from a brief role call. We have Carolyn Petersen and Aaron Miri, our co-chairs, Christina Caraballo and Brett Oliver. We also have Michelle Murray, our staff lead from ONC. And at this point, I will turn it over to Carolyn and Aaron to get us started.

Opening Remarks, Meeting Schedules, and Next Steps (00:00:31)

Carolyn Petersen
Good afternoon, everyone. Thank you for joining us this afternoon. I know we're getting really close to the holidays. And it's kind of a crazy year anyway. So, thank you for making time to spend what we hope will be the last meeting on the draft cross walks and looking at the executive summary table.

Aaron Miri
Yeah. And I want to say hello to everybody as well and happy early holidays to folks. And I hope folks are very safe next week with family. I will say that it is a frenetic time right now in the provider space. And folks like Dr. Oliver who you now see on camera, hello, Brett, are just doing a heroic job. And so, our thoughts and really best of luck to all of the providers and frontline staff right now. But today's meeting will be meant to finalize this cross walk or get as close to it as possible and get some more feedback and input. But again, also thanks to the ONC upfront for some great work and getting cameras ready to go and recording. At least we can see each other. That's fabulous. So, do you want to get started, Carolyn?

Carolyn Petersen
Let's do it.

Aaron Miri
All right. Do you want to kick us off?

Carolyn Petersen
Sure. Why not? Let's see. So, here's our agenda. It probably looks pretty familiar because we've been working in this space for a while. We're going to go through our meeting schedules really quick, get into that discussion about the draft cross walks as topics, and, hopefully, get to the executive summary table today. That will be a new adventure for us and, hopefully, will help us think about how everything fits together in a different way. We'll have some public comments and then, we will leave you to your turkey. So, if we could have the next slide please. Can we have the next slide please? Okay. Sorry. It looks like we're having some trouble with the slides but hang in there.

Brett Oliver
Shoot, I thought I froze up.

Carolyn Petersen

Yeah. That was because I was starting to write a comment to Aaron about go Ducks. Messed up the slides.

Aaron Miri
Or created a time warp. Way to go team.

Carolyn Petersen
That's right. Go Pac 12. Okay. So, I think I can recall these slides from memory. The next slide will be the schedule of our workgroups. And that will show us that we have yet another meeting in December I want to say about the 17th where we will, hopefully, be done with the draft cross walks and start to look at some of the text on the report. And then, we will have meetings in January and February to wrap up the last few details before we present the report to the full HITAC and, hopefully, get it approved at the February meeting. And then, the slide after that is just the meeting dates. It shows when HITAC is meeting, which will be in January and February since we don't have a December meeting date. And with that, we will launch into the discussion about the draft cross walk of topics. I think we will wait while we get the update here whatever is happening with the slides.

Aaron Miri
I can start with the cross walk. Maybe we can just read them out loud. What do you think?

Carolyn Petersen
Sure.

Aaron Miri
All right. I have it in front of me. Do you want me to start, Carolyn?

Carolyn Petersen
Yeah. Why don't you go for it?

Aaron Miri
All right. So, we're talking about the cross walk. I don't know if – there we go. I see the cross walk coming up there now. Look at that.

Carolyn Petersen
Yeah, it's the table.

Discussion of Draft Crosswalk of Topics for HITAC Annual Report for FY20 (00:04:27)

Aaron Miri
All right. Hold on. That's the other one. That's okay. Go to Table 2. There we go, the executive summary. Yeah, there we go. All right. Let's start here. So, the public health one is whatever. So, the bidirectional exchange of clinical and administrative data for public health purposes. So, the gap there. We added bidirectionality. This is the one that came up several times from the HITAC itself **[inaudible] [00:05:01]** data. We did talk about it in some of the other areas but I think it was noted from the HITAC to make sure that we definitely stress the importance and need for bidirectional data. So, I appreciate that. I think it's a good comment. And then, recommended HITAC activities. We had feedback about the connecting listening session to learn about successes including how to expand the role and then, the addressed regional

differences with HIEs as well as compiling a set of useful health IT resources to communicate in the public health organizations.

I thought these were very common sense updates but curious what this committee thought.

Brett Oliver
I agree with Aaron. I didn't find anything objectional at all. It's a good addition.

Aaron Miri
Yeah. Makes sense. Carolyn?

Christina Caraballo
Looks good.

Carolyn Petersen
Yeah. It is good to see it reflect the bidirectional comments and the administrative comments that we got at the HITAC meeting last week.

Aaron Miri
Yeah, very much so. Next item here if you'll scroll down a little bit. Privacy and security, public health purposes. Right? This is bio surveillance efforts including contact tracing and increased use of telehealth and remote monitoring space. Privacy and security issues. So, the thing here is discuss the tradeoffs between increasing interoperability, protecting privacy and security, and ensuring public safety during pandemics. The other opportunity there is to increase the clarity about the privacy and security concerns associated with bio surveillance activities. So, from a recommended perspective, I'm not going to read this whole thing to you, but it's, basically, clarifying the data being collected, identify educational approaches, encourage the clinical workforce on more re-education, and encourage guidance of our privacy and security protections. I think this one we'd just accept. There is no red text to this. This is pretty much cut and dry unless anybody has any heartburn on it.

Carolyn Petersen
Yeah. I think that one was okay.

Aaron Miri
Yeah, all right. Let's keep going. Vaccine tracking, which is coincidentally the meeting I just got off of before joining this one. All right. A key gap. Pre-Covid-19. Questions arose about whether the CDC and other groups might be tracking unimmunized populations where patients are obtaining vaccines and if others can access that data. The opportunities to investigate whether predictive analytics can be used to aggregate and analyze the data, to be more preventative, and look at high risk populations, and help better target outreach, education efforts, and strategies. From an activities perspective, we get to have some additions to this text. So, identify opportunities and barriers for healthcare in public health organizations. Highlight successful vaccine program interventions using predictive analytics. And assess how health IT can better support balance of data being pushed versus pulled for public health purposes. This one I want to make sure we're all good on the definition of push versus pull. Does that make sense to folks? Do we understand what that means or should we better articulate that? What do folks think?

Carolyn Petersen
Well, it supports the notion of bidirectionality, which was a pretty strong and I think widely shared discussion point from the HITAC meeting. So, I think in that sense, it is good for this purpose and use.

Aaron Miri
Brett, what do you think?

Brett Oliver
Yeah. I think for the audience that will read this that that's fine. I don't know that we have to define it any further. I do like that call out though. It's one thing for there to be a repository for the immunizations. It's another to make it accessible or to even know that it's accessible.

Aaron Miri
Bingo. Christina, what do you think?

Christina Caraballo
Yeah, I agree. I was just kind of reading over it again. But I like it. And I like the assess piece on it as well.

Aaron Miri
Good deal.

Brett Oliver
I just want to make sure that we don't get too much Covid in there, not that that's not critically important. But as you probably were talking about in your meeting last hour, Aaron, the complexities with this Covid vaccine situation is just get it out and keep track of it. And then, when we start getting into predictive analytics to analyze the value, you're like wow, hold on. So, we talk about it in the key gaps. It says pre-Covid. But I just want to make sure that that's what we're referencing or it's not a –

Aaron Miri
Yeah. That's a great point. So, let me talk in hypotheticals here since this is on the record. There's a hypothetical possibility that Austin gets our first batch of vaccine in two weeks and that UT Austin is a distribution point for all caregivers in the city. And so, I'm trying to figure that out. How do I do that? How do I pre-register, pre give consent because consent is huge for vaccinations and sharing of vaccination information and then, track the vial information because depending on the type of vaccine, there's either 21 days between 2 shots or whatever else. So, there's a lot to track that is not normally part of flu/influenza tracking and other things like that. So, to the point of it, this exactly was the point that we were working through is how do we proactively pull the information out of the system to see that real time so that we are able to do this and vaccinate and inoculate as many people as possible. Because you've also got a time duration of how long that vaccine is good for.

And after so much time, the lot is expired. So, it is a logistics challenge. But the push versus pull is absolutely key in that in that it has to be proactive. To your point though, you can't let predictive analytics stand in the way of that.

Brett Oliver
Right, no. And I didn't mean that it wasn't important. It was I just wanted to make sure. Because if we're going to talk that with Covid then, we're talking about – I guess I'm maybe too wrapped up in the here and now with what we have to deal with, to your point, Aaron. The patient is not going to know I got the Pfizer vaccine and so, I need the 70 degree below 0 freezer. And then, they're at a pharmacy that's got the Moderna and then, down the road. And it's like CVS has got to know that if you've got the Pfizer vaccine, you need to go back to UT Austin distribution center and that's where you get it.

Aaron Miri
Right. It's okay. I was told that we have one week to figure this out. So, that's great. No pressure.

Christina Caraballo
Should we strike the predictive analytics then? I hear Brett and I don't want to get lost in that. If a program is working then, let's highlight it.

Carolyn Petersen
Or would we be able to retain that concept but edit it to say successful vaccine program interventions with the potential for use of predictive analytics?

Aaron Miri
Yeah.

Carolyn Petersen
Because then, you're keeping the door open. Okay.

Brett Oliver
I like that.

Christina Caraballo
I like that.

Aaron Miri
Cool. I'm good with that. Okay. I think we're all in agreement here then. Patient matching for public health purposes. For this one, there was no additions to it. I'm not going to reread all of this to everybody. But I don't see any issues. I think it's common sense.

Carolyn Petersen
Yeah, to me, too.

Aaron Miri
Okay. Barring any complaints, let's move on then. Will you scroll down please? All right. Longer term opportunity there. There was more clarity on the longer term opportunity at the international exchange of clinical data for public health purposes. And we just really further saying the experts consulted could include CDC and so forth and others. I think it's just more being specific and some specificity than anything else. There's not really change of any substance, in my opinion.

Carolyn Petersen
I agree.

Aaron Miri
All right. Interoperability. So, exchange of health data more broadly across the care continuum. Interoperability needs to be increased across the broader care continuum. It is about collection of more complete data, about a patient will help clinicians identify risk factors for procedures, offer interventions, and provide targeted care. In particular, the interoperability standards priorities task force identified a need for specialty specific minimum standards to enable closed loop referrals and data exchange chain clinicians. And so, what are we proposing as activities? 1.) To learn more about recent developments and standards and exchange in areas of patient reported outcomes, PROs, such as the 2020 ARC report, SDOH Data, HL7's Gravity project. And then, 2.) identify and help improve data streams where interoperability is a challenge to sharing broader data sets, particularly and especially within a pandemic affects healthcare settings like long term post-acute care and any transitions to and from those settings.

For example, various care settings would benefit from increased consensus on data sets for exchange with that setting. I wanted to look at that red text. And then, Brett, particularly you, I want you to think of this with your physician hat on because I tried to walk through and synthesize what we had talked about on the HITAC. And so, what I heard was that it wasn't just going between say a hospital and an LTAC or hospital and home and that transition of care outside four walls but also that it's within the continuum of care within a hospital. So, going from med/surg to more acute like say the ICU or down to a step down or from the ED and being admitted out of observation into a med/surg unit. It was also those and the types of data necessary between levels of care within a care setting. And so, the way we tried to word this was to, basically, encapsule both so we don't lose sight of the fact that there are also different varying data sets and data needs within that overall hospital whatever – care setting. Does this make sense?

Brett Oliver
Yeah. You're just looking for standards of exchange, right? Let's make sure that when you leave the unit and you go to the floor, you leave post op, you go to the floor, you go to the ICU, whatever it is that that standard set of data can be exchanged and expected.

Aaron Miri
Right. In my mind, I thought of report, right. So, report, what happened to Aaron over the last 12 hours. And oh, my goodness, Aaron was admitted to the ICU. Well, during report, there's usually those forms and whatever between levels of care that you sign off on. Okay. They follow me, they're very color coded, and they're transcribed with the EMR, whatever, meds, standing orders, standing meds, all of those things. And a lot of times, it takes a lot of consensus and change and management to work through. So, trying to work through that was kind of what this red text was about.

Brett Oliver
Yeah. I think it's **[audio interference]**. What we just discussed, to me, is a small part. It's the outside of the four walls of the hospital that the black hole gets deeper inside.

Aaron Miri

Sure. That is very true. I think what the HITAC was saying though is that it's also within the hospital. That's fair. It is true. Christina, what do you think?

Christina Caraballo
As I'm reading this, I want to make sure we don't lose sight of the fact that we're trying to look outside of those four walls as Brett just mentioned. I think when we were originally discussing this, it was kind of like looking at exchange beyond the hospitals. Getting out into the community settings. And I don't want to – this last piece in red kind of narrowed it back down. We went from going out and then, we pulled it back in. And so, I'm concerned that we kind of lost sight of the outside. And I recently reviewed the ISP's recommendations on the closed loop referrals for some work I'm doing within the social determinants of health and looking at community based organizations. And it's still very clinician focused. They allude to the need for these referral programs outside of the hospital setting. But it was still a second tier in those recommendations. But I think it needs to be brought up. I do think we need to start really focusing on how data is exchanged outside of the hospital as well.

And this recommendation, to me, is saying the first one we're talking through groups like Gravity and others. But there's not a recommendation to explore these a little further.

Carolyn Petersen
Would it work to edit it so that it says, for example, various care and community settings would benefit from increased consensus? Or is that not enough?

Christina Caraballo
Yeah. I think that would help a lot.

Aaron Miri
That makes sense. Carolyn, there you go.

Brett Oliver
Knocking it out of the park today.

Carolyn Petersen
You guys are bringing up easy questions.

Aaron Miri
Like she's an expert in this domain. All right. I think we're all good with that then. Good. Michelle, does that make sense to you? Because I know we spent a little bit of time talking about this the other day.

Michelle Murray
Yeah. I think the HITAC members just wanted you to be specific about a concrete example. And that's as far as they went. They weren't trying to change your initial mission here.

Aaron Miri
Right, right. Makes sense. All right. Let's go with that. We've got some fun ones here. SDOH data, there's no red text in this one. So, I think we all are in agreement about what those are unless folks have issues

with it. Go to the next one, which is the coordination one. Let's go right into the red text then. So, coordination of health IT standards to support interoperability priority use as subtopic. So, the key gap here, the Cures Act requires the HITAC to annually review and publish priority uses of health IT and existing standards and implementation specifications related to the priority uses. The opportunity is building on prior work of the HITAC, establishing annual process for reviewing and publishing priority uses of health IT and related standards and implementations and specifications. And the recommended HITAC activities was each year, review and publish priority uses of health IT and related standards and implementations and specifications. So, let me sum this up into some basic English.

The issue was how often are we going to meet and go through this to look at and say what is the process for it, how is health IT data being used, for what context and at what specification and what level of it. And then, at some periodic basis, be it annually or whatever, we go through that and review and make updates to those recommendations. So, this is about standards development. This is about not letting too much time pass between each interim review. And it's about staying current with how fast healthcare is moving and how fast things are changing. So, that's sort of the baseline intent of this column or these columns. Michelle, did I miss anything with that?

Michelle Murray
No, I think that's correct. Both of these items were suggested by ONC kind of at the last minute. Some fast breaking work on these two areas. And it's a way to build a little more infrastructure around them and get them in front of the HITAC sooner. So, the work plan is also another way these are coming forward. But these are longer than the six month work plan. They're at least annual if not more often through the year. There's a chance there could be a standing workgroup or a periodic task force formed around these. That's still being determined. But we just want to make sure it's kind of built in the infrastructure of the HITAC itself. And this was one way of doing that.

Aaron Miri
Right. But my point, and we were going through this the other day, was not to let too much time pass before the new standards come up for USCDI. So, that USCDI group would meet whatever that basis of time, quarterly, whatever is appropriate to look at new standards. And if there is an emergency meeting because of a pandemic and a new classification needs to be pushed through and approved, so be it. There's a mechanism for that. Thoughts, questions, concerns.

Christina Caraballo
I really like this addition.

Aaron Miri
All right. USCDI co-chairs, thumbs up. I like that. That's good.

Christina Caraballo
Yeah. I was reading kind of both of them together, and I'm glad I read the second one before making comments on the first one. But the second one, as one of the things we've talked about in USCDI and talked about with the ONC team as the co-chair was just the need for or the idea that the HITAC becomes a body that submits data elements to USCDI. So, I think these are kind of intertwined. And I think the ISP is extremely important. They put a lot of work into thinking through what is needed and identifying those

gaps. And I think this can lead to even looking at some of the data elements that we need to expedite through the process, which I'd still like to see more of a track in USCDI on but we'll get there.

Aaron Miri
Brett?

Brett Oliver
I've got nothing to add there. I like it. I think it's a good edition.

Aaron Miri
Carolyn, are you good?

Carolyn Petersen
Yeah.

Aaron Miri
All right. Let's go on down. Next section please. There we go. This one really was just more clarity of adding the word further defined versus further defined. There really wasn't any other, from a long term opportunities about the associating between EHRs and patient safety. There was not really –

Michelle Murray
I can say something about this one. There's more data in the cross walk document about why this has changed. What we had there before was a lot more in depth around what ONC should do. And that's not really what this report is supposed to say right now. That's what a task force might say is a recommendation later. So, we kind of pulled it back a little bit to make it more workable for this recommendation.

Aaron Miri
Good. But the intent is still there, right?

Michelle Murray
Yes.

Aaron Miri
There's a correlation, right.

Michelle Murray
Clearly. It took out the part that said ONC should – it took that out.

Aaron Miri
Just semantics. Okay.

Michelle Murray
Yeah, right.

Aaron Miri

All right. Assuming no heartburn on that one, let's go to the next slide. All right. The topic here, this one there was no change to it. Everything stayed the same. Increase health equity across populations, location situations. Just making sure things are even for folks across. Nothing changed from our last discussion on that one. And the next section there, sharing data with the research community. Overarching wise, nothing changed there as well. Again, this is all about learning more about gaps and standards needed for research community, what they're accountable for, that sort of thing. Again, more about ensuring that data can be shared appropriately. So, assuming no heartburn on that, we can go to the next section here. Scroll down please.

Carolyn Petersen
Which brings us to privacy and security.

Aaron Miri
Yeah. One second though. We had the metadata subtopic real quick. Again, that was just clarify, right. So, identify needed metadata standards. So, there was no change on that one. Now, it's privacy and security. Go, Carolyn. Thank you.

Carolyn Petersen
Sorry.

Aaron Miri
No, no, all good.

Carolyn Petersen
I was slightly ahead of you. It was taking me to the bottom of it for me.

Aaron Miri
You keep me honest. I appreciate you.

Carolyn Petersen
Oh, well, okay. So, here we are, privacy and security. The topic is beyond HIPAA, protections for data generated outside of the HIPAA framework, rules for sharing subtopic. The key gap is that clear rules are lacking for data not subject to HIPAA protections. No surprise there. The immediate opportunities would be to support increased transparency and patient ed for business practices, other potential uses of patient health data when organizations share or license data to tech companies. And we need to come up with the recommended HITAC activity for this.

Michelle Murray
As a reminder, that was one that Christina was suggesting that we might want to – as well as having longer term opportunities, we also want a shorter term opportunity. We have the opportunity but a shorter term activity for this opportunity.

Aaron Miri
Can you say that five times fast, Michelle? I'm kidding.

Michelle Murray
No, I cannot.

Aaron Miri
That was good. So, one of the things that I really appreciate that ONC did and I referenced this in numerous of our workgroups is sometime back, we had an API tiger team, I think we were just calling them tiger teams back in the day, that actually, I think, Lucia Savage and a bunch of people helped to write the rules of the road for HIPAA and what best practice was depending on are you a covered entity, are you a developer, where does HIPAA apply, where HIPAA doesn't apply. HIPAA hasn't changed four or five years since those were written. We could always brush those off and modernize them because they're good work products the ONC did. I think it was the API FACA if I remember right. That's a suggestion. That's one.

Christina Caraballo
That's a good idea. So, maybe it's like looking at past work that's been done and reinvigorating it, making some updates if needed.

Carolyn Petersen
And identifying areas or points that have arisen as a result of new technology since that work was done that we need to include now and start thinking about.

Brett Oliver
Yeah. I think if you're able to –

Christina Caraballo
Like where it's at, yeah.

Brett Oliver
If you're able to show that old work and then, mirror it next to problems that we see with the newer technology, I think that would be really helpful.

Aaron Miri
Yeah. And even just once that's modernized, just get it more out there in the world so people have that hospitals have that. Share it with the big trade associations. It was common sense. And I was like this makes sense. I could share this even amongst the medical community because now these days, it's inevitable. Every single day, I have a clinician or surgeon or physician that goes hey, I got hit up by this tech company. Can we build an app to do this? Okay, great. So, there's a lot. And I think there's a lot of education that could really benefit.

Brett Oliver
Yeah. Outside of our group, I'm sure we have maybe a better than average understanding of HIPAA. I still see a lot of people claim HIPAA stuff and really don't – it's used in a colloquial way that I don't think – sort of like that Princess Bride phrase, "I don't think that means what you think it means," if there are any Princess Bride fans out there.

Carolyn Petersen

And with the info blocking role being more clear than it was in the past, it might be that there is something to be said about how to handle things or what to look for now in terms of potential issues. And then, also a tie back perhaps to the internet of things topic. I don't know that there was so much to be said about it when the previous work was done. But now, we certainly have a better sense of what some of the vulnerabilities are.

Aaron Miri
Yeah, that's a great tie, Carolyn. I like that for sure. Like refrigerators that keep at -90 degrees centigrade and alert. Sorry. It's been a day. I started at 3:00 in the morning.

[Crosstalk – inaudible]

Aaron Miri
Do you know what? I hope they are because – anyway, that's a whole –

Brett Oliver
Windows 7.

Aaron Miri
Yeah. Actually, they're all embedded in XP believe it or not FYI. Just know that.

Carolyn Petersen
And that's the tie back to Austin, Texas.

Aaron Miri
Yeah. I better not say anymore since we're on a recorded line. Okay. Let's keep going.

Christina Caraballo
Oh, on this one, we have one more thing. One thing we might consider is breaking it down by audience. As Brett, you made a good point. It's like providers not knowing what they can or can't do. But I think it would also be helpful for technology innovators to understand what they can and can't do and to be able to position their products better to sell the hospital systems or incorporate into the ecosystem. So, just a little note to do it by stakeholder, too.

Aaron Miri
That's smart.

Brett Oliver
I think that's a great idea. I think you could save some early start ups a lot of aggravation. When they finally get in front of clinicians and then, they're like we can't do that. That violates this and this. And like what?

Christina Caraballo
Yes, you can.

Brett Oliver

Yeah.

Aaron Miri
All right. Should we move on, Carolyn?

Carolyn Petersen
Let's do it. And then, for the other short term or I should say immediate activity, we just have a little bit of a word shift here in the key opportunities. Clarify that we're talking about in the near term for this beyond HIPAA patient consent topic. I don't think that would be controversial but please share any concerns you have.

Michelle Murray
This is Michelle. I can explain why this happened. If you remember in the cross walk, we usually have opportunities to have assigned a tier in the past. But this particular one we had several activities but one at different tiers at the activity level. So, this is a way of repeating the opportunity in different tiers and fitting those activities to those opportunities. So, just adding those phrases kind of clarified that it's the same opportunity but looking at a different timeframe. So, this one connects to the one two lines below.

Christina Caraballo
Got it.

Brett Oliver
Makes sense.

Carolyn Petersen
Okay. Let's move on to the longer term opportunities. So, for the first one beyond HIPAA, rules for sharing, there are no changes there as a result of the HITAC feedback. If we go to the second topic, beyond HIPAA patient consent, here we have just a semantic change noting over time. And I think that's, again, a clarification along the same lines as what Michelle had just talked about in the sense of conveying the period for that opportunity. Any concerns here? Okay. Sounds like we're good with that. And if we scroll down to the fourth topic on this page, privacy and security of synthetic data, in the last column there, there's a slight semantic change to assess whether the use of synthetic data raises any unintended privacy risks such as the ability to use AI to reidentify the actual patients on which the data were based. I would think that's not controversial but please bring something forward if you have a concern.

Michelle Murray
I'll add that the reason this was changed was that the HITAC members have been asking for a more active verb than just listening in this case. So, this is a suggested verb.

Brett Oliver
Nice suggestion.

Carolyn Petersen
And it's a little broader than evaluated measure.

Aaron Miri
We could use the word pontificate. No, I'm kidding. I'm kidding. This is fine.

Carolyn Petersen
[Inaudible] [00:35:16].

Aaron Miri
Yeah. Get the thesaurus out. Hold on, let's see. What's the word of the day?

Carolyn Petersen
Okay. Let's go to the next one. I think that's the last page. Here we go. So, this is the target area, patient access to information. And again, we have a little bit of wordsmithing in the first one. The topic is safety and impact of mobile health applications. The gap is increasing concern about the accuracy of mobile apps and the potential for harm. Opportunity being to provide reliable information about the quality of apps so clinicians can advise patients. So, in the recommended activities in the third one, the verb explore the impact and the use of apps on patient challenges and collecting, accessing, using, and sharing health data. So, how do we feel about exploring?

Brett Oliver
What was there before? Assess?

Christina Caraballo
I think I was another listening like looking into or listening to a session about the impact. So, we made it a stronger word.

Carolyn Petersen
And you could say evaluate if explore seems – explore is just another way of look at for our purposes. But evaluate would be a bit stronger.

Christina Caraballo
I like evaluate on this one, too.

Michelle Murray
I do think, in prior years, we shied away from evaluate thinking that that brought up technical things around measurement, which may or may not fit at this stage of the process. So, I just want to point that out.

Carolyn Petersen
I guess. I'm not sure how measure – like if you tried to substitute measure here, measure the impact, I think that doesn't feel like it quite fits right. But evaluate is stronger than explore but it's not so prescriptive that it points to some kind of measurement exactly. Yeah. I think measurement is a hard thing for the HITAC to undertake but evaluate seems like it's still within what could be done. Brett, Christina, Aaron?

Aaron Miri
I agree.

Christina Caraballo
I agree.

Brett Oliver
I don't have a preference. I'll be honest.

Carolyn Petersen
Okay.

Christina Caraballo
Or we don't want to use explore twice.

Carolyn Petersen
Right. That's right. It is there in No. 2. And there are no changes to the last item, the correction of incorrect clinical data and ramifications of exchange of this data. So, I don't know that we have anything to talk about there. Do you have other thoughts about activities that we should do or other kinds of work with this document today, Aaron?

Aaron Miri
No, I don't. I think this is – it was really clarifying and ensuring that we properly reflected what the HITAC was asking us to reflect, right. It was some great feedback the other day. And so, this is great. Again, our ONC friends are like magicians. I don't know how they turn our long, verbose statements into concise, concrete, assess actions but it's fantastic.

Carolyn Petersen
All right. Does anyone have any other topics or things to bring up or discuss today?

Michelle Murray
Carolyn, did you want to talk about the full report outline at all?

Carolyn Petersen
Do we want to talk about the full report outline, Aaron? Are we ready to do that?

Aaron Miri
We can but I – we have another meeting. We should probably go back to the slides, right, to see when our next meeting is.

Carolyn Petersen
I think our next meeting is in December.

Aaron Miri
Yeah, Michelle, do you need information now on that or was that something we can come back to?

Michelle Murray

No, we're moving ahead to put together a draft for you based on that outline. So, it's just if you have concerns, now is the time to let us know. There will be chances to update that later but it gets harder the further we get into the writing process.

Brett Oliver
December 17.

Michelle Murray
And the December meeting is so late in December that it's really kind of finalizing the report at that meeting because you need to present to the HITAC on January 13. And people will be on break mostly between the holidays in December and January. So, there isn't much time after your meeting in December to do much else.

Christina Caraballo
The outline is pretty much in line with the outline we did last year, correct?

Michelle Murray
Yes.

Christina Caraballo
I feel like we spent a lot of time on it last year.

Michelle Murray
We did. And then, the main addition is adding public health as a target area. But that won't be dramatically different in an outline form.

Carolyn Petersen
It looks like in the outline, the changes that were reflected in the executive summary table are reflected in the outline also.

Michelle Murray
Yes.

Carolyn Petersen
It looks like they mirror pretty well. Yeah. I think I'm not seeing anything in the outline that's really jumping out at me in a concerning way. It's very thorough and complete. And I see we have the new public health stuff in there. I don't have any – nothing jumps out at me today, no changes to the outline.

Aaron Miri
It looks good to me.

Carolyn Petersen
What do you think, Brett and Christina? Do you have any concerns?

Christina Caraballo

I don't.

Brett Oliver
No, not at all.

Carolyn Petersen
Okay. Well, that's good. Moving right along. Is there any other feedback that you need from us, Michelle, or anything else that would be helpful in terms of working on the draft before our next meeting?

Michelle Murray
I think I have everything I need as of today.

Carolyn Petersen
Okay. Can we go to public comment?

Public Comment (00:42:50)

Lauren Richie
Sure. So, we'll ask the operator to open the line.

Operator
Thank you. if you would like to make a public comment, please press star 1 on your telephone keypad. A confirmation tone will indicate your line is in the cue. If you would like to remove your comment from the cue, please press star 2. And for participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys. We will pause for a brief moment to poll for our comments. There are no comments at this time.

Lauren Richie
Okay. Thank you. Carolyn, Aaron, anything else before we adjourn for today?

Carolyn Petersen
I don't have anything. Just gratitude that everyone was able to prioritize this meeting today and help us further the work so the ONC writing team can get a draft ready for us. I know it's a really crazy time so I appreciate that.

Aaron Miri
It is a very crazy time. You're right. So, I would, again, say thank you to everybody. Thank you, again, to the ONC. And if you see a care provider of any sort and even folks behind the scenes, give them a virtual high five. Stay 6 feet apart, of course, but give them a virtual high five or just thank them. Everybody is going 1,000 miles an hour. And I can tell you at least here in central Texas, it's going to get even more frenetic over the next 30 or 60 days as vaccines are distributed. But we're getting there. There's light on the horizon and keep hope. So, have a wonderful, wonderful and safe and socially distanced Thanksgiving.

Carolyn Petersen
And I second all of that.

Aaron Miri
And Brett, thank you for everything you're doing, sir, for Kentucky particularly.

Brett Oliver
Yeah. It's pretty crazy but everybody is pulling their weight. I appreciate it.

Aaron Miri
All right. Stay safe.

Carolyn Petersen
Thank you.

Adjourn (00:44:52)