Transcript

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

January 31, 2024, 3:00 – 4:30 PM ET

VIRTUAL

MEMBERS IN ATTENDANCE

Medell Briggs-Malonson, UCLA Health, Co-Chair
Hans Buitendijk, Oracle Health
Jim Jirjis, Centers for Disease Control and Prevention
Anna McCollister, Individual
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute

MEMBERS NOT IN ATTENDANCE

Hannah Galvin, Cambridge Health Alliance

ONC STAFF

Wendy Noboa, Designated Federal Officer, ONC
Michelle Murray, Senior Health Policy Analyst, ONC

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

Wendy Noboa
Hi, everyone, and thank you for joining the HITAC Annual Report Workgroup. I am Wendy Noboa with ONC, and it is a pleasure to have you here with us today. Public comments are welcomed, and they can be typed in the Zoom chat or communicated verbally during the public comment period later on in our meeting. I am going to go ahead and begin rollcall of our workgroup members. When I call your name, please indicate that you are present. I will start with our co-chair. Medell Briggs-Malonson?

Medell Briggs-Malonson
Good afternoon, everyone.

Wendy Noboa
Hans Buitendijk?

Hans Buitendijk
Good afternoon.

Wendy Noboa
Hannah Galvin cannot join us today. Jim Jirjis? Anna McCollister? Eliel Oliveira?

Eliel Oliveira
I am present.

Wendy Noboa
Thank you. Now I will turn it over to Medell for her opening remarks.

Opening Remarks, Meeting Schedules, and Next Steps (00:00:54)

Medell Briggs-Malonson

Thank you so much, Wendy, and thank you so much for all of us being together today. Just to quickly go over some of the things that we are going to do, we will review the agenda in a moment, but this is our last workgroup meeting in order to take a look at all the recommendations that have come from the full HITAC committee in order to be at least recommended to incorporate directly into our annual report. So, I want to thank the workgroup in particular for, again, all the hard work over the past year to reflect all of the activities that HITAC has taken part in, but also all of the diligent reviews and recommendations from the full HITAC committee. So, without further ado, why don't we jump into today's meeting agenda? What we are going to do is first go over the meeting schedules and the next steps for finalizing the fiscal year 2023 Annual Report Workgroup, and then we are going to go into the discussion of the revised HITAC Annual Report for fiscal year 2023, also have a discussion of the revised supplemental background research document, then we will open it up for public comment, and then adjourn. Next slide.

Here are the meeting schedules and next steps. Next slide. As always, we like to really reflect upon our journey that we have all taken part in in order to get to today. This is a list of all the meetings that we have had to date, and of course, today being January 31st, we are going to update the draft, review all those different recommendations, and then, hopefully, all of us as the workgroup can all completely agree with sending it back to the full HITAC committee for approval in our February meeting. And then, from February through March, we are going to finalize the report for it to be transmitted to Micky Tripathi as well as the rest of Congress. Next slide. In terms of the full committee dates, you can see all of our HITAC committee meetings that we have had where we have actually discussed the Annual Report Workgroup. When we all actually reconvene on February 8th, the HITAC committee will then approve the final fiscal year 2023 Annual Report. Next slide.

So, what are we here to do today? First, we are going to discuss the list of all the members' comments and any revisions to the draft the ONC team did implement into the annual report as well as the supplemental background research document. Then, what we will also do is, again, present the revised report and the supplemental background research document for approval to the full committee of HITAC on February 8th, and then, as I previously mentioned, HITAC will then transport that final report and supplemental background to the National Coordinator for Health IT for his direct review and approval, and then, that final report and the background research document will be transmitted to the Secretary of HHS and to Congress in March 2024. Next slide.

Discussion of Draft HITAC Annual Report for FY23 (00:03:54)

Medell Briggs-Malonson

So, why don't we go ahead and start with our official business, which is the discussion of the revised HITAC annual report? Next slide. We will review this outline here. Just as a reminder for those that are joining us, the HITAC annual report is divided into these primary six sections: The foreword, introduction, the health IT infrastructure landscape, the health IT infrastructure gaps, opportunities, and recommendations, followed by our overall progress as HITAC in this fiscal year, the conclusion, and finally, at the very end, is an appendix which also highlights many of the ONC objectives and benchmarks for this fiscal year, as well as a list of our HITAC members and acknowledgements. Next slide.

Before we go into this piece, I am going to ask Accel to bring up the matrix of all of our HITAC committee members' comments. This is a beautiful matrix that everyone on the workgroup received as well. Let me

make sure to orient everyone to this matrix we are going to look at. I think this is so important because what this does is allow for full transparency of who made a comment on which section, what the revision or suggested revision was, and if we actually then did incorporate their recommendation into this new version of the annual report. Again, going through the various different columns, the very first column is section, and then there is the subsection, followed by the exact page number, and then, if a HITAC member did offer a recommendation or revision, their name is actually listed underneath "HITAC member."

Then, we have a nice summary of the original language that was commented on, followed by the HITAC member suggestion, and it is highlighted in red, as you can see, so our ONC staff team was able to provide those recommendations there, and then it is green in the proposed solution column if that change was made. So, I want us to go over all the suggested recommendations, as well as the status, so that we as the workgroup are fully knowledgeable of them, and then we will transition directly into reviewing the annual report.

So, we begin with the section of all target areas and the illustrative stories on Pages 4 through 7. Mike Chiang and Ike Eichner both recommended some additional language. In terms of the original language, it was "illustrative story of what the recommended HITAC activities will enable," and there were both spoken comments as well as some additional written comments. The recommended revision was that it should be changed to "illustrative story of what the recommended HITAC activities will enable in the future." The reason why is just to make sure that we are making it clear that some of the recommendations in the illustrative stories show why we feel that some of the changes should take place now in order to support some of these activities in the short- and long-term future, and so that change was made.

The next recommendation was also from Mike Chiang, still on the illustrative stories, and the older language was "An older adult with worsening vision needs to see a specialist," and then, the recommended revision was "An older adult with diabetes has not had an eye exam for several years. The patient is experiencing worsening vision and needs to see a specialist." The real comment, especially from his perspective as an ophthalmologist, was that we just need to clean up the scenario a little bit more so that it truly does align with the clinical context that we were trying to communicate. He was able to offer some language there directly from his specialty, and that change was made. Let's keep going, and if there are any questions or concerns, feel free to raise your hand as a workgroup member, and I will pause at that time, and then we will have a full discussion of all of these at the end.

The next recommendation was focused on use of technologies that support public health. This was also really focused on the illustrative story, Page 5, and Ike actually did offer spoken comment during a past HITAC meeting. The comment was that we should think a little bit more about how we are describing syndromic surveillance, since it does already occur via multiple mechanisms. So, a minor adjustment was made, and it was made in the report as "By analyzing the real-time clinical and laboratory data obtained through TEFCA, the department is able to quickly determine that all of the cases are clustered in an area where residents live in overcrowded housing and have limited access to healthcare." So, it really makes sure that it is very clear that we are focusing on real-time clinical data already being obtained through TEFCA versus not providing relevant acknowledgement of some of the things that are currently going on today.

The next recommendation was focused on design and use of technologies that advance health equity, and this came from Mike Chiang. Once again, you see the original language of "holding a listening session to identify gaps in SDOH standards, including those that have been developed and are under development," and Mike Chiang did mention that we need to potentially identify additional opportunities that collaborate with other parts of HHS for these recommended listening sessions, and this was actually a theme throughout several of the areas where we said we needed to have a listening session, so this comment did translate into other portions as well. It was revised as "In collaboration with relevant HHS agencies, hold a listening session to identify gaps in SDOH standards, including those that have been developed and are under development." So, that change was also made.

The next recommendation from Ike was also in regard to use of technologies that support public health, and so, once again, some of the original language was "invite TEFCA RCE to provide periodic updates to the HITAC and seek input." The comment that was captured during our most recent HITAC committee meeting was that we needed to ensure that state, territorial, local, and tribal perspectives are included as well as those of the RCE, really making sure we are more inclusive and comprehensive and bring all voices to the table when we are thinking about some of these various different updates. The new language that was revised by our ONC staff was to "invite the TEFCA RCE and state, territorial, local, and tribal organizations to provide periodic updates," and that change was made. Hans, I see you have a question or comment on this.

Hans Buitendijk
Actually, if I may, when you are ready, I have a question about the first one on the page because I was trying to go through some thoughts on that, whether we add it in real time or otherwise, so I want to be ready to jump back for a moment at that time.

Medell Briggs-Malonson
No, this is a perfect time because we are going to go on to the next page anyway. It is a perfect time. Please, share your thoughts.

Hans Buitendijk
I am wondering whether it is still in line with Ike's comment, given that syndromic surveillance already is occurring, so it is a set of data that is already available that analysis can be done against. Perhaps some of the emphasis needs to be by analyzing clinical and laboratory data obtained through TEFCA in addition to syndromic surveillance, because it might not be included in there or might not have received everything, as the additional data, and we still can have real-time, but it seems to be more the additional data that is not received by way of syndromic surveillance or other feeds. I am not sure whether that is still in line with Ike, but that might be more indicative of what TEFCA brings **[inaudible] [00:12:14]** syndromic surveillance already provides.

Medell Briggs-Malonson
Exactly. No, I think that is a really strong comment and revision, because when thinking about the syndromic surveillance data, yes, that is going to differ from some of the TEFCA data, so I think that is a great recommendation. Maybe what we can do is just reconfirm with Ike that that is in alignment with what he was thinking, and then we can add that additional language. Thank you for that.

Hans Buitendijk
Thank you.

Medell Briggs-Malonson
All right. Well, we will continue to go on. If there are no other questions or comments, we will continue to scroll through. At the very end of the page, the next one also came from Mike Chang, especially related to cybersecurity events across the industry. For our Accel team, can we just scroll up a little bit? There we go, across the healthcare infrastructure. There was a spoken comment that also occurred during our HITAC meeting as it pertained to holding a listening session to explore best practices and what Mike's recommendations are, again, as I mentioned, were that there is a common theme, so our ONC team added in "in collaboration with relevant HHS agencies" in order to just make it a little bit more specific so that it was very clear that we are going to be as comprehensive and collaborative in bringing in all the various different agencies that have positions, input, or scope within this domain, and that change was also made.

As we continue to scroll on through, by the way, for all of the workgroup members that just joined, we are going through some of the recommendations as well as revisions that came from our HITAC members, and we are actually showing what the recommended revision was and if that change was made or not. As you can see, a lot of it was more just clarification. We really did not have a large amount of significant content change.

Now we move into the target area of patient access to information, and this came from Aaron Neinstein. This was specifically a written comment that he did submit of trying to, again, add a bit of clarity. The original language was "patient-generated health data lacking standards in interoperability among platforms," and what he actually recommended we change it to is "lacking interoperability standards and data access among devices and platforms," really making sure we were clear in terms of which standards we were referring to, and then adding in the additional aspect of data access among devices and platforms. That change was made, and it did align with what we were discussing in the rest of the recommendations.

The next piece from Aaron also focused on PGHD, and this was a comment suggesting additional edits to this original language, which was in the fourth column, and that written comment was that we should revise it to "Accessing PGHD requires special effort for providers and patients to access, including challenges in uploading to EHRs and controlling and directing one's personal data." And so, that, once again, provided a little bit more context and clarification to our original statement that was in the draft of the annual report, and that change was also made.

The next piece from Aaron was that, as you all can see in red, we just had "PGHD device," but Aaron recommended that we be a little bit more explicit and put "consumer and medical devices" so that we know which type of devices we were referring to, and that change was also made. There was also a piece here to move this gap to be first in the order of the two gaps. If you all recall, in our annual report, we do have certain pieces of PGHD, and so, he was just recommending that this be moved up in the order of the two various different gaps because of the significance, and those changes were also made.

Last on this page from Aaron, who we know is a huge PGHD advocate, which is wonderful, he also recommended that we add some additional language in terms of making sure that we are including that patient perspective and that personal access, so his additional recommended language was "Improve

standards in metadata to support the incorporation and personal access and control of clinically relevant PGHD collected from health apps, wearable devices, both consumer and medical, and other sources," and that change was made. I will pause here to see if there are any additional thoughts, reflections, questions, or comments on these recommended changes. All right, I do not see any from the workgroup, so we will continue on.

This is the last page. Rounding it out with a few more areas in PGHD, once again, it was just cleaning up the language a bit. The written comment said, "Take out 'explore,' 'exploration,' 'use,' and power words like 'collaborate,'" and so, for consistency, the very first one was, for instance, "Collaborate with other relevant federal agencies to define PGHD that should be available to patients and providers without special effort and for personal and direct control," and then, for consistency with some of the other pieces we have, "In collaboration with relevant HHS agencies, define PGHD that should be available to patients and providers without special effort and for personal and direct control."

Once again, that change was also incorporated. The last one regarding PGHD, again, just trying to really add that expertise and that clarity of language, which was also accepted into the document, was "Explore best practices for improving the usability of PGHD in clinical workflows, including data visualization and other authentication and data access workflows." Once again, all of Aaron's comments, especially over PGHD, were to ensure that we are fully comprehensive when we are thinking about some of these recommendations as they relate to PGHD, interoperability, and personal access, and making sure that it was clear when we actually do submit this information in the report. Hans, I see that your hand is up.

Hans Buitendijk
I might have a small change, in a way, though I am not sure how it is going to be addressed, but in the top line, where it says, "For consistency, revised as," it currently indicates it should be available to patients and providers, and I was wondering if we should flip around "patients" and "providers" to say "to providers ant patients" so that it might better align with the flow of the data. It is patient-generated, they want to make it available to the provider, but in turn, it needs to remain accessible to the patient, particularly in the direction of the system that is being used. If it is the other way around, I am not sure that it resonates completely that the focus is on some of the provider systems to ensure that they have access to it for providing care to the patient.

Medell Briggs-Malonson
Just to make sure I fully understand too, Hans, what you are recommending is that we should revise this to define PGHD that should be available to providers and patients, since it is patient-generated data to begin with. Is that what you are referring to?

Hans Buitendijk
Correct.

Medell Briggs-Malonson
But of course, we are still ensuring personal access to that data, which is some of the language we use further up.

Hans Buitendijk

Yes.

Medell Briggs-Malonson
I like that. Are there any other thoughts on that? Eliel, I see your hand.

Eliel Oliveira
I have other thoughts, but not related to what Hans was saying, if that is okay.

Medell Briggs-Malonson
Yes, just one moment. Let's wrap this one up, just to make sure that our ONC team captures it. Again, just to highlight what Hans was mentioning, since this is patient-generated health data, should it actually be revised to "define PGHD that should be available to providers and still allow patient personal access without special effort"? That just really makes sure that, since it is patient-generated health data, we want providers to get that data, which is where we have been having problems, but there still should be appropriate personal access and direct control by the patient. I probably muddled that up even more, too. All right, very good. I see silence, so I am going to take that as good to go.

Hans Buitendijk
I think it works fine with the additional clarification expressly stating that there should be continuing patient access and control.

Medell Briggs-Malonson
Absolutely. Thank you for that recommendation. Anna, we all completely agree with you that Aaron's edits were incredibly helpful and needed as well. All right, Eliel, I know your hand was up. Let's go to some of your thoughts and comments.

Eliel Oliveira
Thanks, Medell. My thinking here is that we may want to add to these recommendations or suggestions not only best practices and the definition of what should be available, but any policy considerations that should be made. I am thinking about the fact here that vendors of all kinds that could be feeding PGHD to providers without any validation of what that data really means for clinical use might be based on only the vendor's perspective of what they are capturing. Some of these might be from devices that the FDA regulates, but many likely are not. Just like with the AI USCDI discussions that we have, this opens the door to unsubstantiated use of new data that has not been validated to improve anyone's care. Overall, I think I am just saying here that maybe we need to add here what policy considerations should also be addressed while looking at these suggestions.

Medell Briggs-Malonson
Thank you, Eliel. Is your recommendation to explore policy applications in order to ensure safety something you are thinking of putting into this annual report right now, or should we highlight that for our next annual report to bring in additional policy considerations? We know that PGHD has been a recurring theme from HITAC in the annual report. What are your thoughts there? Especially because of where we are right now, do you feel strongly that we need to include the policy, or at least something about policy recommendations, maybe exploring policy considerations of this, or is this something that we need to dive a little bit deeper into and put in the parking lot for consideration in next year's annual report?

Eliel Oliveira
Medell, I think this could be easily added here. When we say "explore best practices and policy considerations for improving usability," and then, for the previous one, the same, "in collaboration, define PGHD that should be available to patients and providers along with policy considerations," it might be important to keep that alongside as we see how this should be done from a data integration perspective.

Medell Briggs-Malonson
Absolutely. I agree with that because I think we can add that, "explore best practices and policy considerations," just as you mentioned, and also at the top. Let's definitely put this in the parking lot for deeper consideration and dive into it in our upcoming annual report as well. Wonderful, thank you so much for that recommendation and revision also. Any other comments or thoughts about the HITAC member revisions or any other revisions? Is this everything? Oh, maybe not. Sorry, I missed this one. This is the research document, thank you. These are some of the different revisions that were recommended to the supplemental background research document. This was one of the recommendations, which was a spoken comment, that was targeted at the artificial intelligence, algorithmic, bias, and transparency subsection. Katrina Parrish, one of our new HITAC members, was really commenting on some of the original language in that background research document, and what she specifically spoke about was what we are doing to monitor for any perpetuation of bias when we are developing or thinking of these algorithms.

Therefore, changes were made to the supplemental background research document, as you see, in these two different sections. "The federal agency, states, and the private sector are increasingly undertaking efforts to reduce bias in AI and machine learning. These efforts are comprised of the implementation of principles and guidelines to build trust as well as initiatives to better monitor the use and impact of AI in healthcare." The second revision that was made was "Combined with federal efforts, the information and best practices from these state initiatives will be useful for other states to address the impact of clinical algorithms on health disparities and inequities. These state initiatives are examples of monitoring to examine how AI is used in healthcare currently and to better understand the impact of biases on patient care."

So, what our team said was to try and bring in, since this is the research document, any documented research that is out there that specifically is setting up monitoring and compliance types of systems to review the outcomes of artificial intelligence, specifically algorithmic bias. This was just trying to expand upon what has been currently found, but we know this is an area that is still very rich for improvement and for much stricter guidelines and standards, which I think we are all going to dive a little bit deeper into during this fiscal year as well, but these changes were made.

As we continue on down, there was another additional change or recommendation from Hung Luu, specifically about data models, that they should contain information about methodology to make it easier for pharmacies and laboratories to adopt the recommended data elements and to share them, as well as for AI training to use accurate data models. Again, we know that a lot of our data can sometimes use different parameters, just ensuring that we understand how those models and the methodologies take place. Right now, there has been no change made, and the rationale is that this suggestion has been placed in the list of potential topics for more in-depth consideration for the fiscal year 2024 Annual Report. If we

scroll down, I think there is one more, because then we will open it up for comments. Okay, there are a couple more. I will go through all of these really quickly, and then we will open it up for comment.

The next piece came from Keith Campbell in terms of supporting interoperability standards, laboratories, and pharmacies. So, laboratory results influence a majority of medical decisions. Again, during our last HITAC meeting, the spoken comment was that that is important for us to assure data quality, and that data quality is a necessary part of building the trust needed for interoperability. And so, the additions to the supporting background topics are in red, and it included "Medical centers, test manufacturers, and other organizations involved in laboratory testing vary in the methods used to organize, categorize, and store laboratory information systems, which can impact data quality and interoperability. Data quality is important to establishing trust in the data delivered through interoperability." And so, this change was made, but as you all know, this was directly connected to the comment from Hung Luu, and so, this is also being placed in the parking lot for potential topics for next year's annual report to, once again, go a little bit deeper into what may need to be recommended for the standards in order to ensure that we are supporting data quality and the data quality that goes into data models.

The next piece here was from Mike Chiang as well as Sarah DeSilvey. The comment there was "Interoperability of radiologic images is increasingly important in medical care, but does not always fall under the purview of ONC. How do we discuss this as HITAC?" That is when Sarah chimed in. "Yes, there have been some initial imaging standards discussed." As of right now, no change has been made to our supplemental documents because of the fact that the IS WG is meeting, and for us to go deeper into this topic potentially for the fiscal year 2024 Annual Report.

As we scroll down, this goes back to Ike's original comment too in terms of ensuring that we are comprehensive when we are thinking about the public health sector, and that we include all the various different organizations, not just the CDC, thinking about our territorial, tribal, and regional organizations. So, the change was "STLT public health authorities are increasingly leveraging PPRL to report data to the CDC and other federal agencies while protecting personally identifying information. For example, the reporting of STLT vaccination records enables CDC and HHS to track vaccinated populations by status and associated outcomes for populations with HIV and viral hepatitis. This information allows the CDC to better understand vaccination coverage, identify communities at risk of vaccine-preventable disease outbreaks, and target STLT resources to improve the health of communities." So, that change was made.

And then, as we scroll down, we are almost there. The next one was also from Mike Chiang and Ike, which was specifically talking about acknowledging the variability in how privacy and security practices are currently carried out and how they should be implemented, as well as the increased privacy and control for patients over their health data. These are really important concepts that could be added to the recommended activities. This change was made to the landscape text, and these suggestions have also been placed on our parking lot for next year's annual report. You see here the red areas, which are the additional language that was added, which states, "Now that more sensitive health data exists in the digital realm, studies show that patients would like more control over who sees this data and how it is shared. Efforts are under way to mature granular data segmentation and put patients at the center of their own data sharing, advancing interoperability and informed consent more consistently across states." That change was made.

And then, some of the other changes are updating the supplemental document with some of those changes from Aaron in the domain of patient-generated health data standards and interoperability, once again, aligning this title with the title that is in the annual report. This change was made also when it came down to PGHD as well, in which there was a spoken comment that there is an ongoing need for more open and standards-based access to data from all of the various different medical devices, and they are critical for the provision of modern healthcare, yet it continues to be difficult. So, what was then added into this section was the red text in order to summarize what Aaron was mentioning verbally during the HITAC meeting. "To achieve better data access for providers and patients, more medical devices would need to employ open API and standards-based technology." That addition was made, and then, of course, it was also placed in the parking lot. So, I am going to pause to see if there are any comments, reflections, or revisions for any of these recommendations to the supplemental research document. Yes, Hans?

Hans Buitendijk
Medell, I have a couple comments, and I am wondering if you can scroll up a couple pages back. There it is, the one on top of the screen right now, about "Revised as laboratory results influence." I am wondering whether, in the last sentence, where it starts with "Data quality is important," given that there is initially a focus on increasing interoperability, i.e., the volume and the connections, then it identifies that there are some challenges that impact data quality. Maybe the last sentence should start with "Improving data quality is important" and focus on that. Otherwise, the impression might be given from the start that it is more about giving more data, which we want to do, but here, it is about improving the quality of whatever data is shared.

Medell Briggs-Malonson
Agreed. I think that is a very spot-on recommendation, and I think we may have actually discussed that as well. I agree with putting in that improving data quality is important to establishing trust. Thank you for that.

Hans Buitendijk
The second comment that I have, if it is okay, is on the one at the bottom of the page that straddles the page. There is a reference to PPRL, and I do not think that has been defined in the document anywhere prior to that, so it would be helpful to indicate what that stands for, and it might also be helpful that when it says, "While protecting personally identifying information," unless you know, it might not be clear to the reader that with PPRL, it is actually deidentified data that uses a technique to help link records together while being deidentified, so it might help to clarify that it is actually then providing insight using deidentified data that can be turned together with PPRL. I think I got that right, but the reader might otherwise not get that, so that is something to check and spell out.

Medell Briggs-Malonson
Excellent suggestion there.

Hans Buitendijk
And then, if you scroll a little bit further down, where it adds, "Efforts are under way to mature granular data segmentation," and the text below it that is in black, not red, says, "However, EHRs cannot finely segment," I cannot read exactly what the rest of the sentence was, but I think it is two parts. One is that efforts are under way to have data segmentation more granular and more appropriate, but without the appropriate infrastructure where we know how to share the common rules, privacy, and consents, then achieving this is going to be hard as well. So, it is not only about segmentation in the respective systems, but the

infrastructure on how to best share that knowledge on who can get access to what. We do not want to go too far with the explanation that will come in 2024, but we cannot miss the infrastructure part because without that, standards alone will not work.

Medell Briggs-Malonson
Excellent. Again, I agree. I was pulling up the supplemental document, but maybe what we can have is for ONC staff with Michelle to take a look at that sentence and make sure that it hopefully does include infrastructure in that piece, and if so, really reflect on that piece of incorporating it. Thank you for that.

Hans Buitendijk
That was it.

Medell Briggs-Malonson
Okay, excellent. Thank you, Hans. Anyone else? Any thoughts, comments, or additional revisions? I am looking down the lists. So, we as the workgroup have reviewed all the various different HITAC member comments and suggested revisions, and we all feel okay and strong, but then, we have also seen what our ONC partners have done, and we are all in support of that. Excellent, thank you. Well, Accel team, what we can do is quickly bring up the annual report, and while we have a couple small tweaks, we can show how all of these different comments were incorporated, so we can just scroll through. I do not think we need to highlight because we have already tracked changes. Once again, we do clearly see where all of those changes from the previous matrix were made as well. Now, we go over to the appendix. Wonderful, thank you. Are there any other reflections on the tracked changes in the draft document?

Hans Buitendijk
Not from me.

Discussion of Draft Supplemental Background Research Document (00:40:34)

Medell Briggs-Malonson
Great. I am not seeing anyone's hand or anyone coming on camera, so that is fantastic. Accel, I do not want us to go over the full supplemental research document. It is pretty lengthy, and that may take a little bit of time, but just for us to focus in on some of the main areas, up through Page 20, I just want to have it on public record that we did note all of the incorporated recommendations from the members as well. Excellent, we see all of the changes there. Okay. We can still continue to scroll just a bit more, especially up through the patient-generated health data, since there were some changes there. I appreciate all the scrolling for us. Great, I think we have completed that, because this is the last bit of the appendices, so, thank you to the Accel team as well so we can see all the tracked changes. All right, is there any reflection on the supplemental background research document? Silence is always great from our workgroup. It sounds like we are all in agreement with it. Thank you so much, Accel.

It looks like we have a few minor changes from today's session, adding in that additional piece about the policy recommendations, as well as adding in Hans's comments of terms of additional clarification from some of those areas. We will go back to those original HITAC members just to make sure we are capturing the essence of what their thoughts were, and I believe that we will have this wrapped up and ready to go and submit that to the full HITAC committee for review during their February meeting, and we will also take the vote for approval. I think we have gone over the discussion of the revised supplemental background

research document now, so I just want to pause and see if there are any last comments about fiscal year 2023 from the workgroup that they would like to add.

Eliel Oliveira
I just want to say that I did read it offline, was very excited by all the content that this group has been able to put together, and I feel it was a strong report, so I just wanted to highlight the great work that everyone has contributed to. It is a great report with some insightful guidance of what should be coming next in our space.

Medell Briggs-Malonson
Thank you, Eliel.

Jim Jirjis
I concur.

Medell Briggs-Malonson
Thank you, Jim.

Hans Buitendijk
I agree. It is a good set of topics, opportunities, and challenges. They are not easy, but they are definitely worthy of further debate, discussion, and finding paths to make the improvements to share the data. I am quite happy with it.

Medell Briggs-Malonson
Thank you, Hans, and also, thank you, Anna. I completely agree with what everyone has mentioned. This took a lot of hard work and a lot of great mental contributions to this to think about what was going to be important to include in this year's annual report, and plus, HITAC did so much this year, and so, I just want to sincerely thank all of you all for all of your significant contributions, not only to this workgroup, but also to HITAC, but most importantly, contributing to ONC and our entire country about how we see this work and what we think are the priorities and the next steps, because as we all know, this work does make a difference, and I appreciate all of your participation and engagement, and I too are very proud of the work that we put together and the work that this workgroup and HITAC has accomplished.

I also want to officially thank Aaron Miri. Right now, I am a co-chair of one, but I also want to thank Aaron for all his leadership on the annual report workgroups over the past years and also this year as well. Of course, last but not least, I want to thank our ONC team for supporting us in all the amazing work that they do, especially Michelle in all that you and your team do, and Wendy for also keeping us through and moving forward with this, and also, of course, Mike, who was the previous designated federal officer. I just want to thank everyone for their hard work. I am really excited about this moving forward, and I look forward to us diving into this in another year. So, at this moment, Wendy, if it is okay, we can transition to public comment.

Public Comment (00:46:28)

Wendy Noboa
Sure. Okay, everyone. We are going to open the meeting to public comment, so if you are on Zoom and would like to make a comment, please use the hand raise function at the bottom of your screen. If you are

on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. We are just going to pause for a moment. Okay, I do not see any public comments at this time, so we will yield the time back to you, Medell. Go right ahead.

Next Steps and Adjourn (00:47:10)

Medell Briggs-Malonson
Thank you so much, Wendy. Once again, thank you, everyone, for joining us today during the last official Annual Report Workgroup. Thank you again to all the membership and to all of the public for all the recommendations. This will conclude our meeting for today. I look forward to seeing everyone in February as we officially submit our fiscal year 2023 workgroup meeting. Thank you so much. Bye-bye, everyone.

Hans Buitendijk
Thank you. Take care.

QUESTIONS AND COMMENTS RECEIVED DURING PUBLIC COMMENT
No comments were received during public comment.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT
Jim Jirjis: hello sorry I am late

Eliel Oliveira: 👍

Anna McCollister: Agreed!!!

Anna McCollister: Thank you Medell and ONC team for leading this and pulling this together!!!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL
No comments were received via email.

RESOURCES
AR WG Webpage
AR WG - January 31, 2024, Meeting Webpage

Transcript approved by Wendy Noboa, HITAC DFO on 2/7/2024.