



The Office of the National Coordinator for
Health Information Technology

Transcript

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

December 17, 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

Thank you, and good afternoon, everyone. Happy early holidays to you. Thank you for joining our HITAC annual report workgroup – in fact, our last meeting of the year. We have our full team – Carolyn Petersen and Aaron Miri, our co-chairs, Christina Caraballo, and Brett Oliver. We also have our ONC leads – Michelle Murray, me, and Michael Berry, a new addition to the team. So, with that, I will turn it over to Carolyn and Aaron for a few remarks to get us started.

Opening Remarks, Meeting Schedules, and Next Steps (00:00:38)

Carolyn Petersen

Great. Welcome, everyone, and thank you for your wonderful dedication and persistence in coming to our meetings, particularly as we are in the middle of holidays. I know it's a really crazy time, not to mention all the pandemic-related things we're dealing with, so thank you so much. I also wanted to commend Christina on her work and all her wonderful support and great ideas over these last three years. Today is Christina's last official meeting, and I wanted to give her a shout-out for all her contributions. Thanks, Christina.

Aaron Miri

Yeah, thank you, Christina. You've been awesome.

Christina Caraballo

Thank you guys. This is bittersweet.

Carolyn Petersen

It's bittersweet for us too. We wish we could keep you another cycle.

Christina Caraballo

I'm actually pretty sad. This has been a really fun workgroup, so, thank you. I'm glad I gave my little hugs before we got on the call to everyone.

Carolyn Petersen

Well, you have left an absolute mark on our work, and it really would not be the same without your involvement, so thank you so much on behalf of the HITAC and all the stakeholders whose needs you are upholding through this work.

Aaron Miri

And the phenomenal progress.

Christina Caraballo

By the way, I am always accessible, so feel free to reach out at any time.

Aaron Miri





Oh, we'll be calling you.

Christina Caraballo

I think you'll probably be like, "Why is Christina texting us? Tell her to go away."

Carolyn Petersen

That's all right. We have your email address. So, we should probably do some work before the meeting's over. With that, did you have any other thoughts or considerations, Aaron?

Aaron Miri

No. Again, I just want to thank everybody for the work that's happened this year. It's just been crazy but phenomenal, and again, I echo everything Carolyn just said. Christina, thank you. You've been such a great colleague and partner on this committee and the larger HITAC, and we will miss you formally, but you're there, you're always there, and now you'll be an alum, and alumni are always welcome.

Christina Caraballo

Thanks, guys.

Carolyn Petersen

Thanks. So, turning to our agenda, today, our one and only task is to discuss the draft of the annual report such as it is so far. We have talked through the crosswalk for several meetings, and we're not going to look at that today. We will then have time for public comment, and we will adjourn a half hour earlier than we expected at what I think would be 4:00 Eastern time, 3:00 Central. Hopefully that's okay with everyone. With that, let's go to the next slide. This is our very familiar meeting schedule, and it's a reminder that today is our last meeting before we work on the draft and bring it to HITAC. We have another meeting to work with their feedback on January 27, and then, on February 18, we hope we can be doing the final work around the transmittal to the National Coordinator on behalf of the full HITAC. Next slide, please. And then, this is just our visual meeting schedule for the full committee of HITAC on January 13, and then again on February 10, where we hope to get approval for our final version. Next slide, please.

So, today, we're looking at revisions to the draft report, which we will present to HITAC on January 13. We hope we can get that vote on February 10, and then, shortly thereafter, the report in its finalized form would go to the National Coordinator. That means we will have discussion today; we will probably need to review the written documents individually and submit some changes to me, Aaron, and Michelle over the next few weeks so that we have something we can take back to the HITAC on the 13th of January, something that we feel pretty good about. Next slide, please.

So, now, we get into the discussion. I thought what I would do rather than trying to create a lot of slides where it would be hard to know how far we would get would be to go through the draft that was sent out to you earlier this week, and I would see if there's any preference for discussing particular sections first or areas where you have specific concerns or questions, or if you just want to start at the beginning and work through it as far as we can. I don't anticipate that we'll have another call before the January full HITAC meeting, and although there will be a written draft for you to review and interact changes. If there are specific sections you want to talk about today as a group, we should hit those first.





I know some of you are not in front of a computer, so the table of contents starts with the executive summary. There's an overview which touches on legislative requirements, the HITAC target areas, and the ONC objectives and benchmarks. There's a section on the HITAC progress in fiscal year '20, and then we go into our landscape analysis, the gap analysis, and the recommendations for addressing health IT infrastructure gaps, and then we have some suggestions for additional HITAC initiatives, a conclusion, and the appendices that have some of the other information that we've thought would be helpful through the years but doesn't fit somewhere else, like a glossary, abbreviations, a resource list, and some acknowledgements.

So, what are folks thinking in terms of where we start? My own bias would probably be to look at the "progress in fiscal year '20" section or the recommendations for addressing the infrastructure gaps and the suggestions for additional HITAC initiatives because I think we really talked a lot about the landscape analysis and the gap analysis in previous meetings, and the overview is usually the last thing that gets done after we've completed the rest of it so we know what goes in it.

Discussion of Draft HITAC Annual Report for FY20 (00:07:38)

Aaron Miri

I support that. That's fine with me.

Carolyn Petersen

Let's turn to the progress section, then. It looks like that's Page 14 in the draft we have in our hands, or at least the page number is 14. I'll see if I can find the text page. So, there's the foreword... Ah, there you go. So, that's Pages 14 and 76. So, this is sort of a summary of subcommittee meetings and recommendations. This starts with overall accomplishments. "The focus of this year was on developing interoperability standards, priorities, recommendations, and evaluating the intersection of clinical and administrative data." That's the ICAD work. "HITAC had nine public meetings of the full committee, including a special meeting related to the COVID-19 pandemic response, and then, 45 public meetings of task forces and workgroups. And, overall, HITAC delivered 52 recommendations to the National Coordinator." From there, it goes into a breakdown task force by task force – the annual report, the interoperability standards, priorities, the ICAD, and then, the U.S. Core Data for Interoperability, and that's what we've got in the progress report. So, does anyone have any questions, concerns, or other thoughts about this section?

Brett Oliver

No, it looks good. I like the way it's structured.

Christina Caraballo

I was reading really quickly. I think it looks good.

Carolyn Petersen

Certainly, we'll have some time to send our line edits over the next couple weeks, but just in general, it's a pretty tightly written, clear layout of what was done and the very high-level achievements of each of the groups this year.

Christina Caraballo





Yeah. I think this is good, and of course, I honed right in on USCDI task force just to give it a quick glance, and one thing that – I can send in edits via line item, but I want to make sure we capture that the task force wanted a very transparent process that encouraged multiple stakeholders to submit data elements for consideration. I think that was a big piece of the overarching recommendations.

Carolyn Petersen

That's good. And then, let's see – does anyone have any thoughts about the section on the ICAD or the ISP?

Aaron Miri

I looked over it earlier and thought it was fine.

Carolyn Petersen

Did you have any thoughts, Brett?

Brett Oliver

I'll be honest, I have not looked at it, but no, not right off the bat.

Carolyn Petersen

Okay. Well, that's fair. I know it's quite a long report. It's a lot to take in in one sitting. From my perspective, it looks like the high-level summary points are well captured for each of the reviews of what the task forces did, and I think it's pretty clearly laid out. It should be of value to Congress just in getting a broad understanding of what we've done this year. Do you have any other thoughts, Christina?

Christina Caraballo

No, I was just giving it a quick review. I think it captures the high-level areas, and I had a quick thought that it – on the overarching accomplishments, I think some of the task force were looking at how they work in synergy, but I don't know that it's really necessary. I could probably start drilling in and get away from a quick summary, so I think it looks good.

Carolyn Petersen

Okay. Why don't we move to the recommendations section, then? I think we've talked a lot about – that's at the very end of the report. I'll pull up a page number here and give you what that is. I want to say Page 47. I know we've talked a lot about recommendations, particularly as we fit them into the crosswalk, but I think this is the other section where we really might need to do any kind of significant changes. I think we've got the landscape and the gap analysis pretty tightly finalized at this point.

So, as we've seen in the crosswalk, these recommendations are broken down by the target area, and we start with our new target area, the use of technologies that support public health. This is the work that came out of our COVID review and hearing. We've got some placeholder text in there for the story about what the problems and challenges are that health IT needs to address and what gaps we see in the infrastructure.

And then, getting under the immediate opportunities, the first thing we see is "Exchange of bidirectional clinical and administrative data for public health," and the opportunity there would be "To improve bidirectional interoperability between public health reporting systems and EHRs," and there are three





recommended HITAC activities under there. I won't read those to you because we've read those out loud a number of times when we've worked through the crosswalk, but I think in this instance, we've incorporated the feedback we got from HITAC last month in that they want to emphasize the bidirectional interoperability. That was something that was echoed by several members, and so, we've reworked this section to be sure that that's emphasized.

Another opportunity in this area was "To accelerate the use of data standards to improve situational awareness for federal, state, and local government emergency response." I know we've certainly talked about how the lack of standards impairs and hampers our ability to do the data exchange that would really support pandemic response and other kinds of public health activities. And then, the third opportunity would be "To explore and expand enroll for HIEs to support public health." I think we've also talked about that. Do we have any general thoughts about these opportunities and how we've structured this section?

Brett Oliver

It may be too late – I don't want to throw another topic in there, but if we could scroll back up to that previous page where we're talking about certain standards and data sets, one of the things that has come up in the last six weeks or so for us is not necessarily the standard data sets, but the minimum necessary infrastructure required. The specific example is that with electronic case reporting, we got a lot of push with the CDC to provide that and it also takes a lot of work off of our teams, so we put a tremendous amount of work into that only to find out that our state health department doesn't have the technical infrastructure to accept said data sets. Now, they're working on it, but as I was reading through this, I thought perhaps if there was a way to add something – we're talking about the minimum necessary data sets to exchange, but as far as I can see, we really don't talk about the hardware or the technical requirements to accept or exchange said data sets. I guess you assume that, but it didn't work out that way for us – at least, until now.

Carolyn Petersen

I think that's a really good point, and it strikes me that perhaps there's a similar situation in other states, so I would support looking for a way to work that in.

Brett Oliver

Did that make sense, Michelle?

Michelle Murray

It does. I just want to clarify – are you talking about the second opportunity on Page 47? Is that where it would go, or is it somewhere else?

Brett Oliver

Yeah, I was just reading through those recommended activities. I suppose it could be that one or the one above it, where we talk about minimum necessary data sets for exchange.

Michelle Murray

Oh, I see it – the first recommendation in the first opportunity.

Brett Oliver

Yes.





Michelle Murray

Okay. I wanted to make sure I knew where you were.

Brett Oliver

Thanks. Sorry, I didn't mean to derail it. I know we don't need a new topic.

Christina Caraballo

I think it's important to bring up, and this might be an area where you pause in January and even see – because we're going through the process now, and see if other HITAC members have any lessons learned or things they're uncovering in real time where this needs to be readdressed. I think it's the one that is changing as we speak.

Carolyn Petersen

I think it's great to add it in, Brett. I wouldn't apologize at all. It's on your mind, it's probably going to be on the minds of other people, and the sooner we can get it in now, then the less we have to worry about later at the January review. I think we also have to bear in mind that at that point, for the January meetings, we'll have had about three weeks of vaccine distribution, administration, and registering, and it may be that at the HITAC meeting, we hear more that addresses some of that aspect as well, so I don't see this as set in stone. I think it's just in a really good place to be tweaked.

Christina Caraballo

Good point.

Michelle Murray

I have a question. If we wanted to add something, would it be another recommendation or would it be adjusting an existing one, and if so, who would be the actor and what would be the activity?

Brett Oliver

Does HHS have the ability to give the same guidance for the infrastructure as they provided for the data sets? I'll defer to our governmental experts there. I don't know that it has to be a separate activity, or even an actor. It could just be expanded to say – it's one thing to say, "Here's what's required, here's the data set," but if you're just going to change it, technically... We just haven't talked about it. If that's a separate activity, I'm totally fine with that, but I thought we could just incorporate it into that first recommended activity.

Michelle Murray

Yeah, I think that's fine. I don't know for sure what part of HHS would do that for us, but generally saying "HHS guidance" is probably okay. We'll check into that for you.

Brett Oliver

Okay, thanks.

Carolyn Petersen

Any other thoughts about opportunities and recommended activities in this area? We are looking at the exchange of bidirectional clinical and administrative data for public health purposes. Okay, let's move on to





“Privacy and security for public health purposes.” That’s Page 48. There are two opportunities here: “Discuss the tradeoffs between increasing interoperability, protecting privacy and security, and ensuring public safety during pandemics” and “Increase clarity on the privacy and security concerns associated with biosurveillance activities.” And, here, we have two recommendations for each of those opportunities. I’ll give you a chance to look at those. Is there anything we’d like to add or adjust here?

Brett Oliver

I think they look okay.

Christina Caraballo

I think they look good too. I like the layout of the report, too.

Carolyn Petersen

Yeah, it’s very readable, and it’s easy to see what the recommendations and opportunities are, and the rest of the text is not getting in the way of that. Any changes you have in mind, Aaron, or any other thoughts around those?

Aaron Miri

No, I like this layout. It makes sense, and when I looked at it earlier, I thought we had a pretty comprehensive view, as we also said with the HITAC in general.

Carolyn Petersen

Okay. Let’s move on to the next subsection. This would be vaccine tracking, and here, the opportunity is “Investigate whether predictive analytics can be used to aggregate and analyze data to anticipate needs for vaccines among vulnerable and/or high-risk populations, including for flu and COVID-19 prevention, and better target outreach education and response efforts and strategies.” And, we’ve got just one recommended activity here, looking for barriers and opportunities and highlighting successful vaccine program interventions with the use of AI.

This seems maybe a bit broader, less specific than some of the other recommendations, but at the same time, given that we’re just at the start of vaccine distribution and administration, it seems like it’s probably in a good place, pointing to the general area without getting too prescriptive.

Aaron Miri

I think we’re going to learn a lot. We’ve been learning a lot in just a couple days of vaccine distribution, so I feel even better about the statement now that we’ve begun vaccine protocol, and I’m curious what Brett’s thinking because there’s a lot in here we’re going to learn, and I think listening to that and learning from that before we develop firm recommendations is worth it.

Brett Oliver

Yeah, I would agree with you Aaron. It’s in its infancy, trying to sort through all this, and we only have one vaccine actually released.

Carolyn Petersen

Yeah, we’ve got a long way to go. Do you have any other thoughts, Christina?





Christina Caraballo

Nope, I agree with everyone else.

Carolyn Petersen

Okay, let's move to what looks like the last subsection under the immediate opportunities. This would be "Patient matching for public health purposes." There are two opportunities: First, "To improve patient matching through expanded use of AI while considering privacy and security concerns about AI algorithms in order to accurately identify patients and locate at-risk individuals," and second, "To increase alignment across federal, state, and local public health reporting requirements and guidance to support improved collection and consistency of demographic data. And, we know we have a little bit of updating to do here with the correct citation of the patient matching report if that is published, and I know that Michelle's team is keeping an eye on that. And then, we do have one recommended activity, which relates to tactical recommendations based on the report.

Aaron Miri

The only other thing I would say that is new since our last HITAC is the proposed – I think there's a Senate bill proposed, and I've seen a lot of activity around this about using the United States Postal Service address field as a standardization mechanism as part of patient matching. It may be too granular and still be too much as proposed, but I have seen a lot of traffic about that in the past couple of weeks, which has been interesting. So, we can also table that for next year as well, and I think it will be just fine, but this is something relatively new.

Carolyn Petersen

Yeah, the recommended HITAC activity is fairly broad, "Developing tactical recommendations based on the report," so I think we're probably sound in including it even if we don't go deeper than that, and as a way of giving space to whatever we see as the lived experience for the next few months. And then, we've got one longer-term opportunity, which would be "To share and apply lessons learned across countries about the use of health IT to support public health, such as for electronic case monitoring," and I think again, this kind of relates to the notion that people do travel internationally, and at some point, there may be some need for data exchange and management so that people can do that – at least, if we work through the COVID situation. Any other thoughts about this one?

Aaron Miri

No. I know we got a lot of kudos for having international support on there, though.

Carolyn Petersen

Yeah. Months ago, it was hard to imagine travel, and now, with the vaccines on the horizon, people are almost ready to start booking flights, so we have to start thinking about it.

Aaron Miri

They are, along with the prevalence of rapid testing. You're absolutely right.

Carolyn Petersen





Okay, so we're finished with that target area. We will now move to the interoperability target area. This is at the bottom of Page 49, and there's a space there for the scenario that Michelle had sent out for us to review and suggest changes or edits to. We've just got some boring placeholder text here that we can ignore. Coming into the immediate opportunities for interoperability, "Exchange of health data more broadly across the care continuum, exchange of social determinants of health data, coordination of health IT standards to support interoperability for priority uses, and coordination of standards to support interoperability with regard to the USCDI." And, we have one, two, three, four – it looks like about a half dozen recommendations in those immediate opportunities. Any thoughts about those? I can certainly read any part of it that you'd like out loud, but I know we've talked a lot about this over some years, so I don't want to grind your heads into the sand again if we don't need to.

Aaron Miri

I think this area reads fine for me. I don't see any other addition to this, but that's just me.

Brett Oliver

I'm good with it as well, Carolyn.

Christina Caraballo

Yeah, I think it looks good. I'm just finishing reading.

Carolyn Petersen

Does anything jump out at you in terms of the social determinant section? I know you had made a number of good, important points through all our other discussions.

Christina Caraballo

Nothing jumps out. I can definitely take a closer look, but I think this looks good. This is all stuff that we've gone through with the crosswalk, too. It reflected well, right?

Carolyn Petersen

Yeah, this is certainly stuff that we're more familiar with and that we've addressed in previous years as well, so it's good to take a look, but maybe it's really a case of us just doing some redlining if we have any other thoughts. And then, coming to the longer-term opportunities and interoperability, here we have the sections on association between EHRs and patient safety, increased health equity across populations, locations, and situations, and sharing data with the research community. And again, these are recurring themes in our work this year and in previous years. If anything else comes to mind, we can certainly get it in.

Aaron Miri

I like the way this reads. I've always liked that section. It's important.

Christina Caraballo

I think this looks good too.

Brett Oliver

Sorry, I was on mute. No issues from me, Carolyn.





Carolyn Petersen

No worries. I wanted to give everybody a chance to skim through it. So, that brings us to the target area “Privacy and security,” and this is about the middle of the page on Page 52. Again, we have a placeholder here for a little vignette about what the recommended HITAC activities will be addressing or would enable. So, here, we’ve got some immediate opportunities in the area of rules for sharing and patient consent beyond HIPAA, and then, we also have some longer opportunities in those areas as well as in the beyond-HIPAA internet of things area and the general topic of synthetic data, which is something that we had envisioned would be a concern going forward, but isn’t something that we really saw a lot happening in this year, so that’s perhaps a bit further out on the horizon. I don’t think there are any surprises in this section. It looks like a lot of stuff we’ve talked about in previous years, but I’ll give you a chance to skim through in case anything jumps out.

Christina Caraballo

This one looks good too.

Brett Oliver

Yeah, no issues from me.

Carolyn Petersen

The only thought that occurs to me is whether we should mention research in the synthetic data area in the sense of whether the use of synthetic data would result in additional needs or...not standards, I guess, but data elements or something related to the way it’s handled, and therefore used in exchange, or perhaps moved around. I think I’m not articulating that very well, but it seems like there’s more than just privacy and security, but also what people want to do with it and if there are any differences there between that and EHR data or other kinds of data.

Michelle Murray

Carolyn, as a reminder, there are options to put more descriptive text in the landscape and gap analyses too. If we don’t have specific actions here but we want to give more context, you could put them in other spots as well.

Carolyn Petersen

Yeah, I’ll think about this and see if I can frame that in a way that aligns with what we have already and the format and see what others think about it. I know that was a topic you had talked a lot about, Aaron. If you have any other –

Aaron Miri

I need to look at it, I really do, and I don’t have it in front of me. I need to take a look at it, and I’ll email it.

Carolyn Petersen

That’s fine. That’s fair. Did you have anything related to this section, Brett?

Brett Oliver

I did not, Carolyn. I’m okay with it.





Carolyn Petersen

Okay. So, we will start on the final target area. That's patient access to information, and we're here on the middle of Page 54. So, we have our vignette at the top, and then, the immediate opportunities would be "Safety and impact of all the health applications, correction of incorrect clinical data, and the ramifications of exchange of this data," and I don't see that we had any longer-term concerns there. We just had those two immediate opportunities. We have covered some of these issues about patient data exchange and access in other sections, so I don't know that we need to repeat ourselves, but if anything comes to mind, this is the time to bring it up.

Aaron Miri

The only thing I can think of would be what CMS released last week related to prior authorization, simplifying that for purposes of alleviating burden, but that's still part of the right access to data at the right time, so I don't think we need to go into that nuance, but that's really the only thing I can think of that's new since we last talked about it. It's not even new, it's just a proposed rule, and that was the only thing that was new.

Carolyn Petersen

Yeah, well, certainly, there's the question of how, as a patient, you can get incorrect data addressed, recognized, acknowledged, and fixed. That concern has been around for a long time, and I think if we get more exchange and more interoperability, that issue will rise again because it will actually be technically feasible, assuming we can work out the other issues around it – I'm thinking legal liability and such – but I'm not sure what else I would add to this section either. It's something to think about when we do the redlining.

Brett Oliver

Yeah, I would agree. I suspect this section will change by this time next year, perhaps, but for now, I think that's the best activity.

Christina Caraballo

I agree with everyone.

Carolyn Petersen

Okay. And then, if we advance to Page 56, the suggestions for additional HITAC initiatives are short and sweet. I'll read them. "The HITAC did not identify additional target areas or related HITAC initiatives as defined in the CURES Act in fiscal year '20. The HITAC will revisit this opportunity in the fiscal year '21 annual report."

Michelle Murray

I'll remind everyone this is sort of legalese to cover a request from the CURES Act for us to look at additional target areas. It's above and beyond adding public health because that was a preidentified area by Congress. It would be more if it was outside the list in the CURES Act if HITAC wanted to submit anything beyond that list, and the list would included priority target areas, public health, and a few other things that could be considered that we haven't yet.

Carolyn Petersen





Okay. And then, the conclusion is pretty straightforward – a paragraph noting that we've made significant progress in these target areas, but we still have quite a lot we would like to accomplish, and looking forward to doing more of that in '21.

Aaron Miri

That works.

Carolyn Petersen

Yeah. So, I would say –

Christina Caraballo

Yeah, perfect.

Carolyn Petersen

Does anyone have any other thoughts or areas in this report they want to go back to while we're all together before we take a look at the draft that we can redline?

Aaron Miri

I do not.

Christina Caraballo

I can't think of any, no.

Brett Oliver

I'm good, thanks.

Carolyn Petersen

Okay. Do you have additional questions for us, Michelle, or is there anything else that you need from us beyond our timely readthrough and comments in the draft that you'll send out?

Michelle Murray

I think you've already summarized the next few steps. I will turn around – I think the only thing I heard that was concrete immediately was Brett's suggestion for that one recommendation, and there's a separate document floating around – but right now, it's with the co-chairs – to look for story ideas or vignettes, about a paragraph long, to try to integrate some of these ideas in the recommendations in a future-looking story so you can help people imagine what the future might be if these recommendations were implemented. So, that's in a separate document right now, partly so it could be created with it and looked at in a more focused way, but then, we need to insert each of those in for the January 6th version, and I say January 6th because that's the date we need to finalize something as a draft to get to the HITAC members for their review so they have it ahead of the meeting on the 13th. So, that will be coming your way fairly shortly – a review over the holiday break.

Carolyn Petersen

Okay. Do you have a date that you would like to send in our redline comments or any other feedback we have in the sense of needing to get that in before the January 6th distribution day?





Michelle Murray

I think January 4th would be the cutoff. I think that's a Monday. If you have anything before then, that'd be even better. I don't see most people that week before, or they'll be on leave, but they'll still be checking email and able to look at something and get back to you.

Carolyn Petersen

Okay. And, when approximately do you anticipate sending out the draft for us to redline?

Michelle Murray

Probably tomorrow.

Carolyn Petersen

Okay, that's good. That's a good two weeks, and certainly, we can work on it in time to get that back earlier. I don't think we have anything else, Lauren. Did you have anything else, Aaron or anyone else?

Aaron Miri

No, nothing. I think we're good. I feel good about this.

Christina Caraballo

It's looking great.

Public Comment (00:44:53)

Lauren Richie

Great. Then, we will see if we have any public comments. We'll ask the operator to open the line.

Operator

If you would like to make a 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 your handset before pressing *. One moment while we poll for comments. There are no comments at this time.

Lauren Richie

All righty. I think that will conclude our meeting for today, nine minutes early here. Carolyn and Aaron, anything else before we wrap up?

Carolyn Petersen

I just want to thank everyone for all your great participation through the year and wish you relaxing and enjoyable holidays. I'm really looking forward to wrapping this up and bringing our work to fruition.

Aaron Miri

Agreed. Happy holidays, everybody. Thank you, and one more time, Christina, thank you. A round of applause for you. I really appreciate you.

Carolyn Petersen





Absolutely.

Christina Caraballo

Thanks. Back at you all. Happy holidays.

Carolyn Petersen

Don't be a stranger!

Aaron Miri

Happy holidays.

Brett Oliver

Happy holidays.

Lauren Richie

Bye.

Michelle Murray

Bye.

Carolyn Petersen

Bye-bye.

Adjourn (00:46:28)

