The Office of the National Coordinator for Health Information Technology

Meeting Notes

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC)

October 21, 2020, 9:30 a.m. – 12:15 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Donald Rucker welcomed members and discussed some of ONC's COVID-19 response efforts and other recent work completed. He provided an overview of the meeting agenda and upcoming reappointments and membership changes to the HITAC. **Carolyn Petersen** and **Robert Wah** reviewed the meeting agenda, and the minutes from the September 9, 2020 HITAC meeting were approved by voice vote. **Elise Sweeney Anthony**, **Seth Pazinski**, and **Talisha Searcy** presented ONC's objectives and benchmark measurements. HITAC members submitted feedback, and a discussion was held. **Carolyn Petersen** and **Aaron Miri**, co-chairs of the Annual Report Workgroup (ARWG), presented an update on the ARWG's recent work, including the gaps and opportunities for the crosswalk of topics to be included in the Fiscal Year 2020 (FY20) Annual Report. **Sheryl Turney** and **Alix Goss**, co-chairs of the Intersection of Clinical and Administrative Data Task Force (ICAD TF), presented an update on the TF's recent work, including updates to the Guiding Principles and Recommendations developed as part of the ICAD TF's work on a draft report for submission to the HITAC. HITAC members submitted feedback and questions, and a discussion was held. One public comment was submitted by phone, and there was a robust discussion and comments in the public meeting chat via Adobe.

AGENDA

09:30 a.m.	Call to Order/Roll Call
09:35 a.m.	Welcome Remarks
09:40 a.m.	Review of Agenda and Approval of September 9, 2020 Meeting Minutes
09:45 a.m.	ONC Objectives and Benchmarks Presentation
10:15 a.m.	HITAC Annual Report Workgroup Update
10:45 a.m.	Intersection of Clinical Administrative Data Task Force Draft Recommendations Update
12:00 p.m.	Public Comment
12:15 p.m.	Final Remarks and Adjourn

CALL TO ORDER/ ROLL CALL

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the October 21, 2020, meeting to order at 9:30 a.m.

ROLL CALL

Carolyn Petersen, Individual, Co-Chair
Robert Wah, Individual, Co-Chair
Michael Adcock, Magnolia Health
Christina Caraballo, Audacious Inquiry
Tina Esposito, Advocate Aurora Health
Cynthia A. Fisher, PatientRightsAdvocate.org
Valerie Grey, New York eHealth Collaborative
Anil Jain, IBM Watson Health
Jim Jirjis**,** Clinical Services Group of Hospital Corporation of America (HCA)
John Kansky, Indiana Health Information Exchange
Ken Kawamoto, University of Utah Health
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Clem McDonald, National Library of Medicine
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Brett Oliver, Baptist Health
Terrence O'Malley, Massachusetts General Hospital
James Pantelas, Individual

Raj Ratwani, MedStar Health
Steve Ready, Norton Healthcare
Abby Sears, OCHIN
Alexis Snyder, Individual
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Sheryl Turney, Anthem, Inc.
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Amy Abernethy, Food and Drug Administration
Adi V. Gundlapalli, Centers for Disease Control and Prevention

FEDERAL REPRESENTATIVES

James Ellzy, Defense Health Agency, Department of Defense
Jonathan Nebeker, Department of Veterans Health Affairs
Michelle Schreiber, Centers for Medicare and Medicaid Services
Ram Sriram, National Institute of Standards and Technology

ONC STAFF

Donald Rucker, National Coordinator for Health Information Technology
Steve Posnack, Deputy National Coordinator for Health Information Technology
Elise Sweeney Anthony, Executive Director, Office of Policy
Andrew Gettinger, Chief Clinical Officer
Thomas Mason, Chief Medical Officer
Seth Pazinski, Director, Office of Planning, Evaluation, and Analysis
Talisha Searcy, Deputy Director, Technical Strategy and Analysis Division
Avinash Shanbhag, Acting Executive Director, Office of Technology
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

WELCOME REMARKS

Donald Rucker welcomed members to the meeting of the HITAC. He acknowledged that COVID-19-related activities were still a main focus for the Office of the National Coordinator for Health Information Technology (ONC). He described some of these efforts, which included awarding grants to state health information exchanges (HIE) through the Strengthening Technical Advancement and Readiness of Public Health Agencies via Health Information Exchange (STAR HIE) program. He provided a brief overview of agenda items for the meeting and noted that ONC has extended the deadline for the United States Core Data for Interoperability (USCDI) ONC New Data Element and Class (ONDEC) submission program to October 23, 2020 at 11:59 PM ET. Then, he congratulated **Ken Kawamoto, Sheryl Turney,** and **Alexis Snyder** on their recent reappointments to the HITAC and thanked **Tina Esposito** and **Christina Caraballo** for their service, as they would be completing their terms at the end of the year. Also, he noted that new HITAC co-chairs would be appointed at the November 10, 2020 meeting, and the current co-chairs, **Carolyn Petersen** and **Robert Wah**, would step down following the completion of their terms.

REVIEW OF AGENDA AND APPROVAL OF MEETING MINUTES

Robert Wah, HITAC co-chair, welcomed HITAC members and briefly reviewed the agenda, which includes presentations on ONC's objectives and benchmarks, an update from the HITAC Annual Report Workgroup (ARWG), and updates to the Intersection of Clinical and Administrative Data Task Force's draft report.

Robert invited members to examine the minutes from the September 9, 2020, meeting of the HITAC.

There were no comments or corrections submitted, and he called for a vote. The HITAC approved the September 9, 2020, meeting minutes by voice vote. No members opposed, and no members abstained.

Carolyn Petersen, HITAC co-chair, welcomed all the participants and thanked them for attending the virtual meeting. She thanked the individuals who serve on the Intersection of Clinical and Administrative Data Task Force (ICAD TF) and the Annual Report Workgroup (ARWG) for the large amount of work completed leading up to their presentations.

ONC OBJECTIVES AND BENCHMARKS PRESENTATION

Introduction and 21st Century Cures Act Requirements

Elise Sweeney Anthony, Executive Director, Office of Policy, **Seth Pazinski**, Director, Strategic Planning & Coordination Division, Office of Policy (ONC), and **Talisha Searcy**, Deputy Director, Technical Strategy and Analysis Division, presented ONC's objectives, benchmarks, and measurements.

Elise began the presentation by introducing herself and her co-presenters and noted that, after the presentation, HITAC members would be asked to provide feedback on two specific areas: the proposed measurement concepts for increasing active exchange and use across stakeholders and the focus areas for ONC measurement activities.

Elise described the requirements of the 21st Century Cures Act (the Cures Act), noting that, for the HITAC Annual Report, Section 4003 of the 21st Century Cures Act states that "the National Coordinator, in collaboration with the Secretary, shall establish, and update as appropriate, objectives and benchmarks for advancing and measuring the advancement of the priority target areas…" According to the Cures Act, ONC sets the objectives and benchmarks used in developing the HITAC Annual Report. Also, ONC's objectives and benchmarks align with the draft 2020-2025 Federal Health IT Strategic Plan. **Elise** noted that ONC is open to feedback from HITAC members about the objectives and benchmarks, in particular how these advance the priority target areas of patient access, interoperability, and privacy and security.

ONC Objectives in the Draft 2020-2025 Federal Health IT Strategic Plan

Seth Pazinski noted that ONC focused on two objectives for the just-completed 2020 Fiscal Year (FY20) and explained that ONC will continue to focus on these objectives under the 2020-2025 Federal Health IT Strategic Plan, which was released for public comment earlier in 2020. These objectives are:

- Advance the development and use of health IT capabilities
- Establish expectations for data sharing

Seth noted that both of these objectives were aligned to the goal of connecting healthcare with health data, and ONC will focus its activities on three areas for benchmarking progress: standards, certification, and exchange.

ONC Standards Activities

Seth provided an overview of ONC's USCDI and Standards Version Advancement Process (SVAP) related activities accomplishments between FY18-FY20. These included:

- January 2018: Draft USCDI and proposed expansion process released
- April 2018: The HITAC submitted recommendations to the National Coordinator for USCDI v1
- December 2019: HITAC submitted recommendations on the USCDI Data Element Promotion Model
- May 2020: USCDI v1 established with the publication of the ONC Cures Act Final Rule
- July 2020: USCDI ONDEC (ONC New Data Element and Class) Submission System launched for new data element submissions for USCDI v2
- July 2020: USCDI annual comment period launched

- August 2020: SVAP website launched for updating standards and implementation specifications per ONC Cures Act Final Rule
- September 2020: SVAP comment period launched
- October 2020: USCDI annual comment period closed
- November 2020: SVAP comment period closed

Seth described ONC's FY18-FY20 accomplishments related to Fast Healthcare Interoperability Resources (FHIR®), which included:

- November 2018: SMART App Launch Implementation Guide (v1.0.0, STU 1)
- August 2019: FHIR Bulk Data Access (Flat FHIR) Implementation Guide (v1.0.0: STU 1)
- October 2019: FHIR Release 4.0.1
- November 2019: HL7 FHIR US Core Implementation Guide STU 3.1.0
- August 2020: HL7 FHIR US Core Implementation Guide STU 3.1.1

Seth noted that ONC's FY21-FY22 milestones for USCDI, SVAP, and FHIR-related activities included:

- USCDI: Update versions of USCDI with additional data classes/data elements
- SVAP: Publish National Coordinator approved updated versions of health IT standards and implementation specifications via SVAP process
- FHIR:
  - Release HL7 FHIR R5
  - Update HL7 US FHIR Core Implementation Guide to align with USCDI updates
  - Collaborate with Standards Development Organizations (SDOs) to Accelerate FHIR API
  - Standards' Ability to Support Use Cases for Population-Level Query Services
  - Publish FHIR-related guidance on Integrating the Healthcare Enterprise® (IHE) profiles

Seth explained that ONC has also begun to work on standards activities related to public health and COVID-19 relief efforts. Milestones for FY21-FY22 related to public health activities included:

- Support Standards Development Organizations:
  - Develop FHIR resources to address disease, chronic conditions, and environmental factors
  - Develop and update standards and Implementation Guides related to privacy, security, and consent
  - Encourage the adoption of FHIR Bulk Data Access (Flat FHIR) Implementation Guide
  - Support HL7 US Realm
- Lab Standards:
  - Develop COVID-19 and public health related LOINC special use codes that describe laboratory tests ordered and taken
  - Standardize the lab test order names to reduce erroneous lab orders and/or results
- Support Health Information Exchange (HIE) Services
  - Build innovative HIE services that benefit public health agencies
  - Improve the HIE services available to support communities disproportionately impacted by the COVID-19 pandemic
- Support Standards for Federal Partners:

- Facilitate testing, final balloting, and real-world deployment of Situational Awareness for Novel Epidemic Response Implementation Guide for use by Federal partners

ONC Certification Activities

Seth provided an overview of ONC's certification accomplishments for the FY18-FY20 period, which included:

- February 2019: ONC Cures Act Notice of Proposed Rulemaking (NPRM) released modifying the ONC Health IT Certification Program, including the 2015 Edition health IT certification criteria
- June 2019: HITAC ONC Cures Act NPRM recommendations submitted to the National Coordinator
- March-April 2020: Conducted public webinars for the Conditions of Certification, 2015 Edition Certification Criteria, and a Conditions and Maintenance of Certification Q&A
- May 2020: Updated the Health IT Feedback and Inquiry Portal for public inquiries on the ONC Cures Act Final Rule, and launched an Information Blocking Portal for the public to report claims of information blocking
- June 2020:
  - Published Test Procedures, Test Tools, and Test Data for the criteria related to the 2015 Edition Cures Update
  - Published new and revised Certification Companion Guides and Program Resources in addition to other updates to HealthIT.gov and the Certified Health IT Product List (CHPL) due to the ONC Cures Act Final Rule
  - General effective date started for ONC Cures Act Final Rule, including Cures Update certification criteria

Seth explained that ONC's activities related to the implementation of its certification criteria over the FY21-FY22 period would include:

- Compliance requirements start for several Conditions of Certification, including Information Blocking, Assurances, API, and Communications
- First Real-World Testing Plans due
- First Attestations to Conditions and Maintenance of Certification due

Seth highlighted that the technical requirements and the data sharing expectation requirements set by the certification program drive improvements in data access, exchange, and use for multiple stakeholders. Also, he noted that the requirements create opportunities within the app economy that support and encourage various stakeholders to offer more innovation and choice within the healthcare industry.

ONC Exchange Activities

Seth described ONC's FY18-FY20 accomplishments related to the Trusted Exchange Framework and Common Agreement (TEFCA), which included:

- January 2018: Trusted Exchange Framework (TEF) and Minimum Required Terms and Conditions (MRTC) Draft 1 released for public comment
- March 2018: HITAC TEF Draft 1 recommendations submitted to the National Coordinator
- April 2019:
  - TEFCA and MRTC Draft 2; and Qualified Health Information Network (QHIN) Technical Framework (QTF) Draft 1 released for public comment
  - TEFCA Recognized Coordinating Entity (RCE) Notice of Funding Opportunity released

- July 2019: HITAC TEFCA Draft 2 recommendations submitted to the National Coordinator
- August 2019: RCE cooperative agreement awarded
- September 2019: RCE public stakeholder feedback sessions begin
- April-July 2020: RCE Common Agreement (CA) Work Group
- August 2020: RCE public stakeholder feedback sessions end

Seth noted that ONC's FY21-FY22 milestones include releasing both the Common Agreement (CA) Draft Version 1 and the Qualified Health Information Network (QHIN) Technical Framework (QTF) Draft 2, each for a respective 60-day public comment period. Another milestone will be the publication of the Final Trusted Exchange Framework, CA Version 1, and QTF Version 1. **Seth** recapped his presentation by noting that there are three priority target areas in the Cures Act, which are:

- Patient Access: The facilitation of secure access by an individual and their caregiver(s) to such individual's protected health information
- Interoperability: Achieving a health information technology 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

Seth noted that the HITAC may consider certain additional target areas defined in the 21st Century Cures Act in addition to the priority target areas. For example, the HITAC is considering adding "Use of Technologies that Support Public Health" as an additional target area.

Proposed Measurement Concepts

Talisha Searcy provided an overview of ONC's proposed measurement concepts related to the recent Cures Act Final Rule and noted that they are still being developed. These concepts include survey activities and assessments of interoperability across stakeholder groups, particularly related to increasing access exchange and using electronic health information. She thanked HITAC members, especially **Steven Lane**, for attending ONC's recent Interoperability and Measurement workshop. **Talisha** noted that ONC proposes using the following intermediate outcomes to focus its measurement efforts to better:

- Increase standardization, completeness, and quality of electronic health information
- Support growth of vibrant health app economy
- Enhance technical capabilities and requirements to make electronic health information readily available
- Simplify and increase the scale of electronic health information exchange

Talisha asked HITAC members to provide feedback on the measurement areas, including the four proposed intermediate outcomes. Questions to HITAC members included:

- Are these the right measurement concepts?
- What is missing that would be valuable to address?
- What should we prioritize?
- What concept is feasible to measure now vs. the longer-term?

Talisha suggested that HITAC members consider the following questions related to interoperability across the stakeholder groups:

- Should ONC's measurement focus on access, exchange, and use of electronic health information?
- What stakeholders should we be measuring across?
- Who should be prioritized in the near-term?
- Should we be measuring the same set of outcomes across these stakeholders?

Also, **Talisha** asked HITAC members to consider different data collection methods, specifically which data sources and methods are available to obtain necessary information.

Discussion:

- **Steven Lane** suggested looking at use and outcomes throughout the implementation of the rules, in addition to access, and noted that **Jonathan Nebeker** shared a similar comment in the public comment chat via Adobe. **Steven** asserted that focusing on use and outcomes would highlight challenges clinicians face and suggested that analyzing these topics should include the development of a list of key uses and associated outcomes for the HITAC to review.
- **John Kansky** commented on the fourth point in the list of intermediate outcomes (on slide #14 in the presentation) and noted that there are many ways in which electronic health information is exchanged. The focus should be on increasing the quality of the exchange of electronic health information since increasing the scale of interoperability is already going well. Also, he warned that efforts to simplify the exchange across the ecosystem should be careful not to do this in a way that is intolerant to a diversity of approaches to exchanging information.
- **Anil Jain** noted that there could be unintended consequences related to examining issues around privacy and burden. He suggested that the intermediate outcomes could be reworded to address the issue of burden better.
- **Alexis Snyder** noted her agreement with **Anil's** point about burden. Then, she submitted several comments:
  - Though patients and caregivers need greater transparency and accuracy of their electronic health records (EHR), they also need an improved way to easily correct mistakes in their records. She stated that it can affect the patient's level of care, safety, and care outcomes if that information is not correct.
  - She thanked the presenters for including caregivers as a specific stakeholder group and suggested that the quality and accuracy of the information in the EHR and the apprehension patients/caregivers have to sharing that information should be included in the use measurements.
- **Johnathan Nebeker** discussed common measurement frameworks and related types of outcomes used in healthcare and asked ONC to clarify what they mean by "outcomes"; is ONC looking at process outcomes relative to activities, or are they trying to realize a specific desired state? He noted his hope that ONC can get to a common standard or framework and suggested that the "outcomes" listed were really "structure results." He noted that, in his experience, the federal government targets structure without clearly targeting outcomes, which leads to unintended consequences. He discussed several other strategic plans and frameworks that ONC and other government partners, including the VA and the DOD, have already created, and he suggested that some of these plans may be models for addressing some of the points raised in the presentation.
  - **Talisha Searcy** thanked him for the comment and noted that, ideally, ONC would like to link measures from ONC-specific activities to the intermediate outcomes to show how ONC's work is helping to address core areas of the Cures Act. She responded to Jonathan's points about focusing more on outcomes, noting that they would be added to a future presentation.
- **Denise Webb** voiced her agreement with **Alexis Snyder's** comments about ensuring the accuracy of patient records, especially in light of increased interoperability, and submitted a comment and a question:
  - Stakeholder groups of patients and caregivers should be one of the highest priorities for measuring access to and use of electronic health information.

  - Does the intermediate outcome related to the app economy's growth include the actual use of apps by consumers?
- **Sheryl Turney** submitted several questions and comments:
  - What are the plans going forward for real-world testing?
  - What is the vision for expanding the scope? Currently, the CMS Interoperability Mandate is only focused on Medicaid-Medicare Qualified Health Plans (QHP), so is there a pathway to expanding to commercial and The Employee Retirement Income Security Act of 1974 (ERISA), as well?
  - Measures for patients and caregivers would be different than those for clinicians and other stakeholders, so they would be best represented by using case models with different measures.
  - The burden on all stakeholders should be considered, not just in terms of workload but also in terms of cost and future impact.
  - Patients and caregivers' ability to bi-directionally share health information needs to be built into the certification requirements. In the current framework, it appears to be unidirectional.
- **Aaron Miri** thanked the presenters for the list and submitted two comments:
  - A vibrant app economy is important, but two components are especially critical when dealing with a COVID-19 response, given his experience:
    - Health equity: this includes multilanguage health apps and apps with Americans with Disabilities Act (ADA) compliance
    - Privacy and security: ONC should not forget about maintaining privacy and security around apps for patients and consumers (using APIs, OAUTH2)
- **Les Lenert** thanked HITAC members for a good discussion and submitted several comments:
  - He seconded the call to prioritize outcomes, particularly those focused on population health and COVID-19 relief efforts. Anything related to COVID-19 should be a priority.
  - Access to test results in a timely way could be an initial benchmark, followed by targeting specific populations with vaccination programs and the successful uptake of vaccines in the population.
  - Use other population and public health problems as benchmarks, like the ability to measure and drive down blood pressure as a way to control hypertension and cardiovascular disease.
  - These are intermediate activities, which could show that the health information exchange could advance critical targets.

Talisha Searcy thanked HITAC members for their valuable comments and noted that they would be addressed in a future presentation. She asked HITAC commenters to clarify some of their points, including:

- Was **Sheryl Turney's** comment about real-world testing and where it fits directed to the prior slides in the presentation or the measurements concepts slide? **Talisha** noted that ONC is looking at real-world testing in relation to compliance, how technologies perform, and the potential of future data access.
  - **Sheryl Turney** responded that she was generally interested in ONC's plans and how it would be applied to measurements.
  - **Talisha** explained that this work is in the early stages, but there are plans related to identifying particular future measures and potential data sources.

- In response to **Sheryl Turney's** question about CMS and expanding the non-Medicare/Medicaid state, **Talisha Searcy** explained that ONC has been funding national projects that have determined that, while CMS provides good data, there are additional data sources for measurements. She noted some challenges and gaps in terms of their access to data from the private sector, but ONC hopes to leverage additional sources of data.
    - **Avinash Shanbhag** explained that a condition of the Cures Act Rule and its Real-World Testing Regulation is that certified health IT developers with Health IT Module(s) successfully test the real-world use of their technology for interoperability in the type of setting in which such technology would be marketed. ONC's work in the upcoming year will be to ensure that all health IT developers complete their plans to satisfy this condition.

Talisha thanked everyone for their feedback and noted that a future presentation would also include data updates on ONC's recent analysis as part of its various, current data collection efforts.

Robert Wah thanked the ONC presenters.

HITAC ANNUAL REPORT WORKGROUP UPDATE

Carolyn Petersen and **Aaron Miri**, co-chairs of the Annual Report Workgroup (ARWG), presented an update on the group's recent work. **Carolyn** explained that she and **Aaron** would present updates on the draft crosswalk of report topics, and in the interest of time, she asked HITAC members to submit all feedback via email.

Carolyn gave an overview of the ARWG meeting schedules and action items/deliverables for the ARWG and the full HITAC. The next steps for the ARWG include continuing the discussion of the draft crosswalk of topics at the next HITAC meeting on November 10, 2020, and then presenting the draft of the HITAC Annual Report for FY20 at a HITAC meeting in early 2021.

Carolyn lead a presentation and discussion of topics for the HITAC Annual Report for Fiscal Year 2020 (FY20). She noted that the first target area, Technologies that Support Public Health, was new for this fiscal year, and she summarized each of the target areas, related topics, gaps, and opportunities, which included:

Target Area: Technologies that Support Public Health

- Exchange of clinical data
    - Gap: Need to collect information from clinicians and laboratories for public health reporting
    - Opportunity: Improve interoperability between public health reporting systems and EHRs, accelerate use of data standards to improve situational awareness, and explore an expanded role for health information exchanges (HIEs) to support public health
- Privacy and security
    - Gap: Issues for biosurveillance efforts, telehealth, and remote monitoring
    - Opportunity: Increase the clarity about the privacy and security concerns associated with biosurveillance and remote care activities
- Vaccine Tracking
    - Gap: Lack access to data about unimmunized populations and where patients are obtaining vaccines so that at-risk groups can be targeted for interventions
    - Opportunity: Investigate how predictive analytics can be used to

        - a) anticipate needs for vaccines and to target outreach among high-risk populations, including for flu and COVID-19 prevention, and
        - b) better target outreach, education, and response efforts and strategies
- Patient matching
    - Gap: Key information missing when shared from laboratories and contact tracing records
    - Opportunity: Improve patient matching through expanded use of artificial intelligence (AI)
- International exchange of clinical data
    - Gap: Countries need more information about health status of travelers
    - Opportunity: Share and apply lessons learned across many countries about the use of health IT to support public health, e.g., for electronic case reporting

Aaron Miri thanked ONC and HHS for their great relationships with all provider organizations. Then, he continued the presentation by describing the gaps and opportunities for the topics under the target area of interoperability.

Target Area: Interoperability

- Exchange of health data across the care continuum
    - Gap: Need greater interoperability across the broader care continuum
    - Opportunity: Encourage collection of more complete data about a patient to help clinicians identify risk factors for procedures, offer interventions, and provide targeted care
- Association between EHRs and patient safety
    - Gap: Impact of health IT on patient safety
    - Opportunity: Define factors that increase and decrease the safety of health IT that affect patient outcomes
- Exchange of Social Determinants of Health (SDOH) data
    - Gap: Lack of standards and data availability, patient matching challenges, and variation among community service providers' IT systems
    - Opportunity: Develop and adopt standards for SDOH data collection, transfer, and integration for population health and individuals' needs
- Increased health equity across populations, locations, and situations
    - Gap: Data is not systematically collected nor used to identify disparities in outcomes, healthcare, and risk
    - Opportunity: Advance requirements to collect and share data about groups experiencing health inequities, including non-traditional sources of health information
- Sharing data with the research community
    - Gap: Concerns about data quality, governance, and access to data
    - Opportunity: Increase alignment between the clinical and research health information ecosystems to enable prospective and ongoing research to happen more quickly and effectively
- Use of metadata
    - Gap: Many data management tasks are still manual that could be automated
    - Opportunity: Determine the types of metadata and related standards necessary to facilitate machine-based, clinical data management

Target Area: Privacy and Security

- Beyond HIPAA: Rules for Sharing
  - Gap: Lack of clear rules for data not subject to HIPAA protections
  - Opportunity: Support increased transparency and patient education for business practices and other potential uses of patient health data when healthcare organizations share or license data to technology companies
- Beyond HIPAA: Consent
  - Gap: Lack of clarity about the parameters of data sharing and disclosure, and their implications for consent
  - Opportunity: Improve clarity around patient consent for exchange of their data, and further their understanding of the accuracy and validity of clinical information offered by third-party apps
- Beyond HIPAA: Internet of Things (IoT)
  - Gap: Security risks and concerns about informed consent increase as IoT objects become more integrated with health IT systems
  - Opportunity: Increase awareness of the privacy and security risks of using the IoT to collect health-related data
- Privacy and security of synthetic data
  - Gap: HIPAA constraints limit the ability to conduct research and train machine learning models using large-scale datasets
  - Opportunity: Explore the extent to which the use of synthetic health data raises privacy and security issues in both research and healthcare settings

Target Area: Patient Access to Information

- Safety and impact of mobile health apps
  - Gap: Safety and effectiveness concerns with consumer-facing mobile health applications
  - Opportunity: Provide reliable information about the quality of apps to enable clinicians to advise patients about app use and to empower patients when using apps to make decisions about their care
- Correction of incorrect data
  - Gap: Transparency about the accuracy of patient data and consent to share it are lacking for patients
  - Opportunity: Increase clarity on the applicable statutes and liability that apply to the exchange of incorrect data

Aaron Miri thanked the HITAC members and noted that additional updates would be provided at the next HITAC meeting. He noted that themes are emerging between the ARWG's crosswalk and ONC's objectives. **Carolyn Petersen** apologized for the brief nature of the ARWG's presentation and invited HITAC members to send feedback on the list of topics by email to herself, **Aaron Miri**, or **Lauren Richie.**

Robert Wah thanked the ARWG co-chairs and encouraged the HITAC and the public to submit feedback within the public comment chat feature in Adobe. He reminded everyone that these comments would be preserved as part of the public record and stated that he would share updates on the *Commons Project* and *CommonHealth* within the chat.

INTERSECTION OF CLINICAL AND ADMINISTRATIVE DATA TASK FORCE DRAFT RECOMMENDATIONS UPDATE

Introductions and Overview

Sheryl Turney and **Alix Goss**, co-chairs of the Intersection of Clinical and Administrative Data Task Force (ICAD TF), presented an update on the TF's recent work. **Sheryl** began by thanking the HITAC for the opportunity to present and provided a brief overview of the ICAD TF's charge given from ONC to the HITAC and a list of TF members. She briefly described the TF's process of crafting the draft report and thanked the many stakeholders who have shared their expertise with the TF.

ICAD Draft Report Outline

Sheryl briefly displayed the draft report outline, highlighting the organizational structure, and stated that all HITAC members should have received it. They were invited to review the document and formulate feedback.

Updates to the Ideal State, Guiding Principles, and Recommendations

Sheryl noted that the ICAD TF has heard from various stakeholders on improving the prior authorization (PA) process and has looked at the broader intersection of clinical and administrative data. A reimagined ideal state, with a particular focus on PA, includes:

- An end-to-end integrated, closed-loop process
- A reduction of burden across all stakeholders
- Accounts for the vast majority of situations
- Leverages existing investments and efforts, where appropriate, acknowledging the existing gaps
- Enables innovation and continuous improvement

Sheryl noted that the ICAD TF developed a series of Guiding Principles to frame and guide the TF's work toward their Ideal State and Recommendations. These Guiding Principles included:

- Patient at the Center
- Measurable and Meaningful
- Aligned to National Standards
- Transparency
- Continuous Improvement
- Design for the Future While Solving Needs Today
- Real-Time Data Capture and Workflow Automation
- Information Security and Privacy
- Reduce Burden on All Stakeholders

Sheryl noted that another Guiding Principle, Reduce Burden on All Stakeholders, was added since the previous presentation to the HITAC. She explained that this Guiding Principle was added as a result of the TF's discussions on the broader intersection of clinical and administrative data and described the Guiding Principle, which stated:

> A converged ecosystem should enable all stakeholders across the continuum -- including patients and caregivers, primary and specialty care, public health, vital records, research, payors, and policymakers -- to have the information they need, without creating additional data capture or burdens on providers and patients, by supporting seamless exchange across the continuum of care. This has great potential to reduce burden by furthering the implementation of "record once and reuse."

To support the principle of burden reduction for all stakeholders, the ideal state must include the following characteristics:

- Clinical decision support (CDS) processes provide the right level of evidence-based and patient-centric guidance during the care process. CDS tools such as digitally accessible practice guidelines and patient decision aids, when integrated with administrative processes and implemented appropriately, improve the efficiency of or reduce the need for PA.
- Patients and caregivers are able to focus on their well-being rather than having to problem-solve administrative process complexities.

Review Updates to Draft ICAD TF Recommendations

Alix Goss shared a list of the ICAD TF's Recommendations for the HITAC and explained that she would highlight the updated and new Recommendations that have been added since the TF's previous presentation to the HITAC. The TF's Recommendations included:

- **Recommendation 1:** Prioritize Administrative Efficiency in Relevant Federal Programs
- **Recommendation 2:** Establish a Government-wide Common Standards Advancement Process – New Material Changes (see text below)
  - The Task Force recommends that ONC, working in concert with CMS and other relevant Federal Agencies (including, but not limited to, Department of Defense and Tricare, Department of Veterans Affairs, and the Office of Personnel Management/Federal Employee Health Benefits Program) establish a single consistent process for standards advancement for relevant standards for health care interoperability, including transactions, code sets, terminologies/vocabularies, privacy and security used for conducting the business of health care, irrespective of whether that business is clinical or administrative. The Task Force recommends that the standards advancement process incorporate multiple rounds of development testing and production pilot use prior to adoption as national standards
- **Recommendation 3:** Converge Health Care Standards
- **Recommendation 4:** Provide a Clear Roadmap and Timeline for Harmonized Standards
- **Recommendation 5:** Harmonize Code and Value Sets
- **Recommendation 6:** Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs
- **Recommendation 7:** Develop Patient-centered Workflows and Standards – New Material Changes (see text below)
  - The ICAD Task Force discussed the critical importance of patient access and the engagement of the patient into key administrative workflows. These workflows define access to and reimbursement for care, and delays in these workflows are a key source of care delays and sub-optimal outcomes within the health care system. Accordingly, "Patient at the Center" must be a system-design philosophy and built in from the ground up. The patient and caregivers must be at the center of administrative workflows, and standards must be developed that engage the patient as a key actor. The Task Force believes such "administrative" information is part of the Designated Record Set (DRS) (as it is patient-specific information used for decision making). If there is uncertainty on the inclusion of administrative workflows in the DRS, the Task Force recommends ONC work with OCR to clarify the status of administrative workflows under the access provisions of HIPAA and ensure that patients have digital access to such data.

  - The ICAD Task Force recommends that ONC work with other federal actors and standards development organizations to prioritize and develop administrative standards that are designed for patients' digital access and engagement. Even "workhorse" administrative standards like eligibility, claiming, and electronic EOB/remittance that are traditionally considered provider-to-payer should allow access through the same API frameworks already supporting API access. Converged clinical and administrative workflows, including prior authorization, should be designed to support API access and patient engagement as a matter of course. As an example, benefits information provided to the provider via eligibility transactions should also be available to the patient via APIs; the content and status of claiming/remittance should be available to the patient not only at the end of the process through the current EOB API, but throughout the process of claiming and adjudication. As another example, the patient should have the ability to bi-directionally share health data (including patient generated data) with providers and other third parties from their applications of choice without special effort.
- **Recommendation 8:** Create Standardized Member ID
- **Recommendation 9:** Name an Attachment Standard – New Material Changes (see text below)
  - The ICAD Task Force recommends that ONC work with CMS and other federal actors to establish a national approach to exchanging clinical data needed to support clinical information exchange, whether for care delivery or for administrative processes. Consistent with previous NCVHS recommendations and this report, an attachment standard must be evolved that reduces burden by harmonizing standards to ensure granularity of data to achieve automation.
- **Recommendation 10:** Establish Regular Review of Prior Authorization Rules
- **Recommendation 11:** Establish Standards for Prior Authorization Workflows
- **Recommendation 12:** Create Extension and Renewal Mechanism for Authorizations
- **Recommendation 13:** Include the Patient in Prior Authorization
- **Recommendation 14:** Establish Patient Authentication and Authorization to Support Consent – New Recommendation (see text below)
  - Create standards that will enable patients/caregivers to authorize sharing of their data with the tool of their choice to interface with their corresponding provider and payer systems.
  - HHS should establish a standard for 3rd party patient authentication that allows patients to access and bidirectionally share their data across the landscape (i.e., from all their providers, payors, and actors such as clearinghouses, HIEs, and Public Health) utilizing a consistent authentication and authorization token allowing them easier integration with their health data application.
- **Recommendation 15:** Establish Test Data Capability to Support Interoperability – New Recommendation (see text below)
  HHS should lead development of a national approach to have test data beds to drive innovation and ensure real-world functionality and interoperability. To accomplish this, the following actions are needed:
  - Review the current administrative transactions and associated value/code sets to ensure USCDI supports data concepts and elements needed downstream to support clinical and administrative functions.
  - Establish (illustrative) information models, in stages, to align clinical and administrative data for secondary use in stages based on the highest societal priorities.
  - Establish a Minimum Data Set for transactions at the intersection of clinical and administrative data that adheres to "minimum necessary" requirements.

        - **Alix Goss** noted that this bullet would be reworded to modify the language to reflect establishing cessation datasets for transactions.
    - Advance an appropriately constrained implementation guide as a standard.

Alix noted that this would be the final update that the ICAD TF would present to the HITAC on its recommendations. She provided a brief recap of the key points and thanked ONC and HITAC for providing the TF with the opportunity to undertake its work and present the draft report. She invited HITAC members to submit questions and/or feedback on the draft report.

Discussion:

- **Carolyn Petersen** thanked the ICAD TF for their work and the co-chairs for the presentation.
- **Clem McDonald** submitted several comments:
    - He requested more clarity on Recommendation 15 and suggested that it should focus more on data sets for testing.
        - **Alix Goss** responded that his feedback was noted, but the TF is more focused on creating a test bed set rather than creating a platform (or having the federal government do it).
    - He found Recommendation 9 to be confusing, because there is an existing attachment standard from HL7.
        - **Alix Goss** responded that the TF has not deviated from using clinical exchange capabilities enabled by HL7, nor has the TF precluded the ability to use the HIPAA transactions. Instead, she explained that the TF is attempting to provide a more efficient ability for clinical payloads to be exchanged for treatment or administrative purposes. She noted that, if a proposed rule were to be released, the industry would be able to weigh in on the right attachment standard. Historically, the attachment recommendations have been a blend of HL7 and X12 standards.
    - **Clem** responded that the standards have never been adopted and asked why that was the case and if there is something wrong with the standards.
        - **Alix** discussed her long history working on claims attachment standards and explained that NCVHS has written four letters recommending the promulgation of an attachment standard. She noted that the federal government has also put a release of a proposed regulation regarding attachments into their unified agenda, so everyone is waiting for a rule to be proposed so that the industry can weigh in. The ultimate goal is to increase automation and allow data from the EHR environment for clinical data to flow more effectively to support attachment exchanges.
- **Arien Malec** thanked **Clem** and **Alix** for their clarifying comments but noted that the issue is that CMS has never named an attachment standard because of how HIPAA is designed. The TF is asking for CMS to name one of the two well-developed standards, and **Arien** discussed some of the reasoning behind the language of the TF'S recommendation. The issue is not the lack of a standard, but, rather, a named standard.
- **Carolyn Petersen** thanked the ICAD TF for their work and commented that the TF should add additional clarification and robustness to the wording around the concept of "Patient at the Center." She stated that people "know it when they see it," so the TF should suggest ways to recognize and evaluate this quality.

- **Arien Malec** responded that one of the ICAD TF's Recommendations makes the meaning of "Patient at the Center" more actionable but clarified that this includes the Ideal State where all of the exchanges that currently exist should be available to the patient, which is not currently the case. He discussed the example of a provider performing an eligibility check through a portal that is not available to the patient. Also, he explained that all information flows should be available to the patient and discussed the patient's role in the example of durable medical equipment (DME) requests. He thanked everyone and encouraged HITAC members to look closely at the TF's full list of Recommendations and Guiding Principles, noting that they could submit any rewording suggestions.
- **Sheryl Turney** thanked **Arien** for his clarifications and discussed additional areas in the ICAD TF's report that enable the patient to reduce burden. Some of these included the bidirectional sharing of data, increased transparency related to pricing, giving the patient more visibility in their care journey, access to a common health token to transport test information, like COVID-19 tests, and more. She asked HITAC members to continue to share specific examples for incorporation in the report.
- **Alix Goss** stated that the ICAD TF is eager to receive specific feedback and explained that the TF spent a lot of time to ensure that the patient is at the center. Many examples came from the valuable input of the patient advocates on the TF, but she encouraged others to submit specific examples.
- **Carolyn Petersen** encouraged HITAC members to continue to share feedback with **Sheryl** and **Alix**, as this is the final opportunity to work on the report before it is finalized.
- **Robert Wah** summarized a discussion that took place in the public comment chat about patient identification and explained that this is related to decreasing the friction of how patients can move their data. He noted that there has been a long-running conversation around the intersection of clinical and administrative data and whether a unique patient identifier is needed. He asked providers/those who represent provider organizations to provide additional comments.
    - **Alix Goss** noted that Recommendation 8 covers creating a standardized member ID but does not go the point of an individual identifier. It recommends the creation and incorporation of standards for member ID cards for insurance following international standards.
- **Steven Lane** noted variability from the provider perspective for tools available for patient identification and patient matching. He discussed his experiences working with various EHR systems and noted that some vendors have addressed this issue better than others. Anything that can be done to identify and name the standards related to patient matching will help. He suggested that this issue has been held up for political reasons and noted that he looks forward to a change, which would reduce friction and allow for reliable identification.
- **Aaron Miri** noted his agreement with **Steven Lane's** comments. He also discussed his experiences using patient identification at UT-Austin to help students and the football team return to the campus, and he noted that patient matching challenges have been a major issue from a public health perspective.
- **Jim Jirjis** explained that, as a provider, he has seen three categories of challenges in the ambulatory/hospital that would be beneficially impacted by improvements in patient matching. These are the amount of costs incurred when collecting information and sending it to payers, attempting to communicate a response or reworking denied claims.

Sheryl Turney thanked the HITAC for the feedback and the opportunity to be a part of the ICAD TF. She noted that this work has been meaningful to her personally, following her 30-year family/patient care

journey. She stated her hope that the work of the TF would better facilitate the exchange of data for the care of patients. **Alix Goss** thanked everyone for their comments and noted that this project was meaningful to her, as well. She stated that the reason for the work was the human aspect and the chance to improve the overall information exchange to bring together national frameworks for administrative and clinical data. She noted that additional comments, including comments from the public, would be incorporated by the TF over the next several weeks. The TF's submission goal is November 5, 2020, which will allow the HITAC to have an advanced opportunity to review the final report before accepting it at the November 10, 2020 meeting.

Robert Wah thanked the ICAD TF co-chairs for their hard work and all commenters for submitting feedback. He offered HITAC members another opportunity to make comments on the first two presentations, either verbally or within the public comment chat in Adobe.

Additional Discussion:

- **Jim Jirjis** noted that, in reference to the ONC Objectives and Benchmarks presentation, he commented in the chat about learnings from COVID-19 response efforts and automating interoperability for data reporting. He noted they found that some of the data was clinical, like positive COVID-19 tests, while other data, like supply chain staffing information, was managed outside of EHRs. He asked the ONC team whether those other datatypes would be part of the scope.
  - **Talisha Searcy** asked if this question was in response to the measurement work.
  - **Jim** asked if ONC's work scope includes the collection of information like supply chain staffing information.
  - **Talisha** responded that this is within the scope of ONC's data collection efforts, and ONC is not limiting its analyses to electronic data, but it is also collecting data from hospitals that have been transferred using nonelectronic methods. She requested feedback on whether ONC is fully capturing nonelectronic methods that people in the field are using, especially related to public health. ONC will keep this feedback in mind as work continues on finalizing measures pertaining to specific use cases and stakeholder groups.
  - **Avinash Shanbhag** responded that, yes, the USCDI is supposed to be using electronic health information, but ONC is accepting a broad range of submissions and is also looking for public input on all data to be considered for the USCDI in the context of electronic health information.
- **Alexis Snyder** commented on the topic area of Correction of Incorrect Data (on slide #12 within the ARWG's presentation) and suggested that the Gap and Opportunity could be better worded to reflect that transparency to the records comes first, and then the accuracy of the data. She suggested that the Opportunity should be expanded to give patients and caregivers a way to be fully engaged in correcting incorrect data in the EHR quickly and easily so that there are no adverse effects due to inaccuracies. She voiced her agreement with the piece in the gap related to consent and explained that many patients are not aware of loopholes that occur when they become a shared patient between hospitals; for example, those two systems can share information without the patient's consent, so this would be a gap that would provide an opportunity for improvement.
  - **Carolyn Petersen** and **Aaron Miri** thanked her for the feedback and noted that this comment would be reflected in the version the ARWG brings before the HITAC in November. **Aaron** discussed misnomers that occur due to concerns about liability and how these situations informed the topic. He noted that **Alexis's** points would also be reflected.

- **Robert Wah** discussed his work on CommonHealth and provided an update on *CommonPass*, a project they started with the World Economic Forum to smooth air travel and border crossings. This project allows passengers to identify their COVID status, and Robert noted that he shared additional information in the public comment via the chat in Adobe, including some weblinks.

Following the completion of the discussion, **Robert Wah** asked to begin the public comment period.

PUBLIC COMMENT

Lauren Richie opened the meeting for public comment, and there was one public comment submitted by phone:

Laura Riplinger, AHIMA. Thank you. And thank you for the opportunity to comment this morning. I just want to offer a few comments regarding the draft report of the ICAD Task Force. First off, I want to say that I think the task force has produced a thoughtful analysis of how integrating clinical and administrative data can improve efficiency and reduce the burden for both providers and payers. And, they should be applauded for consistently considering the patient's point of view and for introducing ideas that would allow individuals to be more fully informed.

I would also note that we appreciate the emphasis in the draft report on adhering to existing requirements on sharing only the minimum necessary personal information. Although it is also important to consider how clinical data shared for one administrative transaction might be used for other purposes, I do want to note there are some of the recommendations made by the task force that are ambitious. And they would have a wide-ranging impact. But they lack some specificity about how to achieve them. And I take the point during the discussion today about the intention of the task force to focus on the what and not necessarily the how.

But if we look specifically at recommendation 2, establish a government-wide common standard then advancement process, it establishes a really important objective but does not necessarily map out how to get from our existing five faceted approach of setting clinical and administrative standards to this desired state. Furthermore, I would also note that this recommendation makes no mention of involving stakeholders outside of the federal government in developing this new standards process. Although presumably, all stakeholders would need to use these standards that are adopted. Similarly, I think a number of the recommendations reference incentives across a range of federal healthcare programs without necessarily describing the form that they might take or the rationale for having them.

And it is currently unclear what the task force has in mind with respect to these incentives and what these incentives would necessarily achieve. I think ultimately from our perspective to be successful our collective efforts to integrate clinical and administrative data needs to engage all stakeholders. But also, carefully consider operational and workforce impacts. And, of course, prioritize privacy and security. And so, we look forward to providing more detailed written feedback to the task force's recommendation as the HITAC continues to consider the full written report. And just thank you again for the opportunity to comment this morning.

Questions and Comments Received via Adobe Connect

Richard Landen: Hard to hear this speaker.Louder? *[sic]*

Clem McDonald: Had trouble getting connected. (bazarre problem with my iphone-) *[sic]* Please note I am here for purposes of attendence , and that I will have speakng privledges when appropraite *[sic]*

Lauren Richie: hello Clem

Jonathan Nebeker: My question related to outcome is whether the outcomes are process outcomes relative to activities or to realize some desired state. In government we often focus on activities rather than outcomes, because outcomes are harder. This is a sincere question.

Denise Webb: Actually can we put up the questions on the screen instead

Steven Lane: Quality of data leads to usability and outcomes. There will be value in dentifying *[sic]* measures for each and exploring their relationships.

Steven Lane: A key challenge is to spread a correction made to erroneous data finds its way to all recipients/holders of the data.

Alexis Snyder: right, but it has to start somewhere

Abby Sears: I would like us to consider community partners. Healthcare costs are driven by social determinants and those caregivers need to be connected. This includes stronger connection to mental health providers, social workers, treatments centers, foster children systems, youth authorities, corrections facilities , food banks and the like..it is more than caregivers

Alexis Snyder: There has been work down by Pioneer in Boston that surveyed the desire and use of electronic data by xonsumers *[sic]*

Carolyn Petersen 2: Considering community partners will be critical for success.

Abby Sears: Sorry....I am going to ask my questions in the chat

Abby Sears: first...I am asking if we can add to the interoperability stakeholders a circle that adds community partners

Abby Sears: Second: On the second bullet can we add the words culturally competent vibrant heatlh *[sic]* app economy

Abby Sears: Third: can we add an additional bullet around access that supports building stronger access to broadband or connectivity

Aaron Miri: I would like to second what @Dr Steven Lane was saying around the fidelity of the data and what it means to the clinician on the receiving end. Here at UT - We get too many records exchanged with us that I constantly hear the complaint of " there's too much junk in here that's irrelevant" It would be great to start to include physician experience and how that translates to quality of the data exchanged.

Abby Sears: Fourth: Would you consider adding to the fourth bullet the word bidirectional

Rita Torkzadeh: Glad to see data completeness and quality highlighted as an intermediate outcome interoperability measure as access, exchange, and use doesn't mean that information is accurate, up-to - date, and comprehensive.

Brett Oliver: I echo Aaron and Steven's comments. The data exchange needs to be meaningful and minimally duplicative. If not, you will lose usablity *[sic]* and increase burden for both providers and patients.

Steven Lane: Public health data exchange also needs to be bidirectional. Providers and individuals need to receive information from public health to inform clinical and self care. *[sic]*

Aaron Miri: @steven - yes. The problem is a decentralized state level PH approach that some states have (like here in Texas). Takes a lot of coordination and governance.

Steven Lane: This exchange also needs to be iterative, allowing public health to learn about the progress of reportable conditions, not stopping with the initial lab/casereporting. *[sic]*

Abby Sears: I agree with Steven Lane. The data must be bidirectional *[sic]* and all data exchange must be bidirectional. This will improve care much more broadly.

Abby Sears: If we don't do this, as the app attach to the EHRs the data will be incomplete with little to no understanding by patients that it is incomplete

Steven Lane: There is a crying need for standardization of public health interoperability. Today there is unsupportable variability of data requirements across PH jurisdictions. Standardize the Ask and we will be able to efficiciently *[sic]* and consistently meet the needs, freeing up resources to focus on and address new opportunities.

Carolyn Petersen 2: Thanks for the feedback. We see this as an important issue, and bring focus to it in the annual report.

Jim Jirjis 2: one thing we learned from COVID and reporting was that there is important information that is not part of the clinical set...supply chain, stafffing, *[sic]* beds. will standards include that or is onc limited to the clinical data set?

Jim Pantelas: Dial in is proving unreliable today, so just watching.

Robert Wah: In the Crosswalk, there is discussion of Exchange of Clinical Data, International Exchange of Clinical Data in Public Health and Interoperablity. *[sic]* For this, I wanted to update work from the Commons Project on Common Health, the android equivalent of Apple Health, and Common Pass built with the World Economic Forum to speed and smooth air travel and border crossings. Here are some press about Common Pass. Today, CNN had a video about Common Pass as it is being used today on United Airlines flight from London to New York:https://edition.cnn.com/videos/travel/2020/10/21/commonpass-app-travel-industry-coronavirus-pandemic-stewart-pkg-intl-ldn-vpx.cnnIt was also covered in Reuters:https://uk.reuters.com/article/health-coronavirus-airlines-restrictions/united-airlines-testingThere was a lot of coverage when Cathy Pacific used Common Pass on flight from Hong Kong to Singapore last week as well.

Jim Jirjis 2: additionally we spend enormous resources with responding to the immense variation in reporting standards for state public health departments

Robert Wah: More info is available on https://thecommonsproject.org/commonpass
Robert Wah: The United flight from London, lands in New York at 12pm eastern today and has passengers using Common Pass for their entry into the US.

Sheryl Turney: great news Robert

Aaron Miri: It's also becoming critical that at some point we fundamentally address the gap that exists with a patient identification strategy. We need some national standard(s) or approach(s) that we all generally adopt. It's become a major issue, especially magnified during this public health crisis, and I am worried will hamper vaccine efforts if not addressed

Robert Wah: Here is the correct link for Reuters: in Reuters: https://uk.reuters.com/article/health-coronavirus-airlines-restrictions/united-airlines-testing-global-health-app-on-uk-us-flight-in-effort-to-reopen-borders-idUKL1N2HB2GB

RebaAnn Petrosky: Who do I ask what is the current expectation of a provider, facility, or practice to allow electronic access to what elements of their EHR?

Steven Lane: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi

RebaAnn Petrosky: Thank you.

Clem McDonald: will we have a chance to comment on some of these reccomendations? *[sic]*

Lauren Richie: Members of the public: if you would like to make a comment please call:1-877-407-7192 (once connected, press "*1" to speak)

Robert Wah: aaron-nice texas football entry there!

Aaron Miri: @robert This is Texas after all :-)

Alexis Snyder: Well said Alix

Alix Goss: Thank you HITAC! Hats off to the ICAD Members!

Carolyn Petersen 2: Hear, hear for the ICAD!

Alexis Snyder: Can we see the last slide from the annual report presentation

Alexis Snyder: to comment

Alexis Snyder: it may be one or two back, when I'm called one we can look :)

Steven Lane: Certainly healthcare situational data is "health information" and could/should be included in the ONCs scope for coordination.

Steven Lane: The lack of standardization of this data is part of what has led to the diversity and confusion regarding public health data needs and exchange. We need to expand the scope of this discussion to include all relevant health data to respond optimally to this and future pandemics.

Carolyn Petersen 2: Thanks for that feedback.

Steven Lane: Once we define the methods for communicating updates to inaccurate data to all data holders we will also need incentives to assure that data holders make the necessary changes.

Steven Lane: Perhaps there is a need for new data elements within the Provenance Data Class to identify errors and corrections in specific data.

Carolyn Petersen 2: We will look at framing that as an opportunity.

Brett Oliver: Robert / Carolyn - Are we to expect any update on the OMB request for a delay in IB rule enforcement?

Aaron Miri: Great question Dr. Oliver. I am curious as well.

Michael Adcock: Great question Brett. I am very interested in that answer

Carolyn Petersen 2: We can look into that over the next couple weeks and see if additional commentary or revisions are needed in the report. Certainly we want to make it as up-to-date and accurate as possible.

Brett Oliver: I guess the answer is no

Michael Adcock: Correct

WRAP-UP AND FINAL REMARKS

Carolyn Petersen thanked the HITAC members for attending and for contributing to the excellent discussions around the presentations. She thanked the ONC team who worked on all of the materials presented during the meeting, the Annual Report Workgroup members, and the co-chairs and members of the ICAD TF for their leadership and hard work over the past few months.

Robert Wah echoed Carolyn's comments and thanked everyone for their flexibility during the meeting. He noted that there are additional opportunities to provide comments on the materials presented at the meeting and encouraged members of the HITAC and the public to submit feedback.

Talisha Searcy thanked everyone for taking time from their busy schedules to join the meeting and noted her thanks for the feedback that was submitted on ONC's Objectives and Benchmarks presentation.

Avinash Shanbhag reminded members that the USCDI deadline for submission is October 23, 2020, and he encouraged members to submit comments. He noted that he is looking forward to seeing a robust set of data to consider for the future expansion of the USCDI.

ADJOURN

Lauren Richie reminded members that all materials from the meeting will be posted on the HITAC's website, including the draft ICAD TF report. She stated that the next meeting of the HITAC will take place on November 10, 2020.

The meeting was adjourned at 11:47 a.m. ET.