Annual Report Workgroup Meeting

Transcript
June 4, 2019
Virtual Meeting

SPEAKERS

Name	Organization	
Aaron Miri (Co-chair)	The University of Texas at Austin, Dell Medical School and UT Health Austin	Co-Chair
Carolyn Petersen (Co-chair)	Individual	Co-Chair
Christina Caraballo	Audacious Inquiry	Annual Report WG Member
Brett Oliver	Baptist Health	Annual Report WG Member
Lauren Richie	Office of the National Coordinator	Designated Federal Offier
Michelle Murray	Office of the National Coordinator	Staff Lead

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Welcome to the Annual Report Workgroup kicking-off activities for our fiscal year '19 report already. Of the group members, we have Carolyn Petersen, Christina Caraballo, and Brett Oliver. Aaron Miri is going to be joining us here a little bit later. So, for now, I'll turn it over to Carolyn for a few intro remarks before we dive into our fiscal year of '19 agenda. Carolyn?

Carolyn Petersen – Individual – Co-Chair
Super, yes. Welcome, everyone. It's hard to believe we're already getting into the next report. It seems like we just barely finished up the report for the fiscal year 2018, but I think we're in good shape because we've brought forward a lot of additional feedback and ideas from the previous year, as well as the ideas that we've come up with since locking down the content from the previous report. Aaron is going to be joining us a little bit later, so I'll get the ball rolling.

We have in front of us our agenda looking at our meeting schedule both for this workgroup and for the fall HITAC. We'll go through the status of the fiscal year '18 report, and do some planning for the upcoming report. Can we have the next slide, please?

So, here's our group: The three of us on the call as well as Aaron, and then several people from ONC involved in supporting us. The next slide, please? There we go.

So, our general schedule for the workgroup, we have this meeting this month, and then one in July and August, where we'll be talking about topics to put into the fiscal year '19 report. And in September at the in-person meeting, we will update our plan, and use some feedback that we get from the fall HITAC, and also start looking at writing that draft, getting a start there.

In October, November, and December, we'll continue to work on the draft, and in January, we will prepare it for HITAC review. And in February, we're looking to finalize the '19 report and move that to the national coordinator, so he can pass that along to Congress. Next slide, please?

Then the full HITAC schedule, I think most of us are familiar with this. We will present on the June 19 meeting just in a couple of weeks here. Then in September, at the in-person meeting, we'll have a discussion of topics in an outline, and get some feedback from HITAC. On October 16 and the 13th of November, we will update the full HITAC on the status of the report. We hopefully will not be meeting in December, and then in January 2020, we will review the draft and look to wrap that up in February. Can I have the next slide, please?

So, the status of our fiscal year '18 report: As you know, we had moved that to the full committee. And that has now gone to Congress. Dr. Rucker moved that forward to Congress recently. So, we're all wrapped up for '18, and ready to go into the '19 work. Can I have the next slide, please?

So, moving into planning, the next slide. This is the same structure that we used last year for the '18 report. I'm wondering if anyone has any thoughts or feedback about how that worked, or anything they think we should be looking at for the next year?

Christina Caraballo – Audacious Inquiry – Member

I think the structure looks great.

Brett Oliver – Baptist Health – Member
Yeah, I would agree. I like the way we handled it before.

Carolyn Petersen – Individual – Co-Chair
Okay, then let's go on to the next slide. So, talking with Michelle, and looking at our notes from last year, we had a few considerations. First, the status of the ONC objectives and benchmarks. It looks like we'll need to continue to refer to them as objectives and benchmarks until ONC makes any changes to them. I think that's something that's pretty much required either by statute or by some regulation. Is that right, Lauren?

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
Carolyn, it's Michelle. I can speak, I'm here. There's a requirement in the statute, the Cures Act, that they exist. How often they get updated, I think, is a little more up to ONC's discussion. And we know that some benchmarks were met in FY '18, and then early or midway into FY '19. So, there may be clear updates. ONC's in discussions right now of how much they want to change the objectives and benchmarks. So, that will play out over the next few months.

Carolyn Petersen – Individual – Co-Chair
Okay. So we don't have any notice now or awareness that we will need to change any of that?

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
Yeah, not yet.

Carolyn Petersen – Individual – Co-Chair
Okay. So, the next question, then, becomes where would we do the review of progress based on the fiscal year '18 recommendation? We had talked about looking back on what we had suggested in the upcoming report. One possibility would be to describe any achievements in the HITAC progress section, retain topics, and landscape and gap analyses as appropriate based on where things are at. What do folks think about that?

Christina Caraballo – Audacious Inquiry – Member
I think this looks good. One thing that we might consider, is kind of reviewing some of the work we've done on HITAC, and synthesizing it. We heard a lot of that within our HITAC meetings that we've put forth a lot of recommendations, and the different workgroups are doing a lot of work. And we started within the co-chairs of different task forces, we had recently had just a collaborative call on how we start looking across the board at what we're doing. And that might be something we consider, like a section of how all the pieces are fitting together, maybe creating a little bit of a story.

Carolyn Petersen – Individual – Co-Chair
Are you thinking like, how work was done as part of the NPRM relates to TEFCA or?

Christina Caraballo – Audacious Inquiry – Member
Yeah, I'm not sure. I was kind of brainstorming on this. Based on HITAC feedback, that we don't want to just have task forces that are working in isolation, and we want to look at how the work that we're doing kind of crosses over into other taskforces. So, if we're doing kind of a broader evaluation of the work we've done to date, maybe we can take a step back and provide some recommendations around

that. I don't know what the answer is around those recommendations, but the full committee might be receptive to the annual report, taking a kind of leadership role on that.

Carolyn Petersen – Individual – Co-Chair
So maybe –

Brett Oliver – Baptist Health – Member
Christina, do you think – I'm sorry.

Carolyn Petersen – Individual – Co-Chair
I was just thinking maybe that's something we should get feedback on at the September meeting?

Christina Caraballo – Audacious Inquiry – Member
That sounds good and I'm open to other people's thoughts on that as well.

Brett Oliver – Baptist Health – Member
I think also it might be helpful, and I don't know if it's logistically possible in terms of how big the report might get, but you know, if the task force works diligently and in great detail on a topic, it may come up with a recommendation. Yet some of the background discussion and things that have been addressed with that recommendation may not be readily apparent. And just for historic purposes as well as another task force wondering, well are they covering it, they could see well, at least they talked about it with that particular recommendation. Does that make any sense? I don't know if I'm proposing anything, but what I'm saying. You know, if you covered A, B, and C topics, and then came up with a recommendation that didn't specifically spell out A, B, and C, but you had all this robust discussion. Is there value to be able to look back and see when that recommendation was made these things were addressed as part of it, or taken into account? I've thoroughly confused you.

Christina Caraballo – Audacious Inquiry – Member
Yeah, so, if I'm hearing you correctly, I think we're kind of in line in our thinking. It's not just a list of items that we submitted, but a little bit of kind of the takeaways from each of the items that we produced over the course of the last year.

Brett Oliver – Baptist Health – Member
Yeah. So if – I'm trying to think of a concrete example, and I'm struggling. But let's say we address – we went through and we found out that you have to have special permission to use this or – you know, we've gone through these different steps, so when we come up with a one-sentence or a three-sentence recommendation, that someone can look outside of that task force and see those things were addressed. I don't know. I was just thinking it may prevent a lot of rework in the future, or wondering if something had been addressed in another task force that you might not have participated directly in.

Carolyn Petersen – Individual – Co-Chair
So, let's see. Is that – I'm trying to think – is that like a restatement of recommendations that different task forces made or?

Brett Oliver – Baptist Health – Member
Carolyn, I see it more like just a little synopsis of the history behind the recommendation. I mean, there may be a lot of them that it's just self-explanatory and it's not needed. But on those that are a little bit

more contentious, particularly with information blocking, that some of the history behind it. Maybe it's sufficient. I'm just throwing it out there as someone that didn't participate in the information blocking task force, it was hard for me to know in certain recommendations, well did they take this into consideration, was this part of the discussion? And maybe that's what the minutes of the meeting are for. And it's like, Brett, go back and look at the minutes of the meeting. I just didn't know. And I'm just throwing it out there as a particular just for discussion purposes. Does that need to be part of the annual report or not?

Carolyn Petersen – Individual – Co-Chair
I see what you mean. Like in some areas of deeper discussion included and then perhaps under the recommendations where there was a significant amount of discussion or just agreement, maybe a paragraph that sort of summarizes, I don't want to say the opposing viewpoint, but a minority perspective.

Brett Oliver – Baptist Health – Member
Yeah, yeah, that's fair, and maybe a resource that was highly utilized. This was used; this document from this was referenced. And sometimes we do that in the actual recommendations themselves. Sometimes once you've been on the task force, you understand where that's come from, but if you're outside of that, you might not, and then you spend time either questioning it or I don't know. Just trying to prevent rework.

Carolyn Petersen – Individual – Co-Chair
Yup, and we could actually put links into the web URL, with the meeting notes, and the audio recordings for those particular discussions so that people who wanted more information would be able to go back and hear the discussion and look at the summary, which would describe more detail than we can put in the annual report. Does that seem technically feasible, Michelle?

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
Yes, I believe so.

Carolyn Petersen – Individual – Co-Chair
Because I know that the website is really rich with all those transcripts, and audio recordings and whatnot from those meetings. And particularly, for some things like information blocking and the ONC. There were an awful lot of meetings. It would be really nice to be able to get the value out of those as well.

Christina Caraballo – Audacious Inquiry – Member
Yeah, and the recommendations that we just finished as the committee, were in response to the NPRM, but I'm wondering after the final rule is posted, looking at some of the things that this task force brought to attention, that may or may not have been included. And kind of doing a little bit of an evaluation of what we think is still needed to support the major objectives and benchmarks that have been identified. I know in the USTDI task force, we – Terry and I tend to do a response, and then kind of additional information that may or may not be relevant, but it's an important discussion that our task force has identified as needs. And I don't know if that kind of just – if it's information we could pull into the report. And I know that's a specific example based on one task force. I know we tend to do that. I'm not sure.

Carolyn Petersen – Individual – Co-Chair

Yup, I'm just sitting here trying to visualize what that would look like. And that the idea about what's still needed, or what the HITAC thinks still remains to be done might actually be one of the more helpful parts of the report.

Christina Caraballo – Audacious Inquiry – Member
Yeah, I'm wondering if before it's kind of placed in our report that needs to be filled out, if we just don't identify this as an exercise that we kind of look at and go through some of our recommendations over the course of – between now and when the report's due.

Carolyn Petersen – Individual – Co-Chair
Is that something that would fit into the meeting structure we have, do you think?

Christina Caraballo – Audacious Inquiry – Member
I'm not sure.

Carolyn Petersen – Individual – Co-Chair
I mean, not that if it doesn't we shouldn't do it.

Christina Caraballo – Audacious Inquiry – Member
Yeah.

Carolyn Petersen – Individual – Co-Chair
Just to think about what the commitment would look like, and what the logistics would be, and if that's feasible with whatever. And I'm wondering, Lauren, do you know if we will have any more task forces working on things in the fall? Or are we more or less finished when we wrap up the TEFCA stuff?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
The ISP task force, and the USTDI Phase Two are expected to go until the fall. But as far as any new taskforces, that's still TBD at this point.

Carolyn Petersen – Individual – Co-Chair
Okay. So then, if we needed to do extra meetings, it sounds like that would be feasible.

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
Yes. This is Michelle. I think that is possible.

Carolyn Petersen – Individual – Co-Chair
Okay. And then just thinking about logistically where this fits into the document, the section, I mean, among the other sections. Any thoughts about that? Maybe we should scroll the slides back to that one with all the sections. So I guess HITAC progress in fiscal year '19.

Christina Caraballo – Audacious Inquiry – Member
Yeah, maybe there's – maybe we take this and we use some of the work that we've already done, and pull certain pieces, and put it into the different areas, like recommendations for addressing Health IT infrastructure gaps, on things that we still feel strongly about that we've recommended in the past that may not be being addressed as much as we would like as a committee.

I think with the annual report workgroup being new, and this kind of our second round, I just want to make sure that we're capturing work that's already been done and really thought out. We spent a lot of hours going over a lot of our recommendations, and a lot of work on the taskforces, and I just want to make sure that the really important key pieces are reflected in the full report.

Carolyn Petersen – Individual – Co-Chair
Yup. I totally agree.

Christina Caraballo – Audacious Inquiry – Member
And I still don't know what that completely looks like.

Carolyn Petersen – Individual – Co-Chair
I know, yeah.

Christina Caraballo – Audacious Inquiry – Member
[Inaudible] [00:19:10]

Carolyn Petersen – Individual – Co-Chair
It's like visualizing in your mind's eye how to put the pieces together into a big document. Yeah, it will probably just get bigger with the additional stuff. Can we go back to that discussion slide we were on a minute ago? That's good. So, do we have any further thoughts about what the review of progress would look like? Okay, it sounds like we're good with that one for today. So, now we –

Christina Caraballo – Audacious Inquiry – Member
For that last bullet, we're a little on hold, right?

Carolyn Petersen – Individual – Co-Chair
Yeah, the crosscutting topic, like how do we communicate TEFCA and the NPRM, and maybe some of the emerging issues that we highlighted last year, some things that other people on the fall HITAC had given us this feedback that we talked about addressing this year. It gets back to that point you made earlier about how the pieces fit together.

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
This is Michelle. I'll give you a little context for this. This was brought up by our contractor, who's a step ahead of us this year at the moment and will get back in sync over the summer, but contractually they had to get started on what the outline for this year might look like. And what they ran into right away was there's all this federal work happening, but it cuts across all the party target areas, so would it all be cut up into little pieces and fit into those party target areas, or do we pull it out and look at it more holistically. There are multiple ways to go about this. So they just sort of picked one and ran with it just to meet their initial deadline, and then we'll rework it to try to make it fit. But we just wanted to plant the seed now, and think about how that might work as you work on these topics. And on the TEFCA a couple of you are on that taskforce, and start thinking now about how you might want to organize all that.

Carolyn Petersen – Individual – Co-Chair
That's a really good point, Michelle. And I think that this is one that kind of – until all this is final, this split on the regulations and TEFCA, I think we're kind of going to be in a little bit of a holding pattern.

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
Yes, that is fine. And we have time, a few weeks now to get to work on that. So, that's not a problem. We just want to have people start thinking if you have strong feelings already, we want to hear about that. But also just start. As you sit in these meetings, think about how would I present this down the road.

Carolyn Petersen – Individual – Co-Chair
Yeah, I mean the TEFCA is so big and so detailed I think at this point, it's kind of busting my brain, but we should know better in another – maybe by the end of the month or not long after that. I think certainly before the July call.

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
And we'll reach out through Excel to set up that call. We haven't picked a date yet, but we want to do that after the TEFCA's further along. We meet together after that. So, we'll have more clarity by then.

Carolyn Petersen – Individual – Co-Chair
Yeah, that sounds good. And then I suppose we should think about do we have any sense of when we'll have a reaction to the recommendation that we'll move forward on the NRPM?

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
That's a question for Lauren.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Are you asking when we'll have a sense of when they will be included in the vote?

Carolyn Petersen – Individual – Co-Chair
Well, I'm thinking of what one will kind of know what the reaction is from the group that received that, so that we know what we can. If there's more of a story to tell, then we hand it off to recommendations.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Yeah, I don't think we'll see anything prior to the publication of the final rule in terms of like how and where the HITAC recommendations were incorporated.

Carolyn Petersen – Individual – Co-Chair
Is that likely to happen in the next say five months, or?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Yeah, well, according to the unified agenda, the final rule is slated to publish in November.

Carolyn Petersen – Individual – Co-Chair
Okay, so we need like a placeholder blank page in this report to address what was adapted and what was not, and any thoughts that the HITAC has regarding how we feel about that. And since we're not probably meeting in December, do we need to think about potentially a phone call meeting in January ahead of the in-person meeting where we could get some feedback from the HITAC on that? On the

one hand, it seems like that would be kind of logistically intense. On the other, if we don't do that, then we're getting feedback from HITAC in mid-late January. And we want to bring a final draft for approval back in February. That could be kind of tight. And yet, you wouldn't want to leave it until the 2020 annual report, because then a whole year would have gone by. Anyway, we don't have to decide today, but it's something to think about, because that will be kind of a logjam.

Christina Caraballo – Audacious Inquiry – Member
I agree with you.

Carolyn Petersen – Individual – Co-Chair
I guess we need to cross our fingers and hope it can get held up, or another shutdown.

Brett Oliver – Baptist Health – Member
Yeah, good luck.

Carolyn Petersen – Individual – Co-Chair
Okay. So, moving to a more positive note, we have more – what's the next slide? Okay. Potential topics. So, we need to pull up our list. We got through the first four pages at the last meeting. So, that leaves three more pages of potential topics to go through today. Are we able to pull that up, Michelle?

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
Yes. Excel has that, and I'm working on that right now.

Carolyn Petersen – Individual – Co-Chair
Oh, okay.

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
So, just to highlight, on page 5, I think it was, there's one new item that's appeared since the last meeting. Everything else in that previous section of new ideas has been covered. So this is new, and then we ran out of time last time in April to just talk through quickly the existing topics from the previous report to see what we want to carry over into the new report. So that's what needs to get covered today.

Carolyn Petersen – Individual – Co-Chair
Okay. So, the sociogenomic system thing that we had just a bit of discussion in email. Aaron forwarded that URL to us, and we – seems like we all are pretty interested in keeping that one and addressing it in the annual report. Is that – is my reading accurate?

Brett Oliver – Baptist Health – Member
Yeah, I would I agree with that, Carolyn.

Carolyn Petersen – Individual – Co-Chair
Okay. So I think that includes all the new topics that we've brought to date. So now we've got the carryovers, potential carryovers. So, coming to the first one in the middle of page 5, the Cures Act rule that relates to information blocking, the certification enhancements, particularly the FHIR API privacy and security requirements. So, that's something that we think we'll be – I mean, I think we're kind of locked into that one because with the info blocking task force and potentially the final rule coming out, there will be a discussion of that.

Brett Oliver – Baptist Health – Member
Yeah, I would agree. I don't that's going anywhere real fast.

Carolyn Petersen – Individual – Co-Chair
And the question perhaps is if we want to say anything about the potential impact of whatever comes out on interoperability, patient access, and privacy and security, those target areas.

Christina Caraballo – Audacious Inquiry – Member
I'm assuming we probably will.

Carolyn Petersen – Individual – Co-Chair
Okay. And then TEFCA version two, we're working through that right now. I think that's pretty much in the same box at the Cures act rule. Will we have something, like a final something or other on that, Lauren? Or will that be going into 2020?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
So that's still a November timeframe.

Carolyn Petersen – Individual – Co-Chair
Okay. So there's more last-minute work for us on TEFCA as well as the NPRM stuff. And then FHIR **[inaudible] [00:30:00**] continue to track the implementation progress. It ties back to the interoperability priority target area.

Christina Caraballo – Audacious Inquiry – Member
I would include patient access on that, too.

Carolyn Petersen – Individual – Co-Chair
Yup, I agree. It seems to me that will be of interest and importance. It's touched upon briefly in the CMC part of the Cures Act rule, so in a sense, it will already be there in some respect. Or maybe we just need to think about being sure we have the context for that, or perhaps some potential implications of whatever is in the final rule.

Christina Caraballo – Audacious Inquiry – Member
Yeah, and when I look at these three things, I think that there's going to be an opportunity for us to recommend to Congress a lot of education in the market, because these are newer, like TEFCA and the use of APIs, and FHIR. So, even if it's not necessarily technical gaps, I think there's going to be an opportunity to request more education for the market, and how to do these, where are the resources. These are pretty big changes.

Carolyn Petersen – Individual – Co-Chair
Yeah, that's a good point. We may be able to carry forward some of the resources that we included in the '18 report. And I think we're, at least with TEFCA, some of the URLs from previous work, done with previous advisory committees, have been circulated. So, there might be some things there that we can reference as well. Whatever's relevant. Do you have any thoughts about FHIR, Brett?

Brett Oliver – Baptist Health – Member

I think probably all three categories should be looked at including privacy and security. It's now an extra thought.

Carolyn Petersen – Individual – Co-Chair
Okay. Let's go to the next page, then. So, the first one is to measure the impact of monetization of data exchange. So, we noted where the measurement is possible. I'm wondering if anyone has any thoughts about what we might use as a measurement, or how we might assess this?

Brett Oliver – Baptist Health – Member
You know, we may need to wait until we have the final rule, but I struggle with what's the currency.

Carolyn Petersen – Individual – Co-Chair
Yeah, that's bound up quite a bit in current initiatives. We may have to hold on that one. But I think it's important, you know. It's something that we talked about and got feedback from the fall HITAC that they're interested in seeing this play out.

Brett Oliver – Baptist Health – Member
Yeah, I mean it's certainly something that the EHR vendors are being a little louder recently.

Carolyn Petersen – Individual – Co-Chair
And the next item that looks at measuring the amount or length of time that a portal's been working online properly, patient engagement, or some other way of looking at patient understanding and use of data. I think that one's kind of in the same boat.

Christina Caraballo – Audacious Inquiry – Member
I agree with you.

Carolyn Petersen – Individual – Co-Chair
And then coming to the next item, research data often kept separate. So, parallel systems and data sets are maintained for clinical care and research, and the thought was we should look at the whole research data ecosystem and its governance. I think that may also get to access in a more remote way in the sense of patients dealing with biospecimens in clinical trials and attempting to access other trials using material that's already been managed from previous treatments or clinical trials. I'm wondering if this one is something that we can start on sooner. I hate to leave anything go to the end that we can start now, because we know it's going to be tight later on.

Christina Caraballo – Audacious Inquiry – Member
Yeah, I would conclude patient access on this, and I think we can start a little bit more of a landscape on it. I'm curious, in general, how the research groups will fit into TEFCA.

Carolyn Petersen – Individual – Co-Chair
Yeah, that's going to be an interesting point.

Brett Oliver – Baptist Health – Member
I would agree. I think a landscape analysis would be really helpful to understand the differing state laws, too. You have some that will allow de-identified data in a data warehouse for research purposes, some that won't, and how that just kind of effects the whole research ecosystem.

Carolyn Petersen – Individual – Co-Chair
I agree. Yeah, research data hasn't really gotten much discussion in TEFCA, but certainly, it's something that patients may want to be moved around, or may want to access. So, we should be able to start a landscape on that.

The next item is the reality gap between the perception of what has been certified for assistance, and what is actually interoperable in the field. And again, this goes back to measurements and establishing measures. There's an example there from Clem McDonald.

Brett Oliver – Baptist Health – Member
Yeah, I 100% agree with this one. Maybe it's just an education piece for both patients as well as providers, but understanding that you have a certified EHR in terms of interoperability really is not what you have, at least from the average non-I.T. clinician.

Carolyn Petersen – Individual – Co-Chair
Well, and I think from a lot of patients as well. You know, people not being able to get information seen by different providers.

Brett Oliver – Baptist Health – Member
Absolutely.

Carolyn Petersen – Individual – Co-Chair
It's a challenge. Do we want to – how do we want to tackle this discussion about establishing measures? That may be an agenda item for our next meeting or.

Brett Oliver – Baptist Health – Member
Yeah, I think defining terms will be really helpful. And whether it's for EHR certification, or you know, so we throw around – even in our HITAC, we throw around a lot of words. And sometimes I'm not sure we all have the same understanding or definition. It happens in the clinical world quite a bit, and I have certainly discovered that in the last five or six years in the IT field, but perhaps we could talk through some definitions or what needs to be defined by the HITAC to better reduce that gap.

Carolyn Petersen – Individual – Co-Chair
Okay. What do you think, Christina?

Christina Caraballo – Audacious Inquiry – Member
I don't have any additional thoughts on this right now.

Carolyn Petersen – Individual – Co-Chair
Okay. That's a good start. Something we can start this summer. And then, coming to the next one. Patient-controlled data collection, access and sharing. Updating the '18 analysis and findings. Is there anything new we want to add to that or any developments in the market, or in the ecosystem that we think would change the approach we used last year?

Christina Caraballo – Audacious Inquiry – Member
I think we're going to have a reaction once the TEFCA comes out.

Carolyn Petersen – Individual – Co-Chair

I agree. So that will be something that we will want to jump on, probably late in the year.

Christina Caraballo – Audacious Inquiry – Member
Yeah.

Carolyn Petersen – Individual – Co-Chair
If there's like a November drop date for the TEFCA.

Brett Oliver – Baptist Health – Member
Yeah, that makes sense.

Carolyn Petersen – Individual – Co-Chair
Okay. We have a lot of work to do over Thanksgiving.

Christina Caraballo – Audacious Inquiry – Member
Yeah.

Carolyn Petersen – Individual – Co-Chair
That's what holidays are for, right?

Brett Oliver – Baptist Health – Member
Shoot.

Christina Caraballo – Audacious Inquiry – Member
Yeah.

Carolyn Petersen – Individual – Co-Chair
Okay, well, hopefully we can figure out ways to make this not so onerous. So, the next one, we've got social determinants of health and the impact of SDOH data on data collection and storage, and sharing who needs the data, who collects it, how is it linked. And that one looks like to be interoperability and patient access. I would argue that privacy and security are also involved. Does that item roll up to the next page as well, or is it just one page there? Yeah.

Brett Oliver – Baptist Health – Member
Yeah, I agree, Carolyn. We need to add privacy and security.

Carolyn Petersen – Individual – Co-Chair
Yeah, especially as more initiatives come out looking at artificial intelligence and machine learning, and developing outer risks. This is going to be pretty critical.

Christina Caraballo – Audacious Inquiry – Member
I'm wondering if this ties – I mean, it does tie into the sociogenomic recommendations to look at that we added with the intersection of SDOH and genomic data. I'm wondering if we kind of start thinking about some of these similar things and have them build on one another in the report.

Carolyn Petersen – Individual – Co-Chair
I think there's that possibility. We might also want to look at what the FDA does with the issue that it just took comments on. Let me pull that up. So, that's the proposed regulatory framework for

modifications to artificial intelligence, and machine learning based software as a medical device. The comment period on just that is closing now, or maybe a day or two ago. But they are starting to look at how – what to put forward as guidelines for developers who want to incorporate AI into things that will be functioning as medical devices. So, there may be something to say about that as well, depending on when they release a draft guide. I'm not sure what the timeline is around that, but we can look into that and get a better sense of when the drops.

And then the next item, PGHD. That would just be updating what was in the '18 report. I think that's a critical topic for the workgroup. It's something we can get started on sooner than waiting for the TEFCA and the final rule to come through. And we have the same situation with the implications of the emergence of the Internet of things. Is there anything else there that we wanted to do? Okay, we'll just carry those over.

Christina Caraballo – Audacious Inquiry – Member
More work.

Carolyn Petersen – Individual – Co-Chair
That's okay. Let's see. And then-then usability metrics, where measurements possible establish measures in '19 for HIE, use of data, and patient portals. We kind of talked about that a little bit earlier in the conversation. That's something maybe we should discuss, or start thinking about next month.

Brett Oliver – Baptist Health – Member
It's possible. I suppose we may have to wait for the final rule for some of that, but, we can start taking a look at it in a little bit more detail soon.

Carolyn Petersen – Individual – Co-Chair
Yeah, or at least identify what we think will be in the final rule that would be of interest to inform this, you know, sort of what we're looking for when that comes out.

Brett Oliver – Baptist Health – Member
That's fair.

Carolyn Petersen – Individual – Co-Chair
And then finally, the issue beyond HIPAA and the ONC coordination with NCVHS, and we will know more about that after Thursday, the presentation that Dr. Rucker will be giving at the NCVHS meeting. I sent out the URL for that a little while ago. Currently, it's at 10:30 on Thursday morning. I expect that they will probably publish transcript through the webcast or something along those lines in two or three weeks. I'm sure we can reach out to them for any other materials that might be helpful for us. Was there anything else that comes to mind we should be looking at in terms of the beyond HIPPA piece of that?

Brett Oliver – Baptist Health – Member
I don't think so.

Carolyn Petersen – Individual – Co-Chair
I mean, I'm always watching for HIPAA-related stuff, but I can't think of any significant initiatives. We may want to keep an eye out on what CMS comes up with for their proposed rulemaking as well, in case there's anything in there that aligns with the things we think about for our rulemaking.

Michelle Murray – Office of the National Coordinator for Health Information Technology – Staff Lead
Okay, Lauren, where are we at in terms of going to public comment?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
I think we are just about there. We've got, you know, we've got one minute. So perfect timing.

Carolyn Petersen – Individual – Co-Chair
Ah, okay.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
All righty. Why don't we open it up? Operator can we open the line?

Operator:
If you'd like to make a public comment, please press star 1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press star 2 if you would like to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Thank you, and do we have any comments?

Operator:
There are no public comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
We have a small group today, but Carolyn, I'll turn it back to you for any last-minute remarks.

Carolyn Petersen – Individual – Co-Chair
Okay. Could we go back to the last slide for a second, the one right before the public comment slide? Yeah. So, any other topics we should be thinking about to add to the list, or any other discussion, or things that have come to mind since we went through the list a few minutes ago? Okay. It sounds like we're good for today with that discussion. Lauren – Hello?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Yes, I'm here. This is Lauren.

Carolyn Petersen – Individual – Co-Chair
Okay. I heard an odd noise. Anyway. Lauren, will you and Michelle be sending out polls for meeting times soon?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

Yeah, we'll coordinate with you and Aaron for availability starting there, and then we'll get a regular series of meetings on the books.

Carolyn Petersen – Individual – Co-Chair
Okay. I think that would be helpful with summer coming up. You know, we want to try to avoid collisions with vacations and whatnot, and after all the work of the spring and the TEFCA, I think we all deserve our vacations, so.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
[Inaudible] [00:48:53]

Carolyn Petersen – Individual – Co-Chair
Okay. So with that, I think we've finished our business. Does anyone have any additional thoughts or comments before we wrap up?

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Thanks for putting it together.

Carolyn Petersen – Individual – Co-Chair
Thanks for all your efforts, and for coming and engaging. It's going to be really fun to see how we can build on what we did last year.

Brett Oliver – Baptist Health – Member
Absolutely. Thanks, everyone.

Christina Caraballo – Audacious Inquiry – Member
Thank you, everyone.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Thanks, everyone.

Carolyn Petersen – Individual – Co-Chair
Thank you.

Lauren Richie – Office of the National Coordinator for Health Information Technology – Designated Federal Officer
Bye.

Brett Oliver – Baptist Health – Member
Bye-bye.

Carolyn Petersen – Individual – Co-Chair
Bye-bye