Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Transcript

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

July 22, 2021, 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**
Brett Oliver	Baptist Health	Member
Michael Berry	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.

Michael Berry
Great. Thank you very much. And good afternoon, everyone. I'm Mike Berry with ONC and welcome back to the HITAC annual report work group. We are joined today with one of our co-chairs, Carolyn Petersen. The other co-chair, Aaron Miri, will be joining us shortly. And we also have Brett Oliver with us today. So, let's get started and jump right in. And I'll turn it over to Carolyn to kick us off.

Opening Remarks, Meeting Schedules, and Next Steps (00:00:24)

Carolyn Petersen
Good afternoon, everyone. It's amazing how fast the time has flown but here we are again to do some more refinement on our list of topics and thinking about filling out the gaps and opportunities and maybe looking at some potential recommendations. We had, previously, looked a lot at what had come from previous years because the work of the public health data systems task force was still in flight. We now have their final recommendations and that work has been wrapped up. So, we can start looking at how to incorporate that into the planning for the annual report for 2021. With that, I'll pass the mic to Brett for his thoughts.

Brett Oliver
I'm ready to get started. Let's do it.

Carolyn Petersen

Sounds good. And I know that some of us have some software that is updating against our will, which means if you hear slight pauses in speech, don't worry. We're just dealing with technology. So, what I see on the agenda, we will be diving into the draft cross walk here momentarily. Maybe you have and I can't see that because my application is updating.

Michelle Murray
So, is there anything from the slides that you wanted to cover first, any meeting information?

Carolyn Petersen
That's a good thought. I can't see any of that. So, we should have a slide that has our schedule. We have monthly meetings being set up through the rest of the year. There you go. So, today is the July 22 meeting. And then, we will have August 20, a date to be determined in September, October, November, and December. And then, in early part of next year, Brett and Aaron will bring our product forward to the full HITAC for approval. And I will be out of the work, at that point, because my term with the HITAC ends this year. So, a little background information. Can you do the next slide? And this is our schedule in terms of engaging with the HITAC. Right now, we are scheduled for meetings in September, November and then, January and February. And I don't know if we will be presenting as well at the October meeting that was just added to the HITAC schedule. Is that something we should expect, Michelle or Mike, or do we know yet?

Michael Berry
Well, I know we are planning a HITAC meeting on October 13. And this is mostly dedicated to the TEFCA RCE who is going to be seeking the HITAC's assistance on the common agreement and QTF. But if there is a short update, I think we could insert that in the October 13 meeting if one is needed. So, but I know that the majority of the time will be spent on TEFCA. So, you'll let me know if you would like to have a short presentation at the October 13 HITAC meeting, which, by the way, we haven't submitted the federal register notice yet. But I know the HITAC members did receive the calendar hold for that meeting so that we can prepare for that as far as your scheduling.

Carolyn Petersen
Okay. That sounds good. That's a few months away so it's hard to predict where we'll be but just in terms of setting expectations and helping everyone stay on the same page in terms of planning and work execution. Can we have the next side please? So, today, we're going to continue to develop the draft. And we'll get some potential recommended activities to suggest to the HITAC as well as the gaps and opportunities. Next slide, please. So, I think this is the part where we bring over the draft cross walk. Is that right, Michelle?

Michelle Murray
That is correct.

Carolyn Petersen
Okay. I'm still flying blind here with the updates. Maybe Brett can start.

Brett Oliver
You're doing remarkably well.

Carolyn Petersen
I did review the slides earlier today so I have a very basic idea of what they say.

Brett Oliver
Well, you could have fooled me. That was nice. I'd be glad to help if I can.

Carolyn Petersen
I should stay on audio. I think it will just be the computer rebooting itself but go ahead.

Discussion of List of Potential Topics for the HITAC Annual Report for FY21 (00:05:36)

Brett Oliver
It looks like the first area in the landscape analysis is the public health data system infrastructure. We have an update to the proposed recommendation there. Michelle, I can't see that. A proposed recommendation for HITAC activity was that the USCDI task force would define a core standard set of data elements to support patient matching across healthcare and public health data systems, including demographics. It's pretty straight forward. Do you have any comments there, Carolyn?

Carolyn Petersen
I don't think so.

Michelle Murray
The only comment we added in there is that there is also patient matching in another category. So, you don't have to resolve anything now. I just wanted to point that out that we have a couple of areas that are starting to show up in both public health and in interoperability. So, there is a decision along the way for each one of where does the primary chunk of text land in the report. Is it going to be a public health topic or is it going to be more interoperability that mentions public health? And you don't have to decide that now but that's now patient matching, in particular. Workforce was showing up a little bit in other places, too, but within the same target area at the moment. So, that's not a decision yet. But this one, patient matching keeps popping up in more than one place.

Brett Oliver
Does it make sense to, potentially, add that as a topic under interoperability instead of having it multiple places? Carolyn, you probably already reviewed this better than I have.

Michelle Murray
Patient matching is already in interoperability. There was already discussion this year but it's broadened that topic and put it back where it was in previous years. So, that's why it's already happening there.

Brett Oliver
Got you. Did your screen go super wide on that? I can see five slides but I can't see any detail on it. Maybe it's me. There we go. The second one under public health data systems incentives under the proposed recommendations, we learned that ONC believes that funding related activity is not in scope for HITAC under the Cures Act. So, we have no recommended HITAC activity, correct?

Carolyn Petersen
Not yet.

Brett Oliver
Okay.

Michelle Murray
And there was some talk about one but then, more discussion showed that it might not be in scope. We need to think of other ones.

Brett Oliver
Sure, sure.

Michelle Murray
And this would be a tricky area to talk about incentives without talking about funding. It was just that the Cures Act doesn't really provide for the HITAC to really go down that road in any depth. So, you can mention it here and there but not cross that line too much. You guys tried but the pushback was it probably went too far.

Brett Oliver
I guess we've got a similar discussion under the funding silos, public health data systems funding silos.

Michelle Murray
Right. And that one, I think you could broaden how you describe it. Rather than saying funding silos, there are two silos of data there. So, you can focus more on the data piece and not really have any activity around funding. So, it's not so much that HITAC can't talk about funding. It's more like to pursue it in depth in a task force is just kind of out of scope. But you can still describe it that way in the landscape itself. But maybe focus more on the data impact.

Brett Oliver
I think that's a good point, Michelle, that maybe the HITAC's concerns is more of the siloing of the data but you can't separate that necessarily from funding even if we're not addressing the funding specifically. Does that make sense to you, Carolyn?

Carolyn Petersen
Sorry. Yes.

Brett Oliver
We've got that under proposed recommended HITAC activity. HITAC could partner with NCVHS to identify barriers to and potential opportunities for public health use of HIE's where available and affordable. If we're not to talk funding, do we remove affordable and just say where available? Or is that still in our purview?

Michelle Murray
I think the description is fine. It's sort of deciding how to fund it and asking the government to fund it a certain way that was problematic in the previous one.

Carolyn Petersen
We can't do appropriations, basically.

Michelle Murray
Yeah.

Carolyn Petersen
But we can talk about what should be funded with the public health data systems team.

Michelle Murray
You're right. It's the what rather than the how that's important here.

Brett Oliver
That sounds good. Anything else there, Carolyn?

Carolyn Petersen
I don't think so.

Michelle Murray
Another question on the previous one because I was kind of jumping down to the third one, so the one that's truly about incentives, are there other kinds of incentives besides just pure funding incentives or another way to describe what it was you were thinking about initially? Carolyn was the one that kind of added some of these in between meetings based on the public health data systems task force report. So, there is interest in aligning with that. But there might be more thought and discussion needed around the second one and if we can keep it in this cross walk if it's too complicated. Carolyn, you know the report better than me, obviously, as a co-author. Do you think this topic is covered sufficiently in that other report? Is there something more that this work group and then, the HITAC needs to say on this topic?

Carolyn Petersen
Incentive is close and funding silos both get us to the funding issues, which are challenging. I think there you could probably say more about infrastructure. You could say more about situational awareness data. I didn't attempt to delve too much into things like case reporting and lab reporting because those are largely technical issues that are quite limited in terms of the HITAC offering recommendations. That's what the task force was there to do. You could, potentially, say more about equity. I did align something in this cross walk. I didn't really try to pull that out in multiple ways but we could, certainly, do that. And then, of course, reaffirming that not just individuals need access to pandemic type information and public health information as it relates to their own personal health information but also that the healthcare ecosystem, hospitals, providers, clinics, various types of specialty facilities, including long term care need to be able to access that public health information and what is it that the HITAC could do to help advance that.

Brett Oliver
Carolyn, in your thinking, does standardization of these public health data systems like having certain I won't say requirements but it seems like a lot of these public health data systems have evolved on their own independent of what's available, what's out there in the commercial world. And there's not been an

incentive to check with who is going to be delivering the data and what data they can deliver and what data they want to receive back. Is this a place for that or is that something different than what you were thinking? Incentive being I want to be able to take back this health data and I want to be able to give it back but we don't have those kinds of conversations. There is no incentive for them to reach out and say, "Can you do this? Would you like to receive that?" Until there is a specific use case and then, you find out there are disparate systems.

Carolyn Petersen
Right. And part of that is a function of much of public health being localized in the sense that different areas have different concerns and different needs that are more or less critical for that area. It also has to do with state laws and there being different regulations about, for example, what is done with immunization data, what has to be reported and to whom and who can access it. Part of the incentivizing discussions at the public health data systems meetings had to do with giving public health agencies money to be able to do a lot of this in the way that meaningful use and another program, PI, created incentives for the healthcare side to do the work and to get the systems in place. So, it's kind of a dual technical and regulatory as well as funding all of that. I would be interested in hearing Aaron's perspective as well because he kind of sits in the middle of the practice but also understands the technical side and a lot about what it would take to make things happen in a way that I would not.

Let's see if we can scroll down a bit. Here is clinical information. Public health, of course, wants to be able to get more information from providers as well so it can better understand the effects of what it's doing and what its upcoming needs are and, hopefully, better reporting that is more useful for planning at higher levels as well as locally. So, here thinking about what are the barriers that are regulatory related, what can be shared, are there restrictions on different things. There are also some aspects about reporting about minors. For example, immunizations and health conditions. And in some states, there are laws about which parents can see that or what is the guardian.

Aaron Miri
Hello, it's Aaron.

Carolyn Petersen
I'm sure you've probably encountered some of those.

Brett Oliver
Oh, yeah.

Carolyn Petersen
It looks like Aaron is joining.

Aaron Miri
Yeah. I'm here, guys. Hello.

Carolyn Petersen
Hello.

Brett Oliver
Good afternoon, sir.

Carolyn Petersen
We're muddling through the public health data systems opportunities and challenges and looking at proposed recommendations and trying to figure out how to get around the notion that we can't say how to fund things but we can talk about what needs funding and how do we get that in in a way that's meaningful and helpful and relevant to what the HITAC, actually, can do as opposed to what people might want.

Aaron Miri
Sure. I like that proposed recommendation.

Michelle Murray
Did you want to go back to anything that you already covered to get his input?

Aaron Miri
Carolyn, let me know if there was anything that was contentious. I doubt there was since we've pre-briefed on a lot of things.

Carolyn Petersen
No. I think there is real concern on the task force about getting adequate funding and funding that is in parallel in scope to what healthcare and the healthcare ecosystem gets. A sense that public health needs to be truly funded. It can't be an afterthought if we wanted to be able to add all of these capabilities that it doesn't have now.

Aaron Miri
No question. I just don't know what the right verbiage there is. But I agree with you in concept.

Carolyn Petersen
The transmittal of the public health data systems recommendations was completed today. So, that should be made public, the final draft. And we can use that to try to build out some of this. I won't say I did want I consider to be a complete and thorough job the other night just because I knew that we needed to get some feedback to ONC so they could finalize the documents and put them on the website and meet all of the administrative requirements to have this meeting. But, certainly, I think there is more that can be done with that work.

Aaron Miri
Okay. I like that idea. I'm just pointing to that letter as just a starting point.

Carolyn Petersen
Oh, yeah.

Aaron Miri
Okay. What other topics on here?

Carolyn Petersen
We're still in the public health target area.

Aaron Miri
Okay. Do we want to talk about HIPAA minimum necessary or what do we think?

Michelle Murray
So, Aaron, you were all talking about the electronic lab reporting, electronic case reporting line item. That's where I think we were. So, one of the goals today was to try to fill in any blank cells on here. So, you guys have talked before through the opportunities but need to think about recommended activities. So, is there anything on that line before we jump down to the minimum necessary question.

Aaron Miri
Thank you. That's what I needed to know is where we were starting. I appreciate it. From an ECR perspective, one of the things that I was very impressed of was the speed of which the CDC was – they have an ECR tool. And I know, Brett, you and I both looked at how we connect our respective health systems to that tool for easier access. It would be something to talk to them because I know they were making more improvements to that and they had a whole roadmap related to ECR and some of the work they were doing with the states that I know several HITAC members were involved with. Maybe one of the proposed recommended activities would be just to have CDC representatives give us an update and tell us how things are going and where the bugaboos are.

Brett Oliver
I think that's a good idea. And I'd like them to include a landscaped analysis of their own about what's the percentage of state health departments that can connect by ECR. I think there is this assumption that you can and then, you do all of this work. That's been our experience. Follow CDC guidelines only to find out our state can't support it. What the heck? We need to understand where that landscape is. It might uncover some gaps that the HITAC is not aware of.

Aaron Miri
Okay. Are there other recommendations? Carolyn?

Carolyn Petersen
There will be some discussion about capabilities at NCVHS and perhaps a proposed recommendation is to engage with them and see if there are collaborations that would help to advance ELR and ECR.

Aaron Miri
I like that. That's good.

Carolyn Petersen
We've talked about wanting to do more with that group.

Aaron Miri
I think it's a great start. Let's start there. And we can add to it. But let's find out what's going on with the landscape. So much has changed there in advance I'm sure that we're just not aware of.

Carolyn Petersen
They're having a hearing in late August, a day long hearing. We may be able to get some additional information from that.

Aaron Miri
Right.

Carolyn Petersen
Or we can just ask HITAC members. Certainly, everyone who is engaged with the assistance was not on the VHDS.

Aaron Miri
Okay. Those are good starts to at least get the ball rolling on that cell. Do you want to move to the next line?

Carolyn Petersen
Sure.

Aaron Miri
So, information exchange, facilitated care, and monitoring patients with long COVID. A lot of this has come down to issues with the registries. We're setting up our own long COVID history because there are not some defined national registries. I think there are a few out there that are being publicized, correct me if I'm wrong, by Duke and a few others have started some national ones. But I would say it would be helpful to have a centralized long COVID care registry so we could look across the entire provenance of what's happening with comorbidities and others, particularly, if Delta and Lamba now pick up speed here and velocity across the country. So, maybe proposing a centralized national registry if one doesn't exist.

Brett Oliver
Yeah. I like that because when I read improve clinical documentation standards for patients with long COVID, I think of provider documentation. And that's a much more abstract and grandiose opportunity than if we're talking clinical documentation in terms of a registry. But I think even the point of the registry, you're going to have to define it well and get an agreed definition. And I'm not sure that exists.

Carolyn Petersen
It could be broader than registries. It could be something like ECRO's because my understanding, at least, is that the definition is still evolving. We're still understanding what is involved in long COVID. It may be that part of what we need to do is be collecting patient perspective on that and understanding what the lived experience is.

Aaron Miri
Yeah. That's true. I know the CDC and ARC are doing a lot of work around this. I wonder if it's valuable just to ask them for an update. What are you guys hearing? What are you seeing? Sort of like the CDC, what are you guys concerned about? And so, that way, we kind of know the dimensionality here of what's going

on. As we all looked up, there is an ICD-10 code that reference long COVID. What does that, actually, mean?

Carolyn Petersen
And there are citizen science based research projects. One that's gotten a lot of air play is at UCSF where they've built out an app and people who have it are just reporting. And that's all being gathered.

Brett Oliver
That makes more sense to me to identify the clinical issues that we're trying to solve with IT rather than the other way around.

Aaron Miri
Okay. So, again, that whole seek first to understand, to your point, focusing on the clinical components of what's missing there because there could be an issue that we can't identify long COVID, I'm making this up, because there is a lack of a unique patient identifier. There could be other upstream things that we really could focus on that is part of the HITAC purview that would assist this issue.

Brett Oliver
Yeah. That's fair.

Aaron Miri
All right. Do you want to move on to the next line?

Carolyn Petersen
Yeah.

Aaron Miri
So, this is the HIPAA one. And remind me, again, why this is in blue. Is this because we just want to review what we wrote?

Carolyn Petersen
Correct. It's new text since our last meeting on June 22.

Aaron Miri
Got it. Thank you. All right. Public health data systems need improvement. More clinical information needs to be shared with public health authorities. Yeah. Opportunity for public best practices and guidance for apply to HIPAA minimum necessary standard to information sharing along with public health authorities. And then, what we could do, HITAC could be in a listening session to better understand the barriers that apply to the HIPAA minimum necessary standard to information sharing with public health authorities. Are there patient advocacy groups who could also be included in this thing and hear from the direct patients? I've been reading so much literature. I've even seen legislators recently on television saying vaccination status is part of HIPAA. You're not allowed to ask anybody anything. And I'm like wait a minute. So, there is definitely a misnomer and I'm curious what patients think. Is this clear to you? And why is it not clear?

So, I don't know if there is a patient advocacy group or something like that we could include in this listening session but that would be helpful to me.

Carolyn Petersen
I can't think of any times when we've had any significant patient voice listening at all in the HITAC as long as it's existed really. We've, occasionally, had one person I know that the hearing that was used to kick off the ICAD stuff, the patient perspective was represented by a physician. It was not a patient. We have not really done so much of that. Although, certainly, there are people on the HITAC who do bring that perspective.

Aaron Miri
Of course. And it may be that. At least just to get a focus of the patient perspective because we're running into an issue of misunderstanding of what HIPAA is versus the reality of it. And that is contributing to the fear of either getting vaccinated or sharing that you've been vaccinated. I don't believe people are malicious or have malintent. I believe that it's truly just misunderstanding and you've got to seek first to understand. And so, to me, I think having the patient voice is critical to say what's up here. Do you understand what HIPAA is? And why is this fearful?

Carolyn Petersen
Yeah.

Aaron Miri
Other than that, the text looks great to me.

Michelle Murray
I do have a question for you all on this one because it's new language. One thing that came up in our last report and probably will come up again is bidirectionality. So, looking at sharing with public health authorities. I was thinking who is the other party that's sharing with them and is it bidirectional. There are a lot of assumptions under this language that we need to clarify. Would you agree with that? And if so, would you alter this text?

Aaron Miri
You're talking about the challenge or are you talking about the opportunity?

Michelle Murray
Well, it's in two places, under the opportunity and the activity. It says sharing with public health authorities. That implies another party is sharing with them or more than one party. So, should we define who those are? And is it bidirectional? Is it just people pushing data out or is it going both ways?

Aaron Miri
I guess I read sharing with meaning if I share something with you but it may need to be specific about bidirectionality. I expect to get something back if we're sharing. Maybe I'm being more basic than that. I just want people to share. It's great to be bidirectional but, in some cases, people don't want to do anything like nothing. So, maybe I'm even more basic than that. I just want to overcome the fear barrier, which is the

whole point here. Not that bidirectional isn't bad. We can strive for that and we should strive for that. There are parts of the country that just refuse, flat out refuse. And those are most at risk.

Michelle Murray
And sharing do you mean patient sharing or providers or both or others?

Aaron Miri
All of the above. All of the above.

Michelle Murray
Okay.

Aaron Miri
This goes back to the conversation we had during the HITAC about the issue of bidirectional or striving for bidirectional. That's great. But in this case, we're seeking first to understand why. What are the barriers? We don't want to use technology to solve the issue of lack of interest in sharing anything. Carolyn, thoughts?

Michelle Murray
So, it sounds like you're comfortable with the phrasing as is is what I'm hearing.

Aaron Miri
I am.

Michelle Murray
It already covers your concerns. Sorry. I didn't mean to interrupt you.

Aaron Miri
Yeah. I'm just curious. Carolyn, what do you think?

Carolyn Petersen
Yeah. The question about bidirectionality was something that also came up in the deliberations at the PHDS at one point in the sense of an individual saying if you truly want to achieve health equity and make significant gains, you can't strive to create something that is so expensive and so far reaching that it takes down the whole system. The cost will force you to do other things that maybe are not what you really want to do. Initially, Janet and I, the co-chairs, were given the guidance that we should think broadly and we should not put ideas about what would cost too much or what would be too hard around what was brought forth. The notion was to think as broadly as possible thinking about ideal states and not try to get into the weeds about what was feasible. But clearly, there are some on the HITAC who have some concerns with that approach. I feel like where this language sits right now is probably a good place to start in that the HITAC will be reviewing some of this and giving us input before the draft of the report is finalized. And that will give us a chance to adjust if we need to.

Aaron Miri
I think that's fair. That's a fair point. We can be prepared for spirited discussion around that. Hopefully not but maybe. Does that answer your question?

Michelle Murray
Yes. I think we need to leave the language as is or leave your preferences as is for now and then, adjust as needed later. It will get broadened in the report itself and described in more depth. So, I'll just make a note to myself to make sure that we do that in drafts. But I think you answered my underlying question. Thank you.

Aaron Miri
Good deal. So, what's the next section here? Can we go up please so we can see it? The workforce one, is that where we are next? So, recommended activities. Part of this goes back to, I think, availability of funding, making sure that folks realize how many buckets of money sit out there today. I was just with a group of CIO's last week and I was like, "Guys, have you looked at the ONC website and applied? There's $80 million there to help train the next generation or epidemiologists or whatever." Most people don't realize it. So, how do we get word out to folks in partnership? It would be great to have a one stop shop of these are all of the funding opportunities available. I would like to know what all is out there. I'm sure there are tons of buckets of money for this.

Carolyn Petersen
I was going to say I didn't try to draft a proposed recommendation because I knew that that announcement had just come out. And I figured we can get some ideas by looking at that announcement. In the task force, we did not get into the workforce development piece very much. I think there is something about it in the funding and in the policy but it gets close to the area that we're trying to stay away from. So, maybe at the program announcement for the funding that might be the best place to be able to get some proposed recommendations.

Aaron Miri
As well as what have we learned. I'm making this up. Are they submitting incorrectly for the funding because there are certain ways you've got to go about applying for funding? Maybe it's education in the process. Maybe it's too difficult to work to create a more streamlined version or FAQ document of how to do it. I'm just making this up. And Michelle, since that's in the house per se, it's the ONC, I wonder if there's an individual or plural to help manage those requests to just give us education. What are you seeing? What are the bugaboos that are inhibiting folks applying if any? So, I think our recommended activity is to look at the data already from the announcement of public availability of funding and lessons learned from that to inform other recommended activities. Does that sound good?

Carolyn Petersen
Yeah.

Brett Oliver
Sounds good.

Aaron Miri
Okay. Let's go on to the next section then. Patient matching in the blue there. So, patient matching is meant to be shared or needs to be improved, obviously, for data sharing. In blue, the HITAC USCDI could define a core standard data set of data elements to support patient matching across healthcare and public health

data systems, including demographic information. Also, see public health data systems infrastructure in the public health target area above. Yeah. It could. And Brett and Carolyn, correct me if I'm wrong, but hasn't this already been done? Aren't there defined data standards out there? I know there was that part of USCDI but I've seen a ton of literature about this. If you correlate these 19 elements, you get like a 98% accuracy rate or something like that, including the USA project or US@ and other things.

Brett Oliver
That's definitely out there for sure. I don't know if there is one accepted standard.

Carolyn Petersen
This is based on a recommendation in the public health data systems report. It may be that we need some fine tuning from Steven Lane or perhaps to look at what's in the PHDS recommendations and make this tighter or more specific in some way.

Aaron Miri
I'm good with that. I get the logic here. And if it came from Steven, he's right. And I think it's a pretty good fidelity. It's not 100% but it's much better than what we have today. And I would also say the other thing here would be get an update from I think isn't it Carmen, the USA Project, the ONC? And what are the lessons learned there with having the fidelity of a standardized street address or US street address? Does that also help? Are there things we can do to help push that project along?

Carolyn Petersen
Yeah.

Aaron Miri
Okay. And the text looks good, Michelle. Just maybe add a blurb about, and I always say this wrong, the USA or US@ Project, whichever.

Michelle Murray
I think either is good.

Aaron Miri
Okay. Got it. Next line. Health equity. Yes, a big problem. Collection of health equity data elements related to race, ethnicity, disability, clinician. Yes. That's exactly right. More industry standards supporting the collection of health equity data elements could be agreed upon. Yes. And HITAC can convene a listening session and identify barriers and opportunities relating to standards for consistent collection of health equity data elements related to race. It's not just race. It's related to any social determinant. Race, gender, comma, comma, comma. There are so many different things. So, I think it's worth listening and to continue gather data elements. And it could be even a component of the USCDI task force to take that up.

Michelle Murray
That might be my error because Carolyn sent me texts and I may have misinterpreted in a rush. It may, actually, be that whole list that's in the challenge section.

Aaron Miri

Yeah. That would make sense.

Michelle Murray
I sort of spread that out across the columns but I think I put that E-G in the wrong spot.

Carolyn Petersen
That's taken direction from the recommendations.

Michelle Murray
Okay. I'll check that. Okay. Is there a phrase that we'd use to summarize all of that because to say all of those categories every time we want to mention health equities is kind of a problem? That's the problem I was trying to solve but maybe your report does do that.

Aaron Miri
That's a good question.

Carolyn Petersen
It was wordsmithed once in the PHDS stack. And then, it was just copied everywhere that it needed to go. So, it is kind of everywhere.

Michelle Murray
Okay.

Carolyn Petersen
I know that's not helpful but it's not like there's a proper name for that. It's like we were just as broad as we could be and this is what it shook out to.

Michelle Murray
So, the fix I propose for the activity is take out related to race at the end and to say health equity data elements. And then, in the challenge, I need to take out the E-G and just let that list be a list.

Carolyn Petersen
I suggest looking at the PHDS and seeing how it's framed out because you have a better idea of how to structure this document than I do. I think when you look at it, it will be intuitive maybe in a way that it wasn't quite for me.

Michelle Murray
And did you have other thoughts about the activity?

Aaron Miri
No. I think you guys summed it up. I just wanted to make sure that we were just not limiting ourselves to race. So, whatever the right vernacular is. I'm not a wordsmith. But whatever the right vernacular is, I'm supportive as long as we're inclusive.

Michelle Murray

Thank you.

Aaron Miri
The next one is the algorithm bias one. So, in blue here, the challenge to decision making should be more equitable. Yes. Opportunities to screen healthcare and public health data systems for bias in algorithms. Yes. And the HITAC can convene a listening session to identify source of algorithm bias in healthcare and public health **[inaudible] [00:44:09]** potential solutions. Absolutely. Absolutely.

Carolyn Petersen
That comes from the PHDS recommendations. And there was not a lot of discussion about dealing with bias and what you need to do to address it, although it was retained that activities need to be undertaken to find it and get rid of it and prevent it. So, that could be a recommendation that HITAC does something in that area.

Aaron Miri
That makes total sense. Are there any comments on that?

Brett Oliver
Yeah. I think it's important. It's only been within the last year that I realized where so much of the data for a lot of these companies' algorithms come from, Silicon Valley and the east coast and the rest of the country there is no data from. So, I'm sitting here trying to think I suppose that recommendation is broad enough to say does ONC come up with some kind of standard before you can roll out an algorithm for the entire country that you include a certain percentage of people from all over or certain demographic areas. But I think that's probably included in that proposed activity.

Aaron Miri
Okay. Let's go on to the next line. Interoperability standards, closed loop referrals, lack of cross organization, lack of standardized systems made for closed loop referrals. Explore options to advance standards that can improve systems with closed loop referrals and prior auth. I haven't heard about it recently but if you guys remember last year, there was that whole prior auth discussion that came to HITAC. Or maybe it was the year before. I think we were all in person, actually, that I recall. And there was a huge effort going on on prior auth. I haven't heard anything but, quite honestly, we've been consumed with COVID. Maybe should we get an update on how is it going? CMS and others and payers, how is it going? I would like to know an update.

Carolyn Petersen
Yeah. That sounds fine to me.

Aaron Miri
Yeah. Michelle, listening session to get an update on prior authorization and efforts around that from that same group of folks that Dr. Rucker had invited to that one meeting when we were all in person.

Brett Oliver
That closed loop referral piece, I see that a little differently and it's a big deal. If you go outside of your system, you have no way to electronically close that referral and know that it's not still hanging out there.

The patient followed through. The patient had the test done in a lot of instances. And so, at least for us, it's a manual activity.

Aaron Miri
I could have sworn that was the original intent though of the CMS ADT mandate in getting there.

Brett Oliver
And you're going to have a lot of ambulatory stuff there and that's not mandatory.

Aaron Miri
That's fair. No, that's a fair point. That's a fair point. So, we can include, in that listening session of getting an update, is this on the radar, yes or no? And if so, what's going on there? That makes sense to me.

Carolyn Petersen
Yeah. I'm good with that.

Aaron Miri
Okay. Should we go to our next fun topic here, information blocking?

Carolyn Petersen
Oh, let's.

Aaron Miri
Michelle, why is it in red? When you put something in red, what does that mean?

Michelle Murray
The red text was text that came from the work group itself at the 22nd meeting.

Aaron Miri
Thank you.

Michelle Murray
With the exception of a couple of edits that we made this week. I had to find a way to show that we had changed working. So, if it's a one word here and there, it just means within the last week or so the work group changed it. But mostly, it is things from the June 22 meeting.

Aaron Miri
Got it. All right. The gap. Info blocking interferes with seamless and secure access exchange and use of the electronic health information. Challenge. No common framework for measuring compliance. With the info blocking requirements that are being proposed or implemented, how will the industry know that information blocking is being addressed and reduced? Publication of the ONC Cures Act final rule sets out the information blocking **[inaudible] [00:48:51]** is being implemented and practiced. So, clearly, I know we're doing this. We, basically, release everything immediately unless there is an issue with patient safety per the rule in which case, it could be a temporary hold just giving the doctor a chance to describe some critical lab value with you as a patient so you don't misinterpret your own results. There is some pretty

standard stuff that folks are starting to measure, I think, in terms of did you release the full note, did you do these things in a relative time.

But isn't that what that group, the last discussion in the HITAC last week, the ONC folks are convening that team to look at this stuff?

Carolyn Petersen
In part.

Aaron Miri
Brett, as a provider, what matters to you as a doctor? Is it that your patients are informed?

Brett Oliver
Yeah. It's been a relative nonevent for most everything as you would have anticipated, particularly, with notes. And for me in my organization, the pathology reports so far have not been an issue. In fact, it's been better accepted than we had thought. I will say though I was having a meeting with some other CMIO's across the state and there have been two organizations that have had a suicide after a pathology report was released before the provider could talk to them. 1.) That's anecdotal. 2.) Would they have done it anyway, even with the doctor delivering the information? I don't know but that's been the fear. And I'm wondering if anybody is collecting data like that other than just anecdotal stories. I know both organizations I talked with are looking to the state to legislate something that will supersede the Cures Act but I'm not sure that would hold up in court either. We're doing what you mentioned, Aaron, releasing everything as quickly as possible.

But I will say I could see some pushback on the pathology reports forming because of those years that we had and now some reality to that just a few months in.

Aaron Miri
So, maybe this is another listening session kind of like how is it going, world. And inviting various groups and just give updates. The AMA, AHA, others, just give us the take of what you're hearing from all of these members so we understand where are the bugaboos. We don't hear enough of and I'm really curious about the little F2HC out there in the middle of nowhere or the rural community clinic that's still on paper. How is it going? They don't have the resources of UT Austin or Baptist Kentucky. They just don't. So, how do they accommodate this?

Carolyn Petersen
Yeah. It would be interesting to hear. There would be some challenges in figuring out who to invite. You'd probably have more of who would like to talk than could be managed in a typical format but that's not relevant as to whether to make it a recommendation or not.

Aaron Miri
Yeah. I would agree. I think there are a lot of strong opinions on both sides of this. But it would be interesting. Again, there's another one where if there is a good patient advocacy person or group to have them there. How's it going for you all? Do patients feel like this, actually, helped them? I can tell you that we've had numerous patients that are informed, and I, actually, appreciate this, that ask for it, that challenge, that want

to know. We've had patients wait for our physicians. Now, I want a full copy of every prior. No problem. There you go. So, people know. Patients know. I don't think it's widely known but they definitely are informed. So, let's hear. How's it going?

Carolyn Petersen
That would be cool.

Aaron Miri
All right. So, another listening session, Michelle.

Michelle Murray
I captured that.

Aaron Miri
Cool. Next section. Public opinion about impact of use of health IT and consumers. The gap. Does public health opinion already exist that encapsulates the user and **[inaudible] [00:53:44]** about certain health information technology, either contact tracing or ransomware malware text. Looking at the use of the impact use of health IT and consumers. Okay. The challenge is, quite honestly, the marketplace is quickly developing and new technologies are out there that are not really addressed in existing law. That's the bottom line. We want innovation. But I know, Brett, you've made this point many times. Just because you can use artificial intelligence, if you don't know the algorithm behind it to get the answer, you're not going to trust it as a doc or clinician. There are just challenges of a rapidly evolving technology, especially consumer marketplace, with a lagging healthcare regulatory environment. And the two aren't fitting cleaning over each other.

I've made this case for many years now. Look at genomic sequencing. So much of that falls into this gray area where there are people that sell your data. They're not subject to HIPAA. I am as a covered entity. So, that's a challenge. The opportunity here though is to realign the industry to accelerate velocity forward and clarify where existing law does play nicely because there is also the issue of people not understanding where HIPAA applies and where it doesn't or privacy laws or GDPR and all of these other pieces.

Carolyn Petersen
So, thinking through, those are all interesting and important functions. But what is the activity for HITAC that would address that other than the fact that many people on the HITAC would like to see that change?

Aaron Miri
If you look at it, it was interesting that two HITAC's ago or maybe it was longer than that, we had the FTC present. And even they stated that there were certain components where they couldn't regulate unless there were deceptive trade practices and things like that. I just wonder does the industry realize that? It's not like these agencies aren't doing anything. They're working their tailbone off but they're just limited in what their scope is. And so, is there potential here to learn more about and really document what are those gaps in plain English to present to the powers that be and HITAC could come up with recommendations that would assist assuming authority was granted to the FTC. I'm making this up completely. What could they go do? How could we help? How could ONC intersect as they investigate for information blocking and

to come up against other things. There could be opportunities here. It's just putting the hospital systems in a bad place because you do have ATI's on the horizon and these deadlines that are due next year.

They're going to put hospitals in the untenable situation of now you as a patient are asking for your data to be sent to this app, which is in this foreign country we know is harvesting your data for nefarious reasons but yet, you want it there, therefore, you can ask for it. And we have to do that. It just leads to a lot of liability and without clear air cover, it's going to bring a lot of issues around. So, I think the proposed recommended activity is get a lay of the land assessment from FTC, OCR, and others of where there are gaps in plain English, maybe at the hearing. We convene a hearing and talk to the powers that be so we can understand where those gaps are, again, on paper so we can plainly see that.

Carolyn Petersen
Okay. Brett, what do you think?

Brett Oliver
You make a good point. And they're not going to come after the app that's in a foreign country. They're going to come after your health systems. I agree with your proposed recommendation.

Aaron Miri
All right. Next section. Safety and impact of mobile health applications. I think what we're supposed to focus on is what's in red down at the opportunity and then, recommendations. So, opportunity here, two of them.1.) Support initiatives that review and rank the validity and safety of mobile health apps to support awareness and education of patients regarding digital therapeutics, leveraging alerts, and patient portals. And then, proposed recommended activity. This is another one where it kind of goes with the previous one. How do you educate folks? And there was a ton of work that ONC has been doing, great work, on the patient side over the years. Is this a chance to dig it out and see what's available there and republicize it?

Carolyn Petersen
Or reframe it given the changes in the world since all of that was done.

Aaron Miri
I think that's a fair point. And all of the things that have happened over the past 18 to 24 months, there was just some amazing work that was done by the ONC. Great guides and patient guides and awareness and all kinds of stuff. So, I would say proposed recommended activities, to look at that and where could we refresh it and then, get an update on what kind of advocacy is occurring on the patient side to deliver to the patient community.

Brett Oliver
Yeah. What other organizations could ONC partner with to get the information that's at the grass roots level so a patient can understand that when I prescribe a digital therapeutic, that's different than them picking up a step app from what's been validated. I like that.

Aaron Miri
All right. Carolyn, are you good with that?

Carolyn Petersen
Yeah.

Aaron Miri
The next item here. Increased health equity across populations, locations, situations, accessibility of health IT. Actually, I like it like that. That's a good way of saying it. Gap. The pandemic highlighted the ongoing digital divide acts with the health IT. Purpose of testing, vaccine appointment, yes, it did. Challenges. Barriers exist for the delivery of relevant public health related information to their PI's, patient portals, mobile devices, and other digital distribution channels. Opportunity here. Ensure that such information is available for patients and consumers in the same way as they would access other relevant protected health information, facilitate the largest impact and reach, contact the flow of barriers of delivery of relevance to API's, patient portals, mobile devices, and other digital distribution channels and identify opportunities. Yes. I feel like we've talked about this 100 times or more even at the big HITAC. It's just a lack of appreciation for the importance of some of this related to public health.

Brett Oliver
Yeah.

Carolyn Petersen
Indeed.

Aaron Miri
I'm good with this language. It looks good. Michelle, are you good with that one?

Michelle Murray
Yes.

Aaron Miri
All right. Next section. Just the last one then, robotics.

Michelle Murray
Just one bit of information for all of you. It was sent out late yesterday so you might not have looked at it yet. But our contractor did do some background research on this and three other topics, I believe, that at an earlier June meeting you all had asked for more information. I believe robotics was one of those. So, there are two paragraphs in that document with a few sources that give an update on the current status of robotics or healthcare and health IT. I would just pull out a couple of highlights from that. They talked about that robotics are useful for rule based repetitive tasks to retire attention to detail and give examples of where that's happening in the industry. And it talks about the growth of the industry. It's still low adoption but it's growing.

Aaron Miri
I can tell you first hand that, again, I was meeting with a group of peers last week and the topic of germ delivery and sterilization using robotics of rooms using UV light is something a lot of health systems are looking at. And, apparently, the cost point has come down. The reliability is now there that health systems are seriously considering working with the FAA and others. I know that Novant is doing this in, I think, it's

North Carolina pretty successfully. So, this is definitely an area that's fast emerging. So, boots on the ground that makes a lot of sense, particularly given isolation and contact and all of the things that are going on right now because of COVID. I guess, for me, just in general, the gap is that those are the use cases I'm familiar with. I'm sure there are others. I don't know, Michelle, if we could at a future meeting kind of synthesize some of that knowledge that's been found into just the facts of this is what the common things are. These are the common issues. It looks like there's regulatory gaps and there's other issues like what if someone shoots down the drone if it flies over your yard. Those kinds of things. I don't know if it's possible to synthesize that so we can, actually, talk about this with some meat on the bone.

Michelle Murray
Right. I agree that this is a step behind some of the other things. We just got this research in and out to you this week. And we were waiting, Aaron, until you were back and it wouldn't get lost in your massive inbox. So, we have a little delay, I admit, on this piece. I agree.

Aaron Miri
That's no problem.

Michelle Murray
But next consideration, we'll flush it out some more.

Aaron Miri
Okay. So, then I would say let's table this one for the next meeting and we can go through it. It's just one item. But I think it is important because it's definitely hot on the horizon. Lots of folks are looking at this stuff.

Michelle Murray
And I like the use case idea for this because I think it is broad and kind of amorphous right now. So, if you're seeing health IT use cases that would help this group be able to push forward on those pieces.

Aaron Miri
Yeah. So, drone delivery, sterilization. Robots have been used for a while for medication delivery. I know a lot of hospitals do that. Way back in the day and Brett will remember this, it was always having the computer on weeks that had a medication drawer until we needed to worry about wastage and medications vanishing. So, that stopped and it went to the Omni Fill distribution but now, it's back do how do you have runners that are robots that run up refills throughout the day to various med/surg or other units. Robotics is definitely something on top of I think folks even in a surgical setting say that the Da Vinci is robotic, which it is. It's just not autonomous. So, I guess there is going to be the autonomous and nonautonomous or semiautonomous robots and use cases commonly found in healthcare and the gaps. So, I would start there, Michelle.

Michelle Murray
Yes. That's very helpful. Thank you. A few buzz words to go search on.

Aaron Miri
Yeah. I'm sorry. Go ahead, Brett.

Brett Oliver
I was just going to say that you're right, Aaron. There is a lot of pharmacy use internally. The drone delivery is cutting edge. Even Novant is doing very limited stuff with that. They had a special COVID relief to deliver supplies back and forth between their facilities. But that's sort of the retail delivery of medication by drone. And there's really only one company doing it. UPS is doing it some but Zipline is the one. My point is that that's still kind of cutting edge. It would be great to stay ahead of it and not wait until it was a problem out there. I agree with you.

Aaron Miri
Zipline, that's the company I'm thinking about. They're the ones that seem to be who everyone is looking at because they have a commercial grade, bullet proof drone that can hold up to 5 pounds or something awesome.

Brett Oliver
We're deep in talking with them. That's why I know a few things.

Aaron Miri
You're exactly right. You and several other people. And it's neat.

Brett Oliver
Yeah. Good stuff.

Aaron Miri
Are there any other sections on here or is that it?

Carolyn Petersen
I think that's it.

Aaron Miri
Awesome.

Carolyn Petersen
Were there other areas or things that you wanted us to cover today, Michelle?

Michelle Murray
No. Everything that's in your cross walk is the focus for now. And then, you have another meeting in August. And we've just scheduled September and October as well. So, we'll keep working on the cross walk.

Aaron Miri
Awesome. Good work. Nice. We're coming along.

Carolyn Petersen
We're giving you back 17 minutes. Well, no, we have public comment so I guess maybe 12.

Brett Oliver

We'll probably go over with the public comment, yeah.

Michael Berry
Are you ready to go to public comment?

Aaron Miri
Yeah. Let's do it.

Carolyn Petersen
I am, yeah.

Public Comment (01:07:48)

Michael Berry
Okay. Great. Operator, can we open up the line for public comments?

Operator
Sure. 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. You may press Star 2 if you would like to remove your line from the cue. And for participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys. One moment while we poll for questions. There are no comments at this time.

Michael Berry
Thank you. Carolyn, Aaron?

Aaron Miri
Go ahead.

Carolyn Petersen
No. I'm just very excited. We got it all done today. We're on schedule and on track. And that's great news.

Aaron Miri
It is. All right. Then, take some time back and get some water and then, onward we go.

Carolyn Petersen
All right. Thanks.

Aaron Miri
Bye, all. Be safe.

Carolyn Petersen
You, too.

Adjourn (01:08:57)