

Health Information Technology Advisory Committee (HITAC) Draft Annual Report for Fiscal Year **2024**

October 17, 2024



Health IT Advisory
Committee

HITAC Draft



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Co-Chair, Health Information Technology
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Foreword

We are pleased to present the annual report of the HITAC for fiscal year 2024 (FY24). In this report, the HITAC assesses the health information technology (health IT) infrastructure landscape of the United States for gaps and opportunities and recommends activities for the HITAC to consider across six target areas.

The report also reviews FY24 HITAC activities. In FY24, the HITAC made recommendations in support of the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) proposed rule. The HITAC also made recommendations on the United States Core Data for Interoperability (USCDI) Draft Version 5 (v5) and completed work on the topic of pharmacy interoperability and emerging therapeutics. Several areas for potential future HITAC work surfaced during the HITAC meetings in FY24 that may result in activity in fiscal year 2025 (FY25) and beyond.

It has been our privilege to serve as co-chairs for the HITAC. The commitment and diverse expertise of the HITAC members have brought both energy and insight to this assessment of the U.S. health IT infrastructure. We wish to acknowledge and appreciate all the hard work done by committee members and additional members of the public serving on the HITAC subcommittees, as well as by committee members participating in the deliberations of the committee as a whole. In addition, we thank the staff of the Assistant Secretary for Technology Policy (ASTP) and the other federal agencies that support the HITAC.

The HITAC expects another busy year as it continues to identify and promote the use of better information and technology to enhance the health and well-being of everyone in the United States.

About the HITAC

The Health Information Technology Advisory Committee (HITAC) was established in the 21st Century Cures Act (Cures Act) and is governed by the provisions of the Federal Advisory Committee Act which sets forth standards for the formation and use of federal advisory committees.

The HITAC recommends to the Assistant Secretary for Technology Policy/National Coordinator for Health Information Technology policies, standards, implementation specifications, and certification criteria. The HITAC has focused on six target areas as defined in the Cures Act.

HITAC Member Appointments and Federal Representatives

30 Members as of January 1, 2024

Two patient advocate/consumer members

8

Congressional Appointments

Two from each party in House/Senate

19

GAO Appointments

3

HHS Appointments

5

Federal Representatives

442 Public HITAC Meetings as of January 1, 2024



Hearings:
Prior Authorization,
COVID-19 Response,
Public Health Data Systems,
and Health Equity



HITAC
Meetings



Subcommittee
Meetings



20
Subcommittees
Total

712 Recommendations Transmitted to the National Coordinator as of January 1, 2024

HITAC Target Areas in the Cures Act

The Cures Act identifies several target areas within which the HITAC should focus its activities. These six target areas are used to organize this report.



Use of Artificial Intelligence that Improves Health and Health Care:

Applying this emerging health IT by providers, patients, and other interested parties safely, securely, and fairly to achieve better health outcomes



Design and Use of Technologies that Advance Health Equity:

Applying health IT to help all people attain their full health potential regardless of social drivers of health



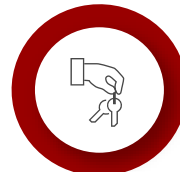
Use of Technologies that Support Public Health:

The facilitation of bidirectional information sharing between the clinical and public health communities



Interoperability:

Achieving a health IT infrastructure that allows for the electronic access, exchange, and use of health information



Privacy and Security:

The promotion and protection of privacy and security of health information in health IT



Patient Access to Information:

The facilitation of secure access by an individual and their caregiver(s) to such individual's protected health information

Health IT Infrastructure Landscape

The following pages summarize the HITAC's assessment of progress within the health IT ecosystem toward the target areas. Within each target area, topics are grouped by the timeliness for the HITAC to address the opportunity. An immediate opportunity correlates to planned topics for the HITAC within the next one to two years (i.e., calendar years 2025-26), while longer-term opportunities are anticipated to begin in three or more years (i.e., calendar year 2027 or later). Implementation of the recommended HITAC activities is subject to ASTP's statutory authority and available resources.



The Cures Act requires the HITAC to develop an annual report to be submitted to the Secretary of HHS and to Congress each fiscal year. This analysis should identify existing gaps in policies and resources for achieving the ASTP objectives and benchmarks (see Appendix) and furthering interoperability throughout the health IT infrastructure. This report complies with that directive by describing the health IT landscape across target areas, analyzing infrastructure gaps, and offering recommendations for future HITAC activities. The report also reviews FY24 HITAC activities.

In FY24, significant progress was made in expanding the use of technologies that support artificial intelligence, health equity, public health, interoperability, privacy and security, and patient access to information. However, work remains in these target areas to achieve the full potential of using health IT tools to realize optimum health outcomes, achieve full equity in health care and access to healthcare services, and maximize the effectiveness of public health programs. In FY25, ASTP and the HITAC will continue to focus on advancing the implementation of the health IT provisions of the Cures Act including the Trusted Exchange Framework and Common Agreement (TEFCA), as well as address evolving issues including artificial intelligence, health equity, and public health-related technology concerns, contributions to the USCDI, and priority uses of health IT and related standards and specifications.

Target Areas and Topics



Use of Artificial Intelligence that Improves Health and Health Care

- Use of Artificial Intelligence (AI) in Health and Health Care
- Provider Use of AI in Health and Health Care
- Patient Impact and Involvement in the Use of AI in Health and Health Care



Design and Use of Technologies that Advance Health Equity

- Implementing Health Equity by Design



Use of Technologies that Support Public Health

- Optimizing Public Health Data Exchange and Infrastructure



Interoperability

- Supporting Interoperability Standards – Laboratories
- Supporting Interoperability Standards – Pharmacies
- Supporting Image Interoperability
- Improving Long-Term and Post-Acute Care (LTPAC) Interoperability
- Improving Behavioral Health Interoperability
- Further Improvement of Data Quality and Sharing
- Supporting Data Standards for Maternal Health
- Supporting Data Standards for Diverse Abilities



Privacy and Security

- Privacy of Sensitive Health Data
- Lack of Disclosure Accountability
- Transparency in Use of De-Identified Data



Patient Access to Information

- Patient-Generated Health Data (PGHD)
- Reducing Patient Burden

Federal Activities across the Target Areas

A variety of key federal activities were conducted in FY24 that the HITAC considered to be cross-cutting across the target areas. This list does not encompass all relevant federal activities; some of them are addressed within the target area sections throughout this report. Several of these federal activities are being implemented in collaboration with state, tribal, local, and territorial (STLT) organizations and private entities.

**The HITAC recognizes that it is important to align its work with significant initiatives already underway at HHS that address certain topics to some degree. These topics are indicated with an asterisk in the following pages.*

[2024-2030 Federal Health IT Strategic Plan](#)

Four goals are outlined for how the federal government can create systemic improvements in health and health care by strategically aligning its health IT policies, programs, and investments.

[ASTP's Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability \(HTI-2\) Proposed Rule](#)

Published in the Federal Register in August 2024, this proposed rule includes provisions supporting improvements in public health data interoperability and image sharing.

[ASTP's Trusted Exchange Framework and Common Agreement](#)

The nationwide health data exchange governed by the TEFCA went live in December 2023 and has been expanded with more networks and governance support.

[Centers for Medicare & Medicaid Services' \(CMS\) Advancing Interoperability and Improving Prior Authorization Final Rule](#)

Issued in January 2024, this final rule adds new requirements for healthcare payers to share data and finalizes incentives for hospitals and clinicians to engage in electronic prior authorization using certified health IT.

[Collaboration between ASTP and the Substance Abuse and Mental Health Services Administration \(SAMHSA\) on Behavioral Health](#)

More than \$20 million of SAMHSA funds will be invested over the next three years in an initiative to advance health IT in behavioral health care and practice settings.

[HHS' 21st Century Cures Act: Establishment of Disincentives for Health Care Providers That Have Committed Information Blocking Final Rule](#)

Released in June 2024, the final rule establishes an initial set of appropriate disincentives for healthcare providers in several CMS programs.

[HHS Acquisition Regulation \(HHSAR\): Acquisition of Information Technology; Standards for Health Information Technology Proposed Rule](#)

Released in August 2024, this proposed rule requires all HHS procurements that involve health IT activities to use HHS-adopted health IT standards to promote interoperability across the health ecosystem.

[Section 1557 of HHS Office for Civil Rights' \(OCR\) and CMS' Affordable Care Act \(ACA\) Nondiscrimination Protections Final Rule](#)

Published in April 2024, the final rule clarifies that healthcare nondiscrimination rules apply to the use of AI, clinical algorithms, predictive analytics, and other tools.



Use of Artificial Intelligence that Improves Health and Health Care

TOPICS

[Use of AI in Health and Health Care](#)

[Provider Use of AI in Health and Health Care](#)

[Patient Impact and Involvement in the Use of AI in Health and Health Care](#)

Introduction

AI technologies have the potential to drive innovation, increase market competition, streamline workflows, and vastly improve health and health care for patients and populations. However, it is important to assess the benefits and risks of its use. The intentional design and implementation of AI are essential to ensure that these technologies are deployed effectively and responsibly. Results have been mixed to date as AI-driven technologies may positively or negatively impact patient safety, introduce or propagate bias, and result in increased or reduced costs.

The use of AI in health care could enhance patient care through predictive capabilities, improved diagnostics, and increased access for patients to their data. However, in order to mitigate and work towards eliminating bias in the use of AI, datasets used to train AI algorithms need to be diverse, inclusive, and transparent. Federal agencies, states, and private sector groups are actively working to establish standards and best practices that ensure fair and effective implementation of AI in health and health care for providers and patients.



Use of Artificial Intelligence that Improves Health and Health Care

Illustrative Story of What the Recommended HITAC Activities Can Help Advance

A network of rural Federally Qualified Health Centers (FQHCs) all use electronic health record (EHR) systems that are designed to incorporate best practices to collect and analyze their patients' demographics, medical conditions, and health-related social needs. Data dashboards and analytic tools are integrated with their EHRs to identify and address inequities in clinical care and healthcare outcomes among their patient groups.

The FQHCs desire a new AI clinical decision-support tool available across their EHRs to identify worsening heart failure to enable early intervention and potential referral to the regional cardiac specialty center. They select a tool that is transparent and includes health equity principles in the design. Via the EHR's patient portal, the tool also provides engaging education modules, assistance with shaping questions for their providers, and the capability to submit data generated at home.

The FQHCs deploy the tool along with staff training to appropriately assess for and mitigate potential bias. They also implement analytics to monitor for standardized tool use and equitable outcomes across their diverse populations. Patients can validate the data provided to the AI tool and outputs are made available to them.

The use of the AI tool leads to improved patient care and reduced inequities, including increased early heart failure interventions and specialty referrals, especially among patients of under-represented ethno-racial groups, patients with limited English proficiency, and patients living with disabilities. The FQHC network submits its findings and data to the developers who enhance their model and transparency documentation.





Use of Artificial Intelligence that Improves Health and Health Care

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26				
Use of AI in Health and Health Care*	<ul style="list-style-type: none"> AI holds significant promise in solving healthcare challenges, yet research and regulations are necessary to ensure AI is implemented in a safe and non-biased way. Various AI governance standards and approaches are being developed but there is a lack of evidence regarding which approaches are best suited to different use cases. 	<ul style="list-style-type: none"> AI that furthers inequities and bias is a significant concern that must be balanced with the potential benefits as policymakers consider regulating AI. Problems with data quality, representation, inclusion, and usability can contribute to inequities, bias, and safety issues. There is a need for technical assistance and training to equip clinicians and IT leaders across settings to appropriately use AI in compliance with existing laws, including the Americans with Disabilities Act (ADA) and tribal laws. 	<ul style="list-style-type: none"> Explore how novel data governance approaches, including standards and data guidelines, could be used to improve AI data quality, representation, inclusion, and usability in EHRs and other health IT. Determine which AI governance standards and approaches in health and health care are best suited to specific use cases. 	<ol style="list-style-type: none"> Explore steps ASTP could take, in collaboration with other agencies, to establish criteria for what constitutes data quality related to AI models, including both inputs and outputs. This effort should consider: <ol style="list-style-type: none"> The usability and relevance of outputs at the individual person level and across the spectrum of diverse populations. How models perform in the real world compared to expectations. How data quality evaluations apply to large language models. Explore steps ASTP could take to establish additional AI governance standards, including appropriate and ethical uses of AI in health care (including clinical trials), or ways to leverage industry-developed approaches. Explore steps ASTP and other agencies could take to develop evidence generation in support of AI product lifecycle management approaches for different types of AI systems in varying contexts to mitigate bias and inequities. Consider the development of a training certification for AI model creators on how to identify and address bias in AI models.



Use of Artificial Intelligence that Improves Health and Health Care

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26 (cont.)				
Provider Use of AI in Health and Health Care*	As AI capabilities continue to grow, there is a lack of best practices on where the use of AI is clinically appropriate.	Problems with data quality, relevance, and usability can contribute to safety issues and incorrect outputs.	<ul style="list-style-type: none"> Assist in identifying best practices and safeguards for appropriate uses of AI and safeguards in the use of AI by healthcare providers including clinical, administrative, research, and patient engagement purposes. Explore linking AI in health care to social services to reduce information duplication and improve coordination across health and human services providers. 	<ol style="list-style-type: none"> Recommend that ASTP engage the HITAC on a framework for AI use in health care and human services and other purposes that supports both clinical use and research initiatives to validate the use of AI in health care. Request ASTP to identify what AI is and is not in health care to help frame future HITAC AI-related work. Explore steps ASTP, in collaboration with other agencies, could take to establish best practices and performance targets for appropriate uses of AI in health care including decision support, administrative and operational uses, and patient education and engagement. Explore the need for AI surveillance programs similar to existing surveillance programs for drugs to identify issues, such as safety or equity concerns.
Patient Impact and Involvement in the Use of AI in Health and Health Care	AI data models used for algorithms and predictive analytics may not be representative of diverse populations nor of high-quality data, raising the risk of harm to patients.	Implementation of AI in health and health care should be done appropriately, inclusively, and with caution to prevent harm to patients.	Assure the quality, relevance, safety, and usability of AI data models and algorithms. For example, AI training models could be flagged in health IT systems to indicate that a model trained on adults only should not be used for a pediatric patient.	<ol style="list-style-type: none"> Coordinate and strategize with ASTP on a framework for AI use in health care and other purposes that addresses patients' concerns and integrates patients' perspectives. Explore steps ASTP could take to increase transparency into the datasets used to train AI models and how this could be flagged in health IT systems for providers, patients, and payers to identify when the model or its outputs are appropriate or inappropriate to use. Consider developing a registry of AI models and tools used in patient care that prioritizes the registration of high-risk vs low-risk models and tools. The risk framework for the registry could be based on the NIST's AI Risk Management Framework. Encourage ASTP to improve transparency for patients about DSI attribute information. (Please refer to Recommendation 16 in the HITAC's report to the National Coordinator on The Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule.)



Design and Use of Technologies that Advance Health Equity

TOPIC

Implementing Health Equity by Design

Introduction

Health equity is achieved when all people have a fair and just opportunity to attain their highest level of health. The intentional design and implementation of health IT infrastructures, policies, and practices are needed to identify and mitigate clinical and social inequities that contribute to unjust variations in health between populations.

Healthcare and social service organizations are striving to incorporate health equity into clinical workflows, health IT tools, and community partnerships. As technology advances, policies and regulations are needed to promote equity, address disparities, and reduce the digital divide.



Design and Use of Technologies that Advance Health Equity

Illustrative Story of What the Recommended HITAC Activities Can Help Advance

A regional health network is looking to adopt a new health IT system. Using informational resources from ASTP, the health network evaluates how to implement health equity principles in the design of the health IT system. Searching the ASTP/ONC Certified Health IT Product List, the network identifies a certified Health IT Module that supports health equity data standards and the capability to display information in multiple languages.

The area the network serves has high rates of pediatric asthma due to environmental factors such as older multi-family dwellings and high rates of factory and highway vehicle emissions, leading to high usage of emergency response and emergency department (ED) services, as represented by public health data including trauma reports and syndromic surveillance. After implementing the new Health IT Module, the network is better able to collect social drivers of health (SDOH) information and identify pediatric patients with asthma during routine visits. For patients who show up at the ED, clinicians record the asthma diagnosis, treatment, and SDOH information using standardized diagnosis codes.

Pediatric patients with an ED visit for asthma and relevant social risk codes are added to a list for the health network's community health workers who conduct outreach to ensure that the patients can access medications, specialists, and air purifiers, and can address social needs like transportation. The network additionally uses demographic data elements and clinical and social risk outcomes data to monitor equitable population performance. Six months after implementing the Health IT Module, the health network is better able to reduce inequities for its pediatric patients with asthma and monitor their outcomes.





Design and Use of Technologies that Advance Health Equity

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26				
Implementing Health Equity by Design	<p>Many health IT systems and initiatives do not include health equity principles in their design, build, and implementation, which can worsen health inequities.</p>	<ul style="list-style-type: none"> Consensus has not yet been reached on how to effectively implement and evaluate health equity by design in health IT policies, programs, projects, workflows, and tools. Organizations do not always have incentives to develop their processes and systems in an inclusive manner (e.g., addressing different languages and diverse abilities). 	<ul style="list-style-type: none"> Promote health equity by design in health IT initiatives. Evaluate methods, strategies, and standards used to implement health equity by design. These may include adding support for additional languages in IT systems and ensuring that IT systems can identify disparities at the individual or group level and monitor the outcomes of the individual or group. 	<ol style="list-style-type: none"> Recommend that ASTP consider developing an actionable toolkit that: <ol style="list-style-type: none"> Gives healthcare providers and health IT developers a step-by-step guide for how to start implementing health equity principles intentionally into design in their work. Includes case examples from different care settings. Includes steps to safeguard patients and engages patients in its development. Explore the promotion of policies and standards that could be implemented to improve support for health equity by design. Recommend that the Health Equity by Design Task Force 2024 include in its work a discussion of a framework that includes health equity principles in the development of standards and infrastructure.



Use of Technologies that Support Public Health

TOPIC

Optimizing Public Health Data Exchange and Infrastructure

Introduction

Public health data systems are essential for monitoring and addressing public health issues, as well as collecting, managing, analyzing, and disseminating data on diseases, injuries, and health outcomes to guide public health policy and decision-making. While there has been recent, increased investment, the nation's public health data systems remain largely outdated, fragmented, and lacking interoperability, in part because many of them predate the availability of technology that enables interoperability. Both capital investment and sustainability funding are necessary to build and maintain a robust network that can readily exchange data with healthcare providers and improve the ability of both public health and health care to detect and respond to health risks. These systems need to be modernized to enhance their effectiveness, efficiency, and user-friendliness.

To optimize public health data exchange and infrastructure, it is important to promote data standardization and advance standards for public health data exchange, appropriately leverage AI, improve interoperability, and collect, manage, analyze, and disseminate data to inform public health policy, planning, and decision-making.



Use of Technologies that Support Public Health

Illustrative Story of What the Recommended HITAC Activities Can Help Advance

Maria and her young children make brunch together using organic ingredients, but they feel unwell the next day with abdominal pain, vomiting, and diarrhea. Concerned about their symptoms, the family visits a nearby urgent care clinic which orders laboratory tests. During their care, the TEFCA and the North Star Architecture enable seamless data exchange across providers, facilitating real-time updates of each family member's health information is updated in real time. These updates inform their immediate care and contribute to a larger dataset that can be used for public health monitoring and future care decisions.

Meanwhile, unknown to Maria, 64 people visiting three different hospitals and two urgent care clinics in her town have also complained about abdominal pain and gastrointestinal issues within the past three weeks. These hospitals and clinics participate in the state's syndromic surveillance program. The syndromic surveillance system identifies the commonalities among facilities and notifies both the public health department and the facilities that there is an abnormally high incident rate.

An outbreak team is established by the state public health authority. The team works with staff from the hospitals and clinics, including those who support their health IT systems, to reach each person and ask them about what and where they had eaten as well as where they purchased groceries before getting sick. The team analyzes the data using geographic information system (GIS) technology and identifies eggs from a local farm stand as a likely source. Inspectors visit the farm stand to collect samples. Tests confirm that Salmonella is present at the farm stand and in the chicken coop on the property. Maria is contacted by the outbreak team and informed of its findings. Following advice from state public health department, she takes additional steps to implement stricter food safety measures at home.





Use of Technologies that Support Public Health

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26				
Optimizing Public Health Data Exchange and Infrastructure*	There is a need for improved public health data systems and collaboration among federal as well as STLT public health authorities.	Existing networks do not sufficiently support public health use cases and do not address the data quality needs of public health.	To further advance interoperability between healthcare providers and public health authorities and support public health's unique data quality requirements: <ul style="list-style-type: none"> • Leverage the TEFCA and other networks. • Leverage STLT public health authorities' experience with data exchange and the data they maintain that is relevant to support patient health. 	<ol style="list-style-type: none"> 1. Invite the TEFCA Recognized Coordinating Entity (RCE) to provide periodic updates to the HITAC and have a focused discussion on the data quality improvements required to support public health use cases in the TEFCA. As relevant, STLTs, public health authorities, or Health Information Exchanges (HIEs) supporting STLTs should be included in the updates. 2. Identify best practices and challenges from STLT public health authorities' experience with onboarding healthcare providers to obtain and report high-quality data in support of public health use cases. 3. Review existing STLT public health authorities' data systems to identify those that contain information that could be shared with healthcare providers to support continuity of care and patient health.



Interoperability

TOPICS

Supporting Interoperability Standards –
Laboratories

Supporting Interoperability Standards –
Pharmacies

Supporting Image Interoperability

Improving LTPAC Interoperability

Improving Behavioral Health Interoperability

Further Improvement of Data Quality and Sharing

Supporting Data Standards for Maternal Health

Supporting Data Standards for Diverse Abilities

Introduction

Data exchange among healthcare providers, payers, patients and caregivers, and other groups has historically been challenging. The implementation of Cures Act interoperability provisions has resulted in significant progress. There are opportunities to further improve the sharing of electronic health information (EHI) and the quality of data. For example, challenges persist with health IT use and data sharing for non-acute care providers that were not included in incentive programs to adopt health IT.

Promoting interoperable data-sharing across care teams and across all care settings is imperative for improving healthcare experiences and outcomes. Additionally, certain patient groups, such as patients with diverse abilities and those receiving maternal health care, would benefit from progress on data standards that support the collection and exchange of key data elements that support their specific care needs.



Interoperability

Illustrative Story of What the Recommended HITAC Activities Can Help Advance

An eighty-two-year-old woman falls in her assisted living community and breaks her hip. She relies on her son, who lives over 1,000 miles away, to provide her with advice and assistance in seeking medical care. She has granted him full access to her medical records. She is transferred by ambulance to the hospital where the ED determines she needs surgery and admits her for care. The hospital recently adopted a certified Health IT Module that supports bidirectional exchange with other providers, enabling the patient's care team to easily access her health records, lab tests, medications, and care summaries from her primary care provider (PCP) and the assisted living community.

After she is discharged from the hospital, the assisted living community's physical therapist starts rehabilitation and implements a care plan with her orthopedist's input. Due to the improvement of image standards and exchange, the pre- and post-operative radiological images are available to the physical therapist and her primary care provider. The assisted living community shares timely progress reports with her orthopedist and PCP through their on-site resident information system, so the recovery data is available for follow-up appointments.

The son can monitor his mother's progress through automated feeds to an app on his phone that informs him that she has been attending all her appointments and offers timely updates about her medical status, including her prescriptions. The assisted living community's system also tracks her nutrition and activity, allowing her son to know that she is active, eating healthy, and being monitored for additional fall risk.





Interoperability

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26				
Supporting Interoperability Standards – Laboratories	The inconsistent use of standards by pharmacies and by commercial and public health laboratories creates a barrier to interoperability.	Laboratories and health systems often use local codes for laboratory tests that then must be mapped to common terminology standards (e.g., LOINC, SNOMED-CT).	Explore available adoption levers to encourage commercial and public health laboratories to meet appropriate standards for applicable use cases.	<ol style="list-style-type: none"> 1. Hold a listening session to identify adoption levers that could be used to incentivize laboratories to support increased use of standards, in addition to what is finalized in the HTI-2 rule. 2. Receive an update from ASTP on an HHS multi-agency effort to improve laboratory interoperability.
Supporting Image Interoperability	Interoperable access to clinical images is essential in medical care, but there is a significant need to improve electronic access and storage of clinical images to reduce duplicate testing and better support clinical decision-making.	Current adoption of Digital Imaging and Communications in Medicine (DICOM) standards is voluntary and standardizing access to imaging data has not been a priority, leading to bespoke implementations.	Identify the current landscape of imaging data standards adoption and implement recommendations to improve access to this data.	<ol style="list-style-type: none"> 1. Expand upon the recommendations identified by the HITAC Interoperability Standards Workgroup pertaining to clinical images. 2. Hold a listening session to identify adoption levers that could be used to support standardized interoperable access to image data, in addition to what is finalized in the HTI-2 rule. 3. Recommend a study to evaluate the benefits and costs of different levels of imaging sharing among clinical use cases, including pediatric, adolescent, and adult patient populations of diverse identities, to determine what approach will have the biggest impact.
Improving Long-Term and Post-Acute Care (LTPAC) Interoperability	Interoperability needs to be increased across the broader care continuum to include LTPAC providers.	LTPAC providers are less likely to use interoperable health IT systems compared to acute and ambulatory providers.	Examine opportunities to increase the availability of LTPAC-focused Certified Health IT Modules that support interoperability across the care continuum.	Explore additional certification needs for LTPAC providers' health IT systems to support bidirectional exchange with acute and ambulatory providers that have already adopted Certified Health IT Modules. Priority settings for this initiative could include home health and durable medical equipment providers.
Improving Behavioral Health Interoperability*	Health IT adoption among behavioral health providers currently lags behind that of other providers.	The lack of access to health IT impacts behavioral health providers' ability to support the interoperable exchange of data across the care continuum.	Examine opportunities to increase the availability of behavioral health-focused Certified Health IT Modules that support interoperability across the care continuum.	Explore additional certification needs for behavioral health providers' health IT systems to support bidirectional exchange with acute and ambulatory providers that have already adopted Certified Health IT Modules.



Interoperability

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26 (cont.)				
Further Improvement of Data Quality and Sharing	Data are crucial to clinical care, research, population health, and patient engagement. Therefore, there is a need to evaluate data quality and ease of sharing across the healthcare continuum.	When data is shared across healthcare providers, there is often inconsistency in how much data is shared and in the quality of the data which makes it difficult to use.	Support transparency and establish baseline expectations, including suggesting best practices for how much data should be exchanged over TEFCA.	<ol style="list-style-type: none"> 1. Encourage ASTP to conduct an analysis of existing data sharing and quality practices over national networks and identify best practices as well as opportunities for improvement of minimal standards for various use cases related to the time period of data retrieved (e.g., last visit, 90 days) and data relevance. 2. Recommend that ASTP develop expectations for the baseline amount of data (i.e., how far back in time) that is expected to be included in a response to a TEFCA data request. Additionally, consider requirements that allow for the requester of information to indicate a different time period compared to the default baseline or consider adopting different baselines per TEFCA purpose of use code. 3. Explore opportunities to leverage AI to monitor data quality within and across health IT systems.
Supporting Data Standards for Maternal Health*	There is a lack of standards that support the interoperable exchange of maternal health data.	Maternal health data is not consistently collected or standardized in a manner that enables the delivery of high-quality maternal care.	<ul style="list-style-type: none"> • Identify the current state of maternal health data to ensure better care during the provision of high-quality maternal care. • Increase the standardized collection of maternal health data. 	<ol style="list-style-type: none"> 1. Evaluate the current landscape of maternal health data then identify the information and IT systems sharing necessary to standardize and support high-quality maternal care. 2. Hold a listening session to help identify health IT-related challenges faced by maternal health patients and how to optimize health IT for their providers in caring for them.
Supporting Data Standards for Diverse Abilities	There is a lack of standards that support the interoperable exchange of information about patients with diverse abilities.	The inability to capture appropriate information and accommodations can prevent patients from getting the care they need during the provision of health care or in emergency situations.	Identify the current state of patient disability and accessibility data to ensure better care during the provision of health care or in emergency situations.	<ol style="list-style-type: none"> 1. Evaluate the current landscape of patient disability and accessibility needs data then identify the information and IT systems sharing necessary to standardize and support patient accessibility needs. 2. Hold a listening session to help identify health IT-related challenges faced by patients with diverse abilities and how to optimize health IT for their providers in caring for them.



Interoperability

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Longer-Term Opportunities in 2027 or Later				
Supporting Interoperability Standards – Pharmacies	Pharmacies lack integration into the existing data exchange infrastructure that is widely deployed and bidirectional.	There is a lack of infrastructure to support the connectivity of pharmacy data with the broader health IT ecosystem.	Increase pharmacy data transparency regarding drug shortages and availability.	Encourage ASTP to work with CMS, STLTs, and other relevant agencies to develop a value-based incentive structure using quality measures so that prescribing providers and patients and their caregivers can be timely and accurately informed at the point of e-prescribing regarding where they can fill all prescriptions, routine to urgent, in a manner that optimizes patient care and convenience. (Please refer to Recommendation 31 in the HITAC's report to the National Coordinator on Pharmacy Interoperability and Emerging Therapeutics .)



Privacy and Security

TOPICS

Privacy of Sensitive Health Data

Lack of Disclosure Accountability

Transparency in Use of De-Identified Data

Introduction

As interoperability and electronic availability of health information increase, the privacy and security of an individual's health information continue to be of concern. Robust privacy and security practices are important considerations in advancing and maintaining trust in interoperability. Patients, covered entities, and business associates continue to require clarity about how identifiable health data can be used and disclosed as well as how to protect and secure it, regardless of whether the law requires it. Patients are interested in who is accessing their data for payment, treatment, and operational uses as well as for research. However, patients have limited transparency into how their identified and de-identified health data are shared and disclosed.

Sensitive health data increasingly exist in digital environments and are governed by a patchwork of inconsistent privacy laws. However, there is no universal definition of what constitutes sensitive data and what is considered sensitive may vary according to individual patient preferences and experiences. Today, many health IT systems cannot reliably segment and label discrete pieces of data, nor the narrative and documents that contain such sensitive data. In some instances, this could hinder their ability to electronically exchange sensitive health data that a healthcare provider may need to provide high-quality care to an individual.



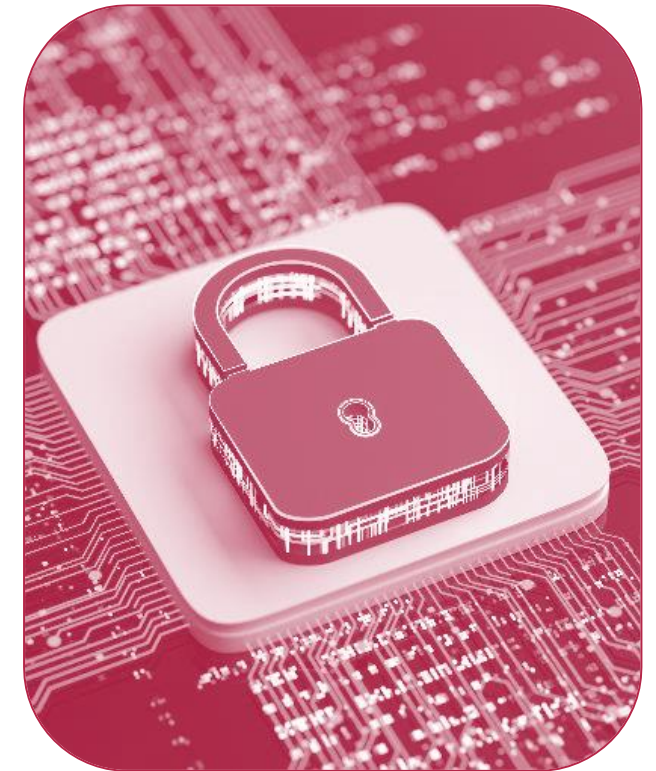
Privacy and Security

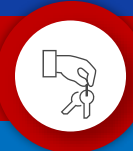
Illustrative Story of What the Recommended HITAC Activities Can Help Advance

A patient with hypertension, bunions, depression, and opioid use disorder is seen by both a PCP and psychiatrist at Good Health System, and a podiatrist at Neighborhood Health System. He is concerned about his privacy and wishes not to disclose data about his depression or opiate use disorder to his podiatrist.

Good Health Systems recently implemented a new patient portal feature within its certified health IT that allows the patient to submit a request to restrict disclosures under HIPAA to his psychiatrist. The patient logs into the portal and is provided informed consent information at a sixth-grade reading level regarding the risks and benefits of restricting certain data from being shared among his providers. After reviewing the information, he decides to submit an electronic request to restrict the disclosure of his depression and opioid use disorder diagnoses and associated care to the podiatrist. Good Health System reviews the request and grants it.

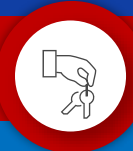
The health IT system recognizes and tags both structured and unstructured data according to nationally developed Value Set Authority Center (VSAC) terminology standards for different types of sensitive data discretely, in context, and contained in narratives, documents, and other datasets, as defined by federal and state law. Depending on the requesting provider, in this case, the podiatrist, the sensitive data may or may not be shared as expressed by the patient's consent directives. This technical capability, sometimes referred to as "consent management technology," is developed through a public-private partnership between the federal government, healthcare industry, medical providers, and patient advocates to simplify the data segmentation and consent management process.





Privacy and Security

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26				
Privacy of Sensitive Health Data*	<p>There is variability in privacy and security requirements across the country and in how these requirements are interpreted and implemented, including protections for sensitive data and accommodating patients' and providers' preferences about how this data is used.</p>	<ul style="list-style-type: none"> The health IT infrastructure has a limited ability to support identifying and segmenting coded and discrete data that is considered sensitive. The ability to manage applicable privacy and security rules that apply to sensitive health data, including behavioral health data, presents a challenge to exchange for providers. The ability to exchange interoperable consent directives across health IT systems is limited. 	<ul style="list-style-type: none"> Clarify the set of sensitive health data protected by privacy rules and consent directives more consistently across various contexts and types of technology while allowing for exceptions. Examine opportunities to increase the availability of Certified Health IT Modules that can manage applicable privacy and security rules to enable data exchange, including for behavioral health. Educate providers and others regarding what is possible and permissible in the evolving legal landscape of privacy protections for sensitive data. Implement enabling infrastructure to support the interoperable exchange of consent directives. 	<ol style="list-style-type: none"> Evaluate the current models and suggest steps toward a terminology value set for sensitive health data elements that could be widely adopted. The value set should include: <ol style="list-style-type: none"> Sensitive data elements as defined in existing privacy laws and regulations. Data elements commonly considered sensitive by patients but not defined as such by existing privacy laws and regulations. Emerging data elements, such as neural data. Sensitivity flags enabling recognition of discrete sensitive data based on context and/or contained in narratives, documents, and other datasets. Explore additional certification needs for health IT systems to support the privacy and security of sensitive data as defined by existing privacy laws and regulations Explore how Certified Health IT Modules can help acute and ambulatory providers manage common data elements that may be considered sensitive by some patients, including the certification needs of behavioral health providers. Explore what additional foundational infrastructure needs to be implemented to support the interoperable exchange of consent information within and across jurisdictions.



Privacy and Security

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Longer-Term Opportunities in 2027 or Later				
Lack of Disclosure Accountability	Patients have limited transparency into how their health data are shared.	With the growth in exchange, it is important to balance increased transparency to consumers with the burden on organizations that hold health data to provide an accounting of disclosures.	<ul style="list-style-type: none"> Define a long-term roadmap to implement accounting of disclosures. Explore whether technical capabilities have advanced to better support accounting of disclosures. 	<ol style="list-style-type: none"> Propose an initial foundation for implementing accounting of disclosures. Recommend a simplified model of accounting of disclosures that is concise, involves patients in its development, and considers readers' health literacy levels.
Transparency in Use of De-Identified Data	Patients have limited understanding and transparency into how their de-identified health data are shared.	There is currently no consensus on if or how to provide patients with a description of how de-identified data are shared.	Learn more about patient preferences for disclosures about the sharing of their de-identified health data.	<ol style="list-style-type: none"> Explore patient preferences for disclosures about the sharing of their de-identified health data. Explore opportunities to encourage healthcare organizations to regularly provide increased transparency into how they use de-identified data.



Patient Access to Information

TOPICS

Patient-Generated Health Data (PGHD)

Reducing Patient Burden

Introduction

A key concern for patients is reducing the burden of managing their health care. Patient burden can negatively impact the healthcare experiences and outcomes for patients. In one recent study, almost two-thirds of participants reported that it is overwhelming and time-consuming to coordinate their health care. If a patient lacks digital literacy or is not a native English speaker, sharing data can be even more difficult. Patient-centered health IT can potentially reduce this patient burden.

Another key concern is promoting the use of PGHD. The use of PGHD has become increasingly prevalent, driven by the widespread adoption of wearable devices, mobile health apps, and other digital health technologies. These tools have empowered patients to be more active in managing their health and generating data relevant to their well-being. APIs have emerged as a popular method for collecting PGHD. Despite the increasing use of PGHD, integrating this data into EHRs and aligning it with healthcare provider workflows remain challenging.



Patient Access to Information

Illustrative Story of What the Recommended HITAC Activities Can Help Advance

A Japanese-speaking woman sees multiple healthcare providers across different networks for several health conditions. To manage her diabetes, she uses a home blood glucose monitor. Before her PCP and specialists joined the TEFCA, she would spend an inordinate amount of time requesting and maintaining records from various doctors' offices and was not able to easily provide her home blood glucose monitor results to them. As a result of a new app, FHIR-based APIs, and the TEFCA, she can now gather her data from across her doctors' offices and share her PGHD and home blood glucose monitor results with them. This gives her autonomy over her data and the ability to consolidate her health information from multiple providers across several health networks and platforms into a single dashboard in her app and spend less time coordinating her care.

In addition, her PCP recently implemented an update from his health IT developer enabling support for multiple languages, instructions in plain language written at a sixth-grade reading level, and both digital and health tutorials. Since her PCP has a small population of Japanese-speaking patients, he is now able to support Japanese in the patient portal and provide educational materials in Japanese. The online tutorial in her preferred language enables her to increase her digital literacy and learn more about her health issues at times that are convenient for her without needing to find childcare or take time away from her job.





Patient Access to Information

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26 (cont.)				
Reducing Patient Burden*	<ul style="list-style-type: none"> Patients continue to face issues in obtaining, consolidating, and using their health information to manage their health care. The lack of interoperability between healthcare providers increases patients' workload. 	<ul style="list-style-type: none"> Health IT needs to be developed in a more patient-centric way, considering the best way for patients to both receive and consolidate data and participate in their own health care. Patients must spend significant time and effort to coordinate their care across healthcare providers. 	<ul style="list-style-type: none"> Create health IT that is more accessible and inclusive for the patient, considering health and digital literacy, multiple languages, and optimal modes of data transport. Consider patient burden implications (e.g., in setting priorities for the use of health IT and related standards) to advance efforts that ease burden for patients in managing their health data. 	<ol style="list-style-type: none"> Convene a diverse set of patient advocates and other interested parties to identify use cases and health IT solutions that can advance efforts that ease burden for patients in managing their health data. Request ASTP to consider patient perspectives and impact on reducing patient burden as part of HITAC charges and hearings. Explore ASTP opportunities to leverage the Individual Access Services capabilities of the TEFCA to support patients' access to their consolidated health information by requiring certified health IT developers to participate in the TEFCA and support Individual Access Services.



Patient Access to Information

Topic	Key Gaps	Key Challenges	Key Opportunities	Recommended HITAC Activities
Immediate Opportunities in 2025-26				
Patient-Generated Health Data (PGHD)	<ul style="list-style-type: none"> Incorporating PGHD into clinical workflows requires special effort by healthcare providers and patients, including challenges in uploading to EHRs and controlling and directing the personal data. PGHD devices (consumer and medical) and software developers are not subject to health IT certification but play a critical role in the ecosystem. There remain inequities in the availability and accessibility of PGHD devices, especially among populations with low bandwidth Internet access and low digital literacy. 	<ul style="list-style-type: none"> Standards are needed to simplify incorporating PGHD data collected from health apps, devices, and other sources into providers' existing EHR workflows. Jurisdiction over patient device data is spread across multiple federal agencies. More coordination and oversight are needed to prevent data silos and information blocking. Increased availability of devices, middleware, broadband Internet, and patient education on use of PGHD tools is needed, especially for communities with lower digital access and literacy. 	<ul style="list-style-type: none"> Improve interoperability standards and metadata to support the incorporation and personal access and control of clinically relevant PGHD collected from health apps, devices (both consumer and medical), and other sources (e.g., patient-taken images) into clinical workflows. Improve equity in access to these apps, devices, and other sources. 	<ol style="list-style-type: none"> Explore opportunities to use PGHD to improve quality measures, recognizing that there continue to be barriers to the adoption and use of PGHD by patients (e.g., lack of broadband availability, accessibility issues), limitations (e.g., comparability between patient-collected vs. clinician-collected data), and the need to not add data collection burden for patients. Evaluate opportunities to further standardize PGHD. Evaluate funding opportunities to make PGHD devices more accessible and education available to communities with lower digital access and literacy.

HITAC Progress in FY24

As required by the Cures Act, the HITAC reports annually on its progress toward achieving a health information technology infrastructure that allows for the access, exchange, and use of electronic health information with respect to the target areas.

Overall Accomplishments in FY24

- The HITAC reviewed and made recommendations on the HTI-2 proposed rule, reviewed the draft USCDI v5, and explored ways to improve pharmacy interoperability.
- The HITAC held 11 public meetings of the full committee, including a hearing on artificial intelligence, and 50 public meetings of the subcommittees.
- The HITAC delivered 206 recommendations and its annual report to the Assistant Secretary for Technology Policy/National Coordinator for Health Information Technology.

Subcommittees

The full committee, through the work of several subcommittees, developed recommendations to inform ASTP's policies and program. In FY24, the subcommittees included the:

- Annual Report Workgroup
- HTI-2 Proposed Rule Task Force 2024
- Interoperability Standards Workgroup
- Pharmacy Interoperability and Emerging Therapeutics Task Force 2023



Annual Report Workgroup

ACCOMPLISHMENTS IN FY24

- The Annual Report Workgroup held 12 public meetings in FY24 to develop its recommendations.
- The HITAC approved the HITAC Annual Report for FY23 for submission to the Assistant Secretary for Technology Policy/National Coordinator for Health Information Technology in February 2024 and subsequent transmittal to the Secretary of HHS and to Congress.
- The HITAC Annual Report for FY23 reviewed HITAC activities in FY23, described the landscape of health IT infrastructure, identified gaps and opportunities, and offered 31 recommendations for future HITAC activities.

Charge

The Cures Act requires the HITAC to develop an annual report to be submitted to the Secretary of HHS and Congress each fiscal year. At the HITAC meeting on June 20, 2018, the HITAC formed the [Annual Report Workgroup](#) to address the following charge from ASTP:

- *Overarching Charge:* The workgroup will inform, contribute to, and review draft and final versions of the HITAC Annual Report to be submitted to the Secretary of Health and Human Services and to Congress each fiscal year. As part of that report, the workgroup will help track ongoing HITAC progress.
- *Specific Charge:* Provide specific feedback on the content of the report as required by the 21st Century Cures Act including:
 - Analysis of HITAC progress related to the target areas
 - Assessment of health IT infrastructure and advancements in the target areas
 - Analysis of existing gaps in policies and resources for the target areas
 - Ideas for potential HITAC activities to address the identified gaps



HTI-2 Proposed Rule Task Force 2024

ACCOMPLISHMENTS IN FY24

- The HTI-2 Proposed Rule Task Force 2024 held 22 public meetings in FY24.
- The HITAC approved and transmitted 143 recommendations to the Assistant Secretary for Technology Policy/National Coordinator for Health Information Technology in September 2024.
- The recommendations:
 - Supported the adoption of USCDI v4 and other proposed standard changes with some modifications.
 - Provided comments on the public health certification criteria.
 - Supported the information blocking enhancements.
 - Provided feedback on the TEFCA provisions.

Charge

At the HITAC meeting on July 11, 2024, ASTP charged the HITAC with providing recommendations on the HTI-2 proposed rule, which was published on August 5, 2024. The HITAC then formed the [HTI-2 Proposed Rule Task Force 2024](#) to address the following charge from ASTP:

- *Overarching Charge:* The HTI-2 Proposed Rule Task Force will evaluate and provide draft recommendations to the HITAC on the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) Proposed Rule.
- *Specific Charge:*
 - Review and provide recommendations on the HTI-2 proposals on public health, standards and certification, and information blocking and TEFCA.
 - Recommendations are due to the National Coordinator for Health IT prior to the end of the 60-day public comment period.



Interoperability Standards Workgroup

ACCOMPLISHMENTS IN FY24

- The Interoperability Standards Workgroup held 11 public meetings in FY24.
- The HITAC approved and transmitted 29 recommendations to the Assistant Secretary for Technology Policy/National Coordinator in April 2024.
- The recommendations:
 - Supported the addition of the new proposed data elements and data classes in USCDI v5
 - Suggested clarifications to data elements and data classes.
 - Suggested level 2 data classes and elements not included in USCDI v5.
 - Suggested future considerations for USCDI.

Charge

On January 18, 2024, ASTP published its Draft USCDI v5 and sought public feedback on the data classes and elements included in this version. On January 24, 2024, as part of this public feedback process, ASTP charged the HITAC with making specific recommendations on the draft content in USCDI v5. The HITAC then asked the [Interoperability Standards Workgroup](#) to address the following charge from ASTP:

- *Overarching Charge:* Review and provide recommendations on the Draft USCDI Version 5.
- *Specific Charge:* Evaluate Draft USCDI v5 and provide ASTP with recommendations for:
 - a. New data classes and elements from Draft USCDI v5 that should be considered for the final USCDI v5 release.
 - b. Level 2 data classes and elements not included in Draft USCDI v5 that should be considered for the final USCDI v5 release.



Pharmacy Interoperability and Emerging Therapeutics Task Force 2023

ACCOMPLISHMENTS IN FY24

- The Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 held five public meetings in FY24.
- The HITAC approved and transmitted 34 recommendations to the National Coordinator in November 2023.
- The recommendations:
 - Suggested ways to advance the ability of pharmacists to capture data for their own benefit and for other care team members, providers, and public health authorities.
 - Identified interoperability capabilities of particular interest (e.g., pre-authorization, two-way communication between a pharmacy and a patient or caregiver).
 - Suggested that pharmacy services-focused quality measures should be developed.

Charge

At the HITAC meeting on June 15, 2023, ASTP charged the HITAC with providing recommendations on improving pharmacy interoperability. The HITAC then formed the [Pharmacy Interoperability and Emerging Therapeutics Task Force 2023](#) to address the following charge from ASTP:

- *Overarching Charge:* Identify recommendations to support interoperability between pharmacy constituents, and the exchange of information necessary for medication management, patient safety, and consumer engagement.
- *Specific Charge:*
 - 1) Public Health, Emergency Use Authorizations, and Prescribing Authorities
 - a. Short-term
 - i. Identify critical standards and data needs for pharmacists and interested parties to participate in emergency use interventions.
 - ii. Are there actions ONC can take to enable data exchange in support of public health emergency use cases? For example, Test to Treat and COVID-19 treatment prescribing?
 - b. Long-term
 - i. Recommendations to better integrate pharmacy systems and data for public health surveillance, reporting, and public health interventions.
 - 2) Identify opportunities and recommendations to improve interoperability between pharmacy constituents (prescribers, pharmacists, pharmacy benefit managers, dispensers, payers, intermediaries, PDMPs, public health agencies, HIEs, third party service providers, consumers, etc.) for pharmacy-based clinical services and care coordination.
 - a. How can ONC help facilitate adoption and use of standards to support data exchange for pharmacy-based clinical services?
 - b. Which priority pharmacy-based clinical use cases should ONC focus on in the short-term and long-term?
 - c. What technology gaps exist for pharmacists to participate in value-based care?
 - d. What can ONC do to address drug inventory transparency for prescribers and consumers?
 - 3) Identify standards needs to support prescribing and management of emerging therapies including, but not limited to specialty medications, digital therapeutics, and gene therapies.
 - a. What standards gaps exist for the prescribing and management of:
 - i. specialty medications
 - ii. digital therapeutics
 - iii. gene therapies
 - 4) Identify policy and technological needs and considerations for direct-to-consumer medication services.

Appendix

ASTP Objectives and Benchmarks

Acknowledgements

Resources [TBD]

ASTP Objectives and Benchmarks

As required by the Cures Act, ASTP established a set of objectives and benchmarks against which to measure the advancement of the target areas during FY24-25.

ASTP Objectives in FY24-25

1. Advance the development and use of health IT capabilities.
2. Establish expectations for data sharing.

ASTP Benchmarks

ASTP has defined the benchmarks as progress toward measures of achieving milestones in activities related to:

- Standards
- Certification
- Exchange
- Coordination

ASTP Objectives and Benchmarks

Category	FY24 Progress	FY25 Benchmarks
ASTP Activity: Coordination		
Health Equity by Design	TBD	TBD
ASTP Rulemaking	TBD	TBD
ASTP Activity: Standards		
USCDI	TBD	TBD
USCDI+	TBD	TBD
Standards Version Advancement Process (SVAP)	TBD	TBD
HL7® FHIR®	TBD	TBD
Public Health	TBD	TBD
HHS-Wide Approach on Health IT Standards Investments	TBD	TBD

ASTP Objectives and Benchmarks

Category	FY24 Progress	FY25 Benchmarks
ASTP Activity: Certification		
Certification Program and Testing Requirements	TBD	TBD
ASTP Activity: Exchange		
TEFCA	TBD	TBD
Information Blocking	TBD	TBD

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- Kory Mertz
- Kim Poletti

Annual Report Workgroup in FY24

Co-Chairs

- Medell Briggs-Malonson, UCLA Health
- Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute

Members

- Shila Blend, North Dakota Health Information Network
- Hans Buitendijk, Oracle Health
- Sarah DeSilvey, Gravity Project
- Steven (Ike) Eichner, Texas Department of State Health Services
- Hannah Galvin, Cambridge Health Alliance
- Jim Jirjis, Centers for Disease Control and Prevention
- Anna McCollister, Individual
- Kikelomo Oshunkentan, Pegasystems
- Rochelle Prosser, Orchid Healthcare Solutions

Acknowledgements

HITAC Members in FY24

- Medell Briggs-Malonson, HITAC Co-Chair, UCLA Health
- Sarah DeSilvey, HITAC Co-Chair, Gravity Project
- Shila Blend, Member, North Dakota Health Information Network
- Hans Buitendijk, Member, Oracle Health
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- Lee Fleisher, Member, University of Pennsylvania Perelman School of Medicine
- Hannah Galvin, Member, Cambridge Health Alliance
- Rajesh Godavarthi, Member, MCG Health, part of the Hearst Health network
- Steven Hester, Member, Norton Healthcare
- Bryant Thomas Karras, Member, Washington State Department of Health
- Hung S. Luu, Member, Children's Health
- Trudi Matthews, Member, UK HealthCare
- Anna McCollister, Member, Individual
- Deven McGraw, Member, Ciitizen
- Katrina Miller Parrish, Member, Patient.com
- Aaron Neinstein, Member, Notable
- Eliel Oliveira, Member, Harvard Medical School & Harvard Pilgrim Health Care Institute
- Kikelomo Oshunkentan, Member, Pegasystems
- Randa Perkins, Member, H. Lee Moffitt Cancer Center & Research Institute
- Rochelle Prosser, Member, Orchid Healthcare Solutions
- Dan Riskin, Member, Verantos
- Mark Sendak, Member, Duke Institute for Health Innovation
- Fillipe Southerland, Member, Yardi Systems, Inc.
- Zeynep Sumer-King, New York-Presbyterian
- Naresh Sundar Rajan, Member, Neantix Inc.
- Keith Campbell, Federal Representative, Food and Drug Administration
- Jim Jirjis, Federal Representative, Centers for Disease Control and Prevention
- Meg Marshall, Federal Representative, Department of Veterans Health Affairs
- Alex Mugge, Federal Representative, Centers for Medicare & Medicaid Services
- Ram Sriram, Federal Representative, National Institute of Standards and Technology

Resources

ASTP

- [2023 Report to Congress: Updates on the Access, Exchange, and Use of Electronic Health Information](#)
- [2024-2030 Federal Health IT Strategic Plan](#)
- [21st Century Cures Act: Establishment of Disincentives for Health Care Providers That Have Committed Information Blocking Final Rule](#)
- [21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule](#)
- [Advancing Health Equity by Design and Health Information Technology: Proposed Approach, Invitation for Public Input, and Call to Action](#)
- [Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing Final Rule](#)
- [Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability Proposed Rule](#)
- [HHS Acquisition Regulation \(HHSAR\): Acquisition of Information Technology; Standards for Health Information Technology Proposed Rule](#)
- [Trusted Exchange Framework and Common Agreement](#)
- [USCDI+](#)

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HITAC Annual Report for **FY24**



Health IT Advisory
Committee

