



The Office of the National Coordinator for
Health Information Technology

Transcript

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

January 27, 2021, 10:00 a.m. – 11:30 a.m. ET

VIRTUAL



Speakers

Name	Organization	Role
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Co-Chair
Carolyn Petersen	Individual	Co-Chair
Brett Oliver	Baptist Health	Member
Lauren Richie	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michelle Murray	Office of the National Coordinator for Health Information Technology	Staff Lead





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

Operator

All lines are now bridged.

Lauren Richie

Good morning, everyone. Welcome to the HITAC Annual Report virtual workgroup meeting. We are nearing the end here of yet another report, so we have our small but mighty team, Carolyn Petersen, Aaron Miri, and Brett Oliver. At this point, I will turn it over to the group to start the discussion.

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

Aaron Miri

Good morning, everybody. Welcome, welcome, welcome. Carolyn, I think you're still getting up and running, so if you want, I can kick into the slides.

Carolyn Petersen

Go for it.

Aaron Miri

All right, let me go ahead and start this off. Obviously, we are well under way, so today, we'll talk about our meeting schedules, with which we just got to the end of the cycle, and then we get to start the next report, and then we'll talk about some of the draft comments, and then, of course, open it up for public comment here. So, let's get into it. Next slide, please. Like I said, we're about at the very, very end of all of this. Just today, we have our meeting, and then, obviously, we help to transmit to our new national coordinator, Micky Tripathi, probably in the next couple of weeks, and then, obviously, that'll be transmitted to the Congress per 21st Century CURES. This report is really coming together so well, and up front, I just want to thank Michelle Murray, Elise, and the whole ONC team. On top of putting this fabulous report together, they're obviously transitioning bosses and all kinds of things, so you can only imagine the business behind the scenes, but this is a really great report, and my hat goes off to them and the hard work they've done. Next slide.

Okay, so, for the full HITAC, they obviously met on January 13th. We've gotten some good feedback. We also got some feedback in the comments, which I think we'll need to confirm today, and then, of course, there's a February 10th meeting of the HITAC – which is amazingly right around the corner – where we will approve the final report, which is exciting. Next slide. So, I guess we will discuss any revisions today, and at the HITAC meeting on February 10th, we will vote to approve the final report, and of course, at that point, it'll be transmitted to the national coordinator sometime in that February/March timeframe. Next slide. All right, let's get into this. Next slide. Is that the last slide there? It may be.

Carolyn Petersen

Yeah, the next one is the public comment slide.

Discussion of Draft HITAC Annual Report for FY20 (00:02:44)

Aaron Miri





All right, so, let's go into the attached comments, then. That might be the easiest thing to redline – the draft member comment form. There we go. Can you blow that up for me a little bit, please? My eyesight before morning coffee doesn't get there. So, on this section here – and, I'm going to pull up my copy as well so I can scroll without messing up the whole thing. Steven Lane obviously had some suggestions related to the section on federal activities across target areas, and one of his items was really just making sure that there is greater coordination of the federal health IT effort. I think we continue to say this year after year, although it's getting a lot better.

So, the proposal here is basically no action, but I do want to recognize his comment that more coordination across all the federal entities is always a good thing. Particularly when you're transitioning administrations, you can imagine the chaos, but they've done a really good job – the best that they could – related to COVID and things that we've seen recently, so there's no action needed for the report, but we do want to recognize his comment. On the target area for public health, Les brought this up – again, it was around urgency and public health concerns, really stressed that –

Brett Oliver

Hey, Aaron? May I interrupt you? Before we go to Les's comment, on Steven's, help me remember – do we have a place in the report that – coordination between agencies is great, but also, with the state agencies – for instance, what comes to mind that's been an example for me has been electronic case reporting. You've got this desire for the CDC to have electronic case reporting. Okay, back this out. My organization drops everything and builds it. Hey, guess what? They can't receive our reports. We've been building out for six months and we still have to do things manually. So, there was no coordination between state and federal agencies in terms of what we need and what we can technically do. We actually had to agree to beta something to get to the front of the line, and we're still six months into this with no electronic case reporting. I don't know if that comment would dovetail with what Steven had to say or if we've got that somewhere else in terms of coordinating at the state level. It's all about coordination, but...

Aaron Miri

Great question. Michelle, correct me if I'm wrong. I don't recall specific callouts to coordinate federal and state activity excluding things like HIPAA, other privacy concerns, and things like that, but in terms of public health, system limitation, or those sorts of things, can you correct me if I'm wrong on that one?

Michelle Murray

I think it's not stated as Brett stated it. It's more in specific topic areas that it's mentioned, but I don't think it's called out at a high level. There is information embedded throughout, so we haven't not said it. That's kind of a wishy-washy answer – it's sort of there, but maybe not exactly the way Brett said it.

Brett Oliver

Well, I know we're deep into this. I'm not suggesting creating a new section or anything like that, but I do think it – the vaccine itself is an example of how the federal government laid it out there and said, "All right, states, do what you need to do," and there's just a different level of ability to implement, both operationally and technically, amongst the states.

Aaron Miri





I totally agree. I can see that, Brett. Michelle, would it be difficult in one of those general coordination comments to highlight coordination among federal and state entities – respective state entities? Is it within our purview to say that?

Michelle Murray

Probably. I think it gets to a general point you'll run into in the list of comments, that there was a point made by a couple people at the last HITAC meeting that there should be more discussion or emphasis on public health in the report, so maybe this is part of that. Things have evolved since the first draft was written in the fall, so there is space to do more. You just need to tell us what you want to say.

Aaron Miri

Okay. I think Brett's is a fair point, and I think he's right. The most recent activities with COVID have really highlighted vaccine distribution in particular, so let's talk about that. Carolyn, what do you think?

Carolyn Petersen

It occurs to me that part of the reason why you see such differing levels of ability in implementing in some respects is related to resources. The tax base and the structure for a place like New York, Florida, or California is going to be really different from the situation on the ground in places like Wyoming and Arkansas, and in some respects, the underlying infrastructure and resource base really plays into those issues, and that needs to be acknowledged as well because what you can expect from a very rural place is different from what you can expect in a major city with public transportation.

Aaron Miri

This is very true. Case in point, my father, who is in his 70s, got his vaccine shot in Mississippi, and they had the National Guard doing the vaccination. Here, we're not doing them in Texas. We've got an army of volunteers and clinicians doing it, so you're right, it is very different from state to state. Maybe this second comment here, which I echoed, where Les was emphasizing the urgency – it could also be urgency of coordination at a state level of resource availability, which could be dollars, pure personnel, or whatever. Brett and Carolyn, does that work?

Carolyn Petersen

I think so.

Brett Oliver

I would probably use the word "prioritization" because just to dovetail on Carolyn's comment, obviously, the tax bases are going to vary in revenue, but that doesn't mean – in my state, it became a priority and they spent on their infrastructure when all the hospital systems were saying, "Your system is 12 years old. We can't even do some of these things." And then, it became a priority. Guess what? We've got the money, and we'll shift it around. So, I would just use the term "prioritization."

Aaron Miri

That's fair. Carolyn?

Carolyn Petersen





I would make the case for using “prioritization” and something else. Case in point, Oregon: They already started with the lowest per capita hospital beds in the United States. They needed to spend money on the National Guard because of the rioting in Portland and other places over the summer. They had the wildfires, which further depleted the state coffers. They had very outdated IT systems, so they were actually unable to waive the waiting week for unemployment benefits until November because it took them eight months to reprogram their systems, and then to be able to disburse the additional – it’s great to say “prioritization,” but sometimes you’re starting with so little, even if you prioritize, you’re still going to fall far short of the goal, and there are other things that you can’t control. You can’t just let fires burn because you don’t want to spend money on them.

Aaron Miri

True.

Brett Oliver

No, but I think we can all agree there are state emergencies that happen for everyone, whether it’s a teachers’ pension plan – that may not be as dramatic as fires and riots, but it’s always there. I think we need to press upon our legislators at a state level. It’s not sexy. They don’t go back home and go, “Hey, guess what? We’ve got a new infrastructure piece for you. Vote for me.” For us, it would be a reason, but there are limited votes in that regard, and for this coordination, it also takes a prioritization at the state level to make this happen. You don’t want to end up here in the pandemic again with a broken system. I totally recognize what you’re saying, Carolyn.

Aaron Miri

Michelle, you and Carolyn are geniuses at wordsmithing. Could you take a stab at wording, send it to us with this comment, and see if you can grab “prioritization,” “urgency,” and “allocation of resources”? I’m probably using the wrong terminology, but something like that.

Michelle Murray

Yes, we can do that.

Aaron Miri

Perfect, okay. Let’s see if they can wordsmith our broken thoughts into something that they can hit out of the park. I think these are great points. Okay, let’s move to the next one here, under “privacy and security.” This is from Terry. His comment was to mention a national patient identifier or network of regional enterprise master patient indices, and the comment back from ONC – and therefore, the HITAC – that “Our charge cannot use federal funds to discuss a national patient identifier. The HITAC may consider other approaches in the future when we’re **[inaudible] [00:12:24]** upcoming ONC report as part of the recommended activity.”

So, we can’t discuss a national patient identifier, but I’ve been thinking a little bit about this. It is a mess. It’s throwing up all kinds of roadblocks. I’m one of two major vaccine hubs for all of Austin. Maybe there’s a way to – and, Carolyn and Brett, I welcome your thoughts on this – I do know that there have been JO studies done on this. I do know that there has been some level of leniency shown toward HHS to begin to talk about it at a very conceptual level. I think there was a letter written at one point from Senate Health to the secretary saying, “Hey, just look at this and think about it.” Maybe there are some general ways we can talk about it without discussing the meat and potatoes of all of it. What do you think?





Carolyn Petersen

I was thinking maybe a general comment to the effect of improved ability to reliably match patients to records and health information to improve the functionality or improve our ability to do this without mentioning that specific term or coming up with a solution that is problematic to discuss by name.

Aaron Miri

Right, that's true. That's a really good approach. Brett, what do you think?

Brett Oliver

Yeah, I agree. Something along the lines of what she said – to accurately exchange patient information. The industry will find a way to do it, and it's going to be convoluted, it's going to involve AI, and all this kind of stuff, or you could consider a number. But, don't say that.

Aaron Miri

I know, I know. There has to be something. It could be any number of things. Michelle, is that okay, or are we tiptoeing too close to the line? I want to be respectful of the boundaries as well.

Michelle Murray

I think that's fine. I actually think we already do that in the report, but I think at this point, we just can't go that extra step further that people were asking for.

Aaron Miri

Okay. So, maybe in this document, instead of saying ONC cannot – because I realize that, and we can have all that, but maybe we should have another piece in here saying we can reference this section like this, so we can tell Terry, "Look, we heard you, we went up to the line, and it's addressed here, but by law, we can't specifically do what you're asking to do." That way, at least during the HITAC meeting, we can tell him, "Hey, we took your comments, and we put it in here as best we could."

Michelle Murray

Right, and I'll clarify in this document – that column was designed to speak from ONC to the workgroup, and we'll update that column to say that the workgroup recommends such and such.

Aaron Miri

Okay, perfect.

Michelle Murray

I also want to point out that this is a long list and that we did try to help you prioritize by marking things in yellow to show that ONC is addressing it, but still working on it, and in red to show things that this group needs to talk about today, but you're welcome to talk about anything in gray. You'll see things further down that had a word change here or there where we just went ahead and made that change, but you can also address those if you'd like, if there's time.

Aaron Miri





Sure, okay. So, let's go to the next slide here. There we go. We are now on – there should be quick changes here – public health, the original language – this is one of those about The SANER Project, CommonPass, and whatnot. The suggestion by Steven was to really talk a little bit more about wording and semantics in this one – so, rolling out COVID-19 electronic case reporting – kind of what you were talking about, Brett – and those sorts of things.

Brett Oliver

I'm not sure I would personally want to highlight that, but that's fine. If Steven's had good success with it, then we can keep it in there.

Aaron Miri

I think it's fine. I think it's just an example of something that's out there. That's a minor change. I don't have any issues with that. Carolyn, are you good?

Carolyn Petersen

I think so, yeah.

Aaron Miri

All right. The next comment on here is, again, public health. This is Les and Steven. This is about exposing systemic gaps within the nation's public health infrastructure, et cetera, and the suggestion was to really double-click on the public health and interoperability infrastructure, presenting some opportunities to improve and focus on bidirectional information sharing, which I thought was fair and relevant. I think it's implied, but this is specifically calling it out. So, again, it's a minor change, but I think it's important and it works. Do you guys agree?

Brett Oliver

Yes.

Carolyn Petersen

Yup.

Aaron Miri

All right. The next one is interoperability. This is Dr. Lane again. The original comment was "Although most clinicians now use EHRs, interoperability remains fragmented. Several barriers exist." Steven's comment back was "Most clinicians use EHRs. Interoperability remains somewhat fragmented and inconsistent across stakeholder groups, and several barriers need to be addressed." So, the inconsistency was what ONC said – more support for the statement would need to be added throughout the report. "Inconsistent" may be – I'm going to try to think about what Steven was trying to reference. Perhaps here, Brett, he was speaking toward the differences between states and the differences between resources, like we were talking about earlier. You're the physician here. When another physician says "inconsistency," what do you think he or she means?

Brett Oliver

What I would have thought Steven meant – just trying to read his mind a little bit – he's part of Sutter, and they've been exchanging information at a different rate internally and with their colleagues locally in a





different way than I have in Kentucky and southern Indiana, particularly with my clinically integrated network partners that are on disparate EMRs. So, I'm okay with the term "inconsistent," but I'm not sure what it adds. If we're saying interoperability remains fragmented and barriers need to be addressed, again, I'm okay to keep the words, but I'm not sure I understand what we gain with it.

Carolyn Petersen

Would "variable" be better than "inconsistent"?

Brett Oliver

Yes.

Aaron Miri

Yeah, I like that. I think that may work, and that is also stated throughout the report already, so it's not like we're adding some new nuance to this because "variability" is so clear. Michelle, what do you think?

Michelle Murray

I think that works, thanks.

Aaron Miri

Okay.

Brett Oliver

And, that wouldn't require additional support, right?

Aaron Miri

I don't think so. I think we're good on that one. All right, good. The next one is also from Steven, related to interop. The original comment was "Tracking and sharing of health information to support health equity initiatives, tracking adverse patient safety events," et cetera. His comment back... "[Inaudible] [00:20:12] needs of additional care settings are also essential for the nation." So, basically, he really double-clicks on "healthcare," and we said "health equity."

Carolyn Petersen

I'm not sure what "healthcare equity" is. I kind of under – I think there's been enough discussion around health equity that we all have a general sense of what that means, but again, going back to the rural versus city/different needs in different places, if you have healthcare equity, you'd almost be saying that the available care in every location equally matches the needs of that population at whatever time and in whatever way they need it delivered, and I think that's probably more than what we mean and probably more than what health IT can deliver at this point. I think "healthcare equity" is a stretch. It goes beyond the health IT area.

Aaron Miri

Right, I was just about to say that. It's like the difference between "telehealth" and "telemedicine." Telehealth is a lot broader and wider, whereas telemedicine is the care and clinical component of telehealth. So, that's interesting. I agree. I think if we're going to talk about healthcare equity, to me, it's a whole other conversation.





Carolyn Petersen

And it would involve bringing in professionals from areas that are outside of health IT.

Aaron Miri

Brett, what do you think?

Brett Oliver

I agree 100% with you guys.

Aaron Miri

So, maybe on this one, for healthcare equity, it could be a table idea for next year. Maybe it's a topic we could explore, or something in that parking lot list of ideas. We can say we think it's important, but we should really understand what it is before we recommend anything on it.

Carolyn Petersen

Great approach.

Aaron Miri

Michelle, does that work?

Michelle Murray

Yes, that's fine.

Aaron Miri

Okay, let's do that. Okay, the next one is also from Steven. It looks like a minor change. "Data generated or stored outside federal privacy laws are growing, etc. Patients are also unaware." His comment back was "Health data generated" – not just data, but health data generated – "and/or stored outside of the protection" – yeah, I think he's just clarifying what we're talking about as it relates to HIPAA. I guess we implied it, but...

Carolyn Petersen

It's fine.

Aaron Miri

It's a minor change. I don't see an issue with it. Brett, is it good?

Brett Oliver

Good.

Aaron Miri

All right. The target area of the next one is patient access. This is Steven and Denise. I'm not going to read this whole entire thing out to you, but basically, another minor change, and essentially, shared decision-making between patient caregivers and clinicians – I think it's just double-clicking on caregivers, and if I remember Denise's comment, it was about other people taking care of others, especially the elderly and whatnot, so I can appreciate this small change. I don't see any issues with it.





Carolyn Petersen

I agree.

Aaron Miri

Okay. Let me see here. Let me go to the red comment. It looks like – what page is that? Can you scroll down until we find the next red comment? I’m looking at it – I think it’s on the bottom of Page 4. There we go. All right, public health target area: bidirectional exchange. “We talked about the improved bidirectional interop between public health reporting systems and EHRs.” Steven’s comment back was “Improve bidirectional interoperability between public health data systems and certified EHRs,” or we could revise it – “Improve bidirectional interoperability between public health information systems and EHRs.” I actually like the revised comment. That actually makes a lot of sense to me, but that’s my personal take. What do you guys think?

Brett Oliver

I think the revised one is easier to understand.

Carolyn Petersen

Yeah, I agree.

Aaron Miri

All right. So, Michelle, we’ll go with Option 2 there.

Michelle Murray

Okay.

Aaron Miri

All right. The next one looks like it is at the top of Page 5 here, in red. So, the crosswalk table is the public health target area. Dr. Lane comments, “Compile a set of useful health IT resources to communicate with public health organizations.” The comment was about “Communicate [inaudible] [00:25:39] communication resources or a plan to share and develop HIT resources through models of bidirectional applications,” and the suggestion was originally made by Terry. So, his concern is about what the word “communicate” means. To me, it’s all of the above. I don’t remember us denoting anything specific, like a plan to do X for those of you who plan to do X – “communicate” means all of those to me, but what do you all think? Do you think “communicate” is the wrong word?

Brett Oliver

If I remember part of it – it was Steven, right?

Aaron Miri

Yeah.

Brett Oliver

I think it was that some of these public health organizations are unaware of what’s available – some of the resources and things. I suppose it could be all of that if it existed. What I’d want to be careful with is saying





yes, we want to communicate a plan to share and develop specific resources, but if they don't exist, then we're committing to creating that. Does that make sense? I think Steven was saying that whatever is out there, we want to make sure people are aware of it. I don't think he was talking about creating something new, a new plan. Do you remember it that way?

Carolyn Petersen

Are we talking about awareness-raising?

Aaron Miri

Yeah.

Brett Oliver

Yes.

Carolyn Petersen

Instead of "useful," how about "help to raise awareness among public health organizations"?

Brett Oliver

We could certainly check with Steven. That would be more accurate to what I understood him to be trying to communicate.

Aaron Miri

Maybe "communicate" is the wrong word. It may be "raise awareness." It may be some other terminology that just basically means, "Hey, this is available to you." I'll give you an example. When ONC did the whole \$20 million for a public health reporting funding award last week, I guess, I forwarded it to the State of Texas CIO and the team that runs the IIS systems here in Texas, and they said, "Great, we didn't know about that." So, I can see that people are just unaware of funding, resources, or whatever. So, let's try –

Brett Oliver

Can we suggest that back to Steven and see if that was truly what he was thinking? I guess that satisfied Terry.

Aaron Miri

I think it's a great idea. Michelle, can we do that?

Michelle Murray

Yeah, we can do that. I think you're on the right track, but maybe the word needs to be changed so we can give him options with other words or phrases.

Aaron Miri

Right, "raise awareness" or something. Whatever term works for that. Okay, let's keep going, then. The next red one I see is on the next page. Okay, got it. "Crosswalk table: Public health target area. Bidirectional exchange." It's from Denise. The original language is "learn about the successes and remaining barriers to exchange via HIE to support public health," and the original differences. This comment was "I suggest adding, as I recommended for the HITAC hearing, other applicable sections for as part of expanding the





charge of the TEFCA task force to assess and make recommendations on how the RCE and qualified QHINs could address gaps in bidirectional exchange to clinicians, labs, and public health.” I remember she didn’t want to just talk about things, she wanted to actually get something out there about this.

Carolyn Petersen

Are we able to actually expand the charge of TEFCA?

Aaron Miri

They’re going to reconstitute the group, right?

Carolyn Petersen

Yeah.

Aaron Miri

But, from what I recall – Michelle or ONC, correct me if I’m wrong – it’s the original charter, but they’re just bringing the group back together.

Carolyn Petersen

Well, some members may have ceased to be on the HITAC, and I don’t know if they would continue to be on the TEFCA or not, and it might be that there are new people who have joined HITAC since TEFCA last converged that would want to be a part of it. Lauren might be able to shed some light on that.

Lauren Richie

Yeah, as far as membership goes, we’ll definitely open it up to others. As far as the specific charge goes, obviously, we don’t quite have a sense of that yet, but we can assume it’ll be pretty close to the previous charge with having the task force review and provide recommendations on the latest version.

Aaron Miri

Yeah. Maybe we could –

Brett Oliver

Learn about the barriers? I’m sorry.

Aaron Miri

I was about to say the same thing. During that task force, can we talk about this topic and educate the world via that task force and just simply ask what the public health barriers are? That’s exactly what Brett was just saying.

Brett Oliver

I suspect that the RCE and QHIN could play a role, but if the original language is that we need to understand where the good things are happening and where the challenges still live, I don’t know how you come up with a plan just yet.

Aaron Miri





I agree. This may be an internal comment that doesn't need to go into the report, that we will transmit to the TEFCA task force that we should learn and educate. I don't even know what the barriers are across the country, though I can tell you what they are here in the Southwest. I don't know.

Brett Oliver

Well, how about we add something about making recommendations once we learn – I don't know if we have to get specific about – maybe it involves TEFCA, it probably does, but do we just add “Expand the role and address regional differences with the intent to make recommendations on how to address the gaps” or something along those lines?

Aaron Miri

We could do that. Carolyn, what do you think?

Brett Oliver

I think that will address Denise's concerns about wanting some action to it, not just discovery.

Carolyn Petersen

I'm good with that.

Aaron Miri

Okay, that works for me as well. Michelle, is that okay?

Michelle Murray

Yes, I caught it.

Aaron Miri

All right, perfect. I see the next red one at the bottom of Page 11, I believe. What page is this?

Carolyn Petersen

Do we also want to tackle yellow ones there, or do we want to do all the pink ones and then go back and do the yellow ones?

Aaron Miri

I was thinking of doing the pink ones and then coming back to do the yellows.

Carolyn Petersen

I'm seeing the next pink one at the bottom of Page 11 in the draft that we received, but that might have been pushed down to Page 12.

Aaron Miri

Yeah, that's Terry O'Malley's comment. That's the same one. Okay, it's pushed down there. That's fine. So, “Target area: Exchange of health data across the care continuum.” This one was “Add a recommended activity to the topic,” which is the “immediate opportunity section,” et cetera. “Leverage current federally mandated assessments or leverage current federally mandated assessment instruments as a basis for shared semantically interoperable data sets. Description of specific mission is to be added to the landscape





analysis and gap analysis.” Oh, I see. Instead of going into this comment here, we could call it out generally and point to another section for the specificity. That way, it’s clean instead of just a bunch of jargon. Is that what you’re referring to, Michelle?

Michelle Murray

Yes, that’s right.

Aaron Miri

Okay, that makes sense. That way, this actually reads for the generalist, and they could always point to that section for those types of controls or assessment instruments. I’m okay with that.

Carolyn Petersen

Me too.

Aaron Miri

Okay, the next one is the “Interoperability target area: Exchange of SDOH.” It’s Dr. Lane again. “Add a recommended activity to the topic seriously considering including Level 2 SDOH elements into USCDI Version 2 or suggest SDOH data elements for inclusion in USCDI.” So, we’d be taking out the V2 comment and just talking about USCDI. Am I off? I thought SDOH were included in the latest proposed Version 2 of USCDI. Am I wrong? I thought it was.

Brett Oliver

I don’t think so.

Carolyn Petersen

One thing I’ll say I’ve heard from the staff lead for that work is that sometimes elements are actually embedded in a different category, so we’d have to go ask that person if they see any SDOH elements or if they would categorize them under a different group? That apparently happened with some mental health issue that came up recently.

Aaron Miri

Oh, okay. I see what you’re saying. So, it could actually be categorized as something else, but it’s a social determinant. Okay, I see your point. So, by going with the revision, we kind of deal with that – that it may be SDOH, but it’s not called out technically as SDOH, but it is. I see your point.

Brett Oliver

Like a ZIP code? Is that what we’re talking about?

Aaron Miri

Yeah, exactly. When someone says “social determinants of health,” I think of patient-reported outcomes and stuff like that, like PGH data or food deserts. But, I can see her point that other elements do cross that threshold of SDOH, so it may not be called SDOH. It may be called something else. So then, the revision makes sense to me.

Carolyn Petersen





There's also room to add more elements than what's already being suggested. So, I think what you're saying is still valid, but I want to put out to this group that sometimes there are things that show up in the USCDI that are called something else, but still affect this topic area.

Aaron Miri

Yeah. I'm good with the revision then in that case. It makes sense.

Carolyn Petersen

Yeah, I'm fine with it.

Aaron Miri

All right. Brett, are you good?

Brett Oliver

Yes.

Aaron Miri

All right. The next pink one is on the bottom of Page 13 on my copy. There we go. All right, this is Terry O'Malley. "Sharing data with the research community, add a recommended activity or topic, expand exploration of metadata standards beyond research to include public health data segmentation, authorized use, and dataflows." Does metadata stand under the topic to be more inclusive? What is the gap it addresses? So, putting my research informatics hat on, Terry is talking about the ability to mash up various data sources for qualitative and quantitative, and it's really an issue for quantitative-type research to figure out if this piece of data actually fits like a jigsaw puzzle, and that metadata helps you assess that to see where it came from and establish data provenance. I get what he's talking about, but that's a huge – metadata conformity is its own thing, at least in my mind. It may be worth being its own topic for future consideration because it's huge.

Carolyn Petersen

It seems to me that it suggests opening up a whole other area of technologies requiring more standards, probably more policy, potentially revision of HIPAA, and some other things that we haven't even fully conceptualized yet, much less figured out how to get regulators and others moving on it, so it seems like it's almost too big. I can understand where it's important from his perspective, and it is important, but I'm not sure that we're ready to tackle it yet, at least at this level.

Aaron Miri

I'm leaning the same way. Brett, what do you think?

Brett Oliver

So, we're saying we should place this by itself as a future topic because of its size?

Aaron Miri

I think so. I would recommend that.

Brett Oliver





I'd be fine with that. It is one of those things to try to – oh, my gosh.

Aaron Miri

Exactly. In my head, I'm trying to figure out how I explain it in fewer than a thousand words, and I can't. It's ginormous, and I only see a sliver of it. For Terry, who eats and breathes that – he's the preeminent expert in it, and I'm sure he has a whole encyclopedia of things that need to be addressed. So, Michelle, our recommendation is to take research metadata and data like that – all those little nuances – for a future topic to be expanded upon.

Michelle Murray

Okay.

Aaron Miri

All right. The next pink one I see on my copy is the bottom of Page 15, by Terry. "Patient safety, mobile health apps. Should there be an ISA section for app ranking or a *Consumer Reports* for apps? The federal government may not be able to host such a tool but is there a private-sector solution." Oh, this is the clearinghouse thing. Right now, it's falling upon us on the provider side to tell a patient, "Hey, don't do this." It is a fair point. I don't want to take away from it. I don't know if there's a charge for us to do that.

Carolyn Petersen

It's not a bad idea, but I'm struggling to see how that would fit into ONC territory, never mind HITAC territory, because essentially, you're talking about regulating apps or getting very close to regulating apps, and that's still kind of the Wild West.

Aaron Miri

I know that the FTC and the FDA – if you heard that presentation in the last HITAC, they're considering apps – the whole medical device app ecosystem and that new approval process. The federal government is thinking about apps. We just may not know the latest. I'm just making this up completely. The FDA could come up with a new process for how to medically clear an app, and then, by default, they become the *Consumer Reports*/Better Business Bureau of apps, and I'm totally making that up. That's not a fact. So, there could be things going on that we just don't know about.

Carolyn Petersen

Well, my sense has been that generally, they don't want to try to regulate apps because it's a huge area, there are so many, and it's such a gray area in terms of if an app is making a medical claim, that's problematic in the same way that it's problematic when unregulated, unapproved devices have claims made about them, but I'm not aware that that's an area that the FDA is specifically trying to or wants to regulate.

Aaron Miri

Okay. So, maybe for this one, we can also put it in the parking lot ideas and double-click more because I suspect we would need to talk to more federal officials, figure out the temperature of things, and allow for some marination to occur in the community because that's on everybody's mind, but it's a good point. I don't want to lose it. There should be something about a –

Carolyn Petersen





But, what we need is a section in the report of cool stuff for HITAC members to discuss at HITAC summer camp, where we discuss all the stuff we're not allowed to discuss in our regular work.

Brett Oliver

Absolutely. While we're not talking about regulation, is there a place for a standardized structure to an app or how certain data elements are presented in an app? You're not telling them they can or can't do something, but in the hopes of better information exchange – or, do the existing standards that are already out there take care of that?

Aaron Miri

It's a good question. I have seen NIST publications out there around app privacy and security configuration standards and best practice guides. ONC has a phenomenal developer's guide that tells you you're going to violate HIPAA if you do certain things. They did a really good job of crosswalking that, so there's a lot of stuff out there. I just don't know if there's one person or one group that has jurisdiction on that. I just don't know what the intent is, and to Carolyn's point, they may just not want to. It may just be like this to allow for people to innovate. But, it's a fair point, Brett.

I think if we put this in the parking lot, we can double-click on it next year and say what we really want to talk about and for the next report. By then, let's presume information blocking will be in enforcement, we'll have ADT information flowing, and all the other things that are supposed to happen this year. Claims data will mysteriously and miraculously become available to providers – all that good stuff that we hope happens this year. So, in theory, the app ecosystem should be very verbose by the end of the year. Michelle, we're going to put this in the parking lot to learn more about for next year's report.

Michelle Murray

Okay, great.

Aaron Miri

And, I think that's all the rest. Am I correct on that?

Michelle Murray

Yes, that's correct.

Aaron Miri

Okay. Let's go back up to the yellows so we can try to get through those.

Carolyn Petersen

Back up to Page 1.

Aaron Miri

We already did that one, right? Yeah, that was "consistency and urgency." I thought we already addressed that one.

Carolyn Petersen

Yes, I think you did, unless you have more.





Aaron Miri

Yeah. No, we didn't cover that one, so now we're going to go down to...it looks like the bottom of Page 8 on my copy – from Sheryl Turney.

Carolyn Petersen

Yes. "Expand the scope of the gap to integrate more pandemic use cases that have emerged in recent months, particularly around data exchange public health purposes," and then, Les had an edit here. I guess the thought that occurs to me is do we want to track unimmunized populations? Is it a matter of tracking, or is it a matter of measuring the prevalence of lack of vaccination, say, regionally by state or something, or are we actually tracking in the way that you track and trace individuals using an app? And, are we thinking about an individual level, or is this more like we understand that in Arkansas, the vaccination rate appears to be 73% and in Minnesota, it's 84%? It seems to me that "tracking" implies the individual in a lot of contexts in the way it's used, and I'm not sure that's what they mean. I'm not sure that would even be within something that HITAC as a whole would support.

Aaron Miri

Yeah, I don't know. I think it goes up to the line, right? Brett, what do you think?

Brett Oliver

I would bet at least Les was thinking more along the lines – a little bit smaller – not quite individual patients or people, but much more granular than by state acceptance. So, in Austin, there's a ZIP code that has a 20% lower immunization rate than others. From a public health standpoint, do you reach out to those populations or educate in a different way? Having listened to his comments over the last few years, I think that's where his were coming from, but it looked like there was more than just Les on this one.

Aaron Miri

I don't really have too much of an issue with it. I guess with that lens, Brett, I think he's trying to get specificity to what the differences are there – what types of inequity you would track, and why.

Carolyn Petersen

And, how would you ensure that that data was being collected in a way that it wasn't being used for discrimination or other things we want to avoid and we know can easily happen?

Aaron Miri

Right, right.

Brett Oliver

Yeah, the intent would be the opposite, but you're right.

Aaron Miri

Okay. Well then, I think with that lens, it makes sense that we should accept it. I'm okay with it. Are you all?

Brett Oliver

Carolyn, are you okay with "track," or do you want to change that wording?





Carolyn Petersen

Can we say “monitor” instead of “track” for unimmunized populations?

Brett Oliver

I’m good with that.

Aaron Miri

That makes sense. That’s a good nuance. Michelle, does that make sense to you?

Michelle Murray

Yes, I’ve caught that.

Aaron Miri

All right, cool. Then, the next one looks like it is Arien’s comment. Is that right? Yeah, there we go. All right, the topic is “Public health: Patient matching.” So, the comments from Arien and Les: “Address alignment of incentive and certification programs to encourage an ecosystem to better match EHR public health data.” There’s that patient matching for you. I knew it was coming. So, it says, “Any use cases will be covered under the topic of [inaudible] [00:51:25]” – okay. This goes back to our earlier comment around patient identification strategy across all data types. I don’t know if we can get to a carrot-and-stick approach until we understand what it is that they’re supposed to do. What do you all think?

Brett Oliver

I don’t even follow the comment, to be honest. I don’t know what he was looking for. It sounds so nebulous to me that I don’t know, so I’ll defer to you guys. I’m not smart enough to understand Arien.

Carolyn Petersen

Can we put it in the parking lot and see if we get more understanding about what it means or where it comes from in the next year? It may be that it’ll be clearer to us after there has been more rollout.

Aaron Miri

Yeah, and when the report has been published. Once the report has been published, we’ll see a lot more. Okay, let’s go to the next comment. This is Les, also on patient matching. “Address patient identity and matching needs to support tracking multiple vaccine doses of an individual over time.” Well, yeah. I guess I’m okay with this because we say this a lot, but yes, this is important.

Brett Oliver

With Les’s comments, I’ve found that he provides a lot of great detail, but is that necessary for our report per se? Yeah, it’s a great example of the need for patient identity and matching, but... Again, I’m fine with it, but there is a limit to how much detail you can put in the report – or, is there, Michelle?

Michelle Murray

We can add pages and pages.

Aaron Miri





[Laughs] Have you seen some of those congressional reports, Brett? They go on for thousands of pages.

Brett Oliver

That's fair.

Aaron Miri

A lot of words in the dictionary, my friend. I'm okay accepting this. It's a very valid point, a very valid use case, one of billions of examples, but I think it's okay.

Carolyn Petersen

I don't think it pushes back against anything or contradicts anything else in the report.

Aaron Miri

Exactly.

Brett Oliver

No, it's a use case that has existed as long as I've practiced. I know it's come into light with COVID, but tracking somebody's immunization status and vaccine dosage has always been a use case, so that's why I don't know if it's unique. I know it's unique for COVID, but it's also unique for an MMR, IPV, or Zostavax. I could go on.

Aaron Miri

Right, right. Let's go to the next one. The next one I see is from Les at the bottom of Page 14. So, Les Lenert basically... The member who substantially wrote this section – technical detail on the second paragraph and deleted the privacy and security information. "ONC will propose a concise and neutral reference option for workgroup consideration." Okay, under "biosurveillance" – oh, I remember this one. He really spent some time on this one. I guess there's really nothing – Michelle, are you just going to email us?

Michelle Murray

Right. We have time next week to close out a few of these open items that still need some writing.

Aaron Miri

All right, we'll table that one, then. The next yellow one I see is under "Gap analysis: Public health." Is that correct? All right. "Privacy and security: Public health." Les again. "Urgent need to be able to conduct nationwide surveillance and contact tracing of COVID-19." Sure. "Cell phone data" – okay, this was the location tracking versus contact tracing, which I think begins to get really muddy. The original text is Arien. "The United States now has broad experience of the use of privacy-protecting Bluetooth proximity." Okay. "The original text suggests need to be researched or referenced **[inaudible] [00:56:16]** too technical." All right, you'll send us what you think.

I think just generally speaking, I guess our thoughts are – at least, I'll say mine – I think this country has a long way to go with how to safely and while maintaining privacy use your location data and ensure confidence in the person being tracked that it will not be used for nefarious purposes, law enforcement purposes, or purposes other than public health. I think Bluetooth is one of many technologies that could be used for that. You could use cellular, credit card transaction data, or a lot of things. Contact tracing and





case reporting are totally different than location tracking. Case reporting or contract tracing is “Who was Aaron around? Aaron was in the barbershop, and he ran into Brett. Aaron’s positive? Hey, Brett, how are you feeling? Did you know you were around someone who was COVID-positive in the past 72 hours? Stay home and quarantine for a week.” That’s contact tracing. So, I worry that we may be conflating, so I look forward to your comments to us, Michelle, on how to keep this clear because I think even Les may be intertwining the two. That’s my personal take.

Carolyn Petersen

I agree with everything you just said, Aaron, and I think with location data, we have other problems introduced because as that plays out in the U.S. at this point, it’s mostly related to where a smartphone goes, and I could take your smartphone and put it in my purse, and then, suddenly, you would be reported as being in all the places that I was, and you maybe were not. How do we validate this data? We don’t validate it at this point. But, I think an even bigger issue is that the replacement text suggested does not remotely say what the report now says, and we have not had any discussion about the content and the topics in the replacement text at the HITAC level, so we have no way to try to assess whether that’s the thinking of the HITAC.

I think it’s clearly the thinking of the member. I can say there are certainly some things in the replacement text that I don’t agree with that I would never represent as my opinion, and I know of a few people who I believe would absolutely not agree with it also, so I think we need to look at another solution or the text that Michelle’s ONC team can suggest and think about how that fits in because the report is not a vehicle for individuals to share their opinion as the collective opinion of a large advisory group – not for any of us.

Aaron Miri

Agreed. Well said. Brett, what do you think?

Brett Oliver

Carolyn, I think that was well said because I would personally disagree that there’s a broad experience with this. There is zero experience with it in my state. I think that’s coming from Les’s perspective, and it’s great, I’m glad he shared it, but I don’t think it came from the HITAC, which is what we’re charged to do.

Aaron Miri

Texas is very much “no Big Brother allowed,” and I did look at this location Bluetooth tracking just to investigate what it was, and I was told pretty explicitly by state authorities not to pass Go, not to collect \$200.00, and not to do this, and that would be shut down quickly, so I think there’s a lot of variability we have to talk through.

Carolyn Petersen

Bluetooth wouldn’t even check out from the infrastructure level in a lot of places in the U.S., would it? We don’t have the bandwidth and the stability of the bandwidth to...

Aaron Miri

Right. What was really neat – and, I don’t want to derail us, but there was a really cool anonymous algorithm that was developed in Europe, and I want to say they rolled it out in Norway and a few countries, which did use Bluetooth, but it killed your battery, but it was done in such a way that it was randomized and you





wouldn't know it was Aaron's Bluetooth signals, but you could correlate it somehow on the back end. It was this really neat thing that this genius built on the other side of the world, but even that wouldn't fly here, so I think there's a lot of room for discussion.

Michelle Murray

I have a question on that one. Are you saying to keep the original text, or do you want to integrate anything from the suggestion?

Carolyn Petersen

I would like to see the ONC new option. I feel like the replacement text as presented really isn't a switch we can make, but if there is a suggestion from your team about integrating some of those ideas in ways that avoid the specific concerns we have, that would be something to look at.

Michelle Murray

Okay, we can do that.

Aaron Miri

Okay. The next yellow, which ONC is saying we should accept, is from Sheryl, Arien, Les, and Clem, again around vaccine tracking. We identified two gaps around vaccine administration. The comment would expand the scope of gaps to include more pandemic use cases that have emerged in recent months, particularly around data exchange for public health purposes. So, I guess text will be coming out, which I guess goes in line with what I said earlier, which is that we've learned more since we started working on this report during the pandemic, so this one gets more use cases, which, again, I'm fine with. Brett and Carolyn, do you think that's fine?

Carolyn Petersen

Yes.

Aaron Miri

All right, that's fine. Michelle, we'll just look forward to you telling us what's appropriate. The last yellow I see is the last one from John Kansky on research. So, interop... John was saying that – a member shared a white paper that he authorized with David – yeah, I saw that. He did send that out.

Carolyn Petersen

I think I can forward that to you. I'll do it right now, Michelle.

Michelle Murray

Okay, great. I don't think I saw it.

Aaron Miri

That's right, he sent it to me, Carolyn, and Don Rucker. It was a great report, and Don actually weighed in, saying, "I really like this, this is a great report." It was a really interesting exchange of emails. But, yeah, I think the whole crux of that was propping the HIEs up to be the focal point for pandemic response. That's basically the best way I can describe that report, but Michelle, you tell us what we want to say.





Carolyn Petersen

I just forwarded that email to you, Michelle, and I also had Accel on there, so if we have some email issue, Excel can forward it along to you right away.

Michelle Murray

Okay, thanks. I'll take a look and see if there's anything there we want to add to the report, or at least use as a reference.

Aaron Miri

Yeah. The other comments in this thing are really benign. We can go through them – all the blues – but they're just... What does this group think? Do you guys want to just read them offline and make sure there's no heartburn? They're so minor – minor changes are the blue ones – and ONC is saying to accept them. Michelle, you tell us. We've got about 10 or 15 minutes left before we do public comment. Is there anything else urgent that was like the red or yellows that you needed to talk about?

Michelle Murray

I don't think so. Maybe talk about process for next week to make sure we can circle back and review. It'll be through email. ONC will work with our contractor to come up with any extra resources we need or any alternate writing and share a draft report with the three of you, and then give you two or three days to respond back, and then we'll give it to the HITAC for approval on the 10th of February.

Carolyn Petersen

That sounds good to me. I have a note on my calendar so that I am watching for it, and as soon as it comes in, I can sit down and dig in.

Aaron Miri

That works for me. We'll give the blues a cursory review to make sure there's nothing there to give us heartburn. I don't think there will be, as I've glanced at them. We'll look for the feedback you'll send us, Michelle, and then we'll get back to you, and then we'll be off to the races. Should we go to public comment now? Carolyn, Brett, what do you think?

Carolyn Petersen

I'm fine if we're allowed to, if it's not too early.

Lauren Richie

We'll just ask the contractor to pull up the phone number for us.

Public Comment (01:05:47)

Operator

Sure. If you would like to make a comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 to remove your comment from the queue, and for participants using speaker equipment, it may be necessary to pick up your handset before pressing *. One moment while we poll for comments. There are no comments at this time.

Lauren Richie





Okay, thanks. We'll leave the phone number up just in case so we can give folks enough time to dial in, but I'll turn it back to Aaron and Carolyn for any closing remarks.

Carolyn Petersen

I guess I would just say thanks, everyone, for coming today ready to work, and for getting through the comments and the discussion in an efficient manner. I think we're well placed to get our final draft together for the HITAC, and keep your fingers crossed for a good review and approval.

Aaron Miri

Ditto. This is fun. It will be a great report, so I look forward to it.

Lauren Richie

I just want to check in with the operator. Any comments?

Operator

There are no comments at this time.

Lauren Richie

Okay, great. Well, we will adjourn for today, and we will talk again here relatively soon for our HITAC meeting.

Aaron Miri

Sounds good, thank you.

Lauren Richie

Have a great day, everyone.

Brett Oliver

Thanks, guys.

Carolyn Petersen

Thank you so much.

Aaron Miri

Bye, all. Stay safe.

Brett Oliver

Take care.

Adjourn (01:07:32)

