Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Transcript

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

June 2, 2021, 3:00 p.m. – 4:30 p.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
Michael Berry	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
Thank you. All lines are now bridged.

Mike Berry
Okay, thank you very much, and hello, everyone, and welcome to the kickoff of the HITAC Annual Report Work Group. I am Mike Berry with ONC, and we are excited that you are joining us today, and we really appreciate the willingness and dedication of our working group. On behalf ONC, I would like to thank our co-chairs, Carolyn Petersen and Aaron Miri, for their ongoing support and for providing direction to this work group, and also, thanks to Brett Oliver for continuing to provide his expertise. As with all HITAC meetings, we will have a public comment period towards the end of each meeting, and we welcome your comments then or via the public chat feature, which is available throughout this meeting. You can also submit your comments in writing to ONC-HITAC@accelsolutionsllc.com. For the record, we have in attendance today Carolyn Petersen, Aaron Miri, and Brett Oliver, and now I would like to turn it over to our co-chairs to get us started. Carolyn, Aaron?

Opening Remarks, Meeting Schedules, and Next Steps (00:01:03)

Aaron Miri
Sure. Welcome, and here we go again. This will be another fun, exciting year. There is a lot of good stuff going on, and I think given the focus on public health, a lot of our work from the previous years really will pay dividends because we have been talking about this for some time, and some of the items and issues there that are coming up, so this should be a fun year. I look forward to it. Carolyn, anything you want to say real quick?

Carolyn Petersen
No, I just agree with you. It is hard to believe that we are already back, working on the next annual report. The calendar says it has been three and a half months since we wrapped up the last one, but it feels like last week, so we are glad Aaron and Brett are here to help with this work.

Brett Oliver
Yeah, this sounds like a week to Michelle. She is the only one not smiling.

Aaron Miri
Ah, but Michelle is a professional now. She and her team are amazing at this, so it will be another phenomenal work product.

Brett Oliver
One hundred percent.

Aaron Miri
All right. So, today, from an agenda perspective, we will go through the meeting schedule, talk about the lessons learned and parameters for the HITAC Annual Report FY '21, some topics for the HITAC Annual Report FY '21, public comment, of course, next steps, and then adjournment. Next slide, please. So, the status of FY '20: Obviously, we completed this, HITAC reviewed it, approved it, it went to the national

coordinator, which was great, Micky rejoined ONC activities, now as NC, and I think it helped him really get going on that, and then he forwarded it on to the Secretary of Health and Human Services, and Carolyn, I think you got the same email I did from the Secretary of a thank-you. I believe he read it, he really appreciated it, and it was very informative to him, so I think we learned a great lesson: A good annual report helps to orient very senior healthcare leaders quickly as to the opportunities and the positives, and I found that to be really, really reassuring, and it says a lot about the work that the whole committee and HITAC as a whole did. I really appreciated that. Carolyn, is there anything you want to add to that?

Carolyn Petersen
No. It was just really nice to be acknowledged, and hopefully, we have set the stage for many years of really solid, useful annual reports.

Aaron Miri
All right, I totally agree. Next slide? All right, so, meeting schedules. Fast and furious, these meetings here. So, we obviously have today, which is June 2nd. That is amazing. I cannot believe the year is halfway done. It is crazy to me. We have another meeting on the 22nd, and then we will break for a good month with 4th of July and everything, so, July 20th, then we will have a crosswalk of topics, and in August, we are really going to refine that, work to that crosswalk, and really start getting to the meat of things. And, the same thing as it goes all the way down this side, where you can see the meetings.

The draft should be ready by the November timeframe, so we can call it Thanksgiving-ish, with the **[inaudible] [00:04:07]** going to HITAC for review in December, and then, approval sometime in January or February, then transmittal in the springtime. I am sure interspersed here will be updates at the HITAC of what is going on, awareness, FYIs, "Here is what we are looking at," and of course, if anything develops over the course of the year, particularly given the executive order around public health and others, we will adapt, we will adjust, and we will keep going. I think this report will really be reflective of a good body of work of what the HITAC is working on and really focused on, everything from USCDI, to standards development, to everything, so I am excited about that. Next slide.

All right, so, the meeting schedule to full committees: Obviously, we are going to be giving you updates there in June and in July, so next week, we will start this process again. July: There, as well, we will be giving updates, September 9th, and November 10th, and of course, the review of the full report and approvals in January and February of '22, which will be here before we know it. So, it is exciting, and we should learn something from this process. Keep going. Next slide.

All right. So, here are some potential topics for the HITAC Annual Report. Next slide. All right, so, the first question for us is are there any new lessons learned in the development of the annual report for FY '20? I will start. Brett and Carolyn, I am curious of your thoughts too. I really enjoyed the stories and short narratives that we put for every section. As I have been told, it made it into English for folks who are not as techy as we are, or who are not as versed in the nuances of the details, so I think that was a really good addition, and it helped anchor the report. What do the two of you think?

Discussion of Lessons Learned and Parameters for the HITAC Annual Report for FY21 (00:06:09)

Brett Oliver
Yeah, I would agree with you. If I have had one piece of feedback during my entire time on the HITAC from multiple people, it was that piece. It really made it readable and brought home the point that it was nebulous to somebody, if they read the story, they would understand. They still might not understand the paragraphs before or after it, but they could get that story and definitely see the need.

Carolyn Petersen
Yeah, I think that is an effective way of communicating, and something we would want to retain for the coming year.

Aaron Miri
All right. So, the next question, then, is what are some parameters to adjust for the development of the annual report of FY '21? Some questions here: How long should it be? Should the format change now that there is a body of work? Should some items be referenced, but not addressed? Should the executive summary stand on its own more with landscape and gap analysis, dependencies, or revisions of format and that sort of thing? Personally, I give a lot of credit to Michelle and the Excel team for figuring out how to summarize a really dense body of work of topics into something readable. I found last year's format really easy to follow, with the executive pages up front, which is what I call the short story or the cliff notes version, and then the details behind it, and the crosswalk made a lot of sense to me. I liked how we set priorities and ranges to things, and what were short-term, medium-term, and long-term sorts of things. So, I would quite honestly be in favor of adopting the same type of format for this year. It seems easier to read, but Brett and Carolyn, I do not know what you think.

Brett Oliver
When I read these questions yesterday or the day before, I thought, "Is there a problem with the format that we had before?" Did we get some kind of feedback that was not readable? Because this group is so small, we were going back and forth, and I felt like we modified things quite a bit over time, so to me, there was not a big need for adjustments, but I was just curious, Michelle, if you guys had gotten feedback that it was too long, the format was tough, or if it was standard procedure to go back through and make sure we do not want to refine.

Michelle Murray
I think it is both. I heard internal feedback at ONC during the review process that it is obviously lengthy, and they were seeing multiple versions of things many times, so there was a lot to read through in that phase, but I do not think I heard that comment about the final version. It was more like, "Is this process working for us? Is it a good use of resources going forward?" But, I did not hear feedback that was negative about the final product. People were pleased with that. So, I think it is more of a process question rather than that people did not understand what was in the report. I did see when people commented from HITAC members that they must have commented in the crosswalk sections and did not really parse through the rest of the report to find out where else their comment might impact, and that was left up to the team to figure out, so it did sort of imply to me that people are not reading every word of it or only wanted to comment once, not

multiple times. So, it could be shorter, and I think it would not hurt the report content if it was, but it also does not have to be. That is where that is.

Aaron Miri
Hmm.

Carolyn Petersen
I think that if it was meant to be a recap of what HITAC had done, then maybe it would not be so far to try to specifically make it shorter, but given that we know that people use it as a reference year-round and have an interest in being able to refer to it when they see a news story or hear about legislation that is being prepared, I feel like it is useful in its comprehensiveness, and it also helps frame what ONC does, which I think is probably good for the agency.

Aaron Miri
I think it is a good point, Carolyn, and it also gives a lot of meat to the bone as to what this federal committee is doing. What are we working on, what are our priorities, and what are the details behind it? As new congressional leaders come on board or join various committees on the Hill, they are going to look at the line items and say, "Okay, what are we funding? What are you working on?", as anybody would. Any good leader would ask that question, and it gives meat to the bone versus it just being a very consolidated crosswalk item because we actually go into detail, which I think is important. Unfortunately, these issues are not small. They are major, major issues for one of the largest segments of the United States economy, and so, I agree with you, Carolyn. I do not think we can do it disservice by keeping it light.

Carolyn Petersen
But also, we should not try to get into every possible topic we can think of. I think we have done well for ourselves and for the task by looking at each thing individually and saying, "What depth do we need from this and where is the benefit coming from?"

Aaron Miri
You are exactly right. Michelle, does that help give guidance on what we are thinking?

Michelle Murray
Yeah, I think it is very helpful. It balances the perspectives. I also see it the way Carolyn mentioned, that even if the members are not deeply commenting on every section throughout, it is a reference. I myself have gone back into it, and other people have told me that they do throughout the year, and we often hand it to people who are new to the health IT world as a good orientation of key issues. So, I think it does serve that purpose.

Aaron Miri
That is a good point, a great point.

Michelle Murray
I am trying to be neutral here. I see **[inaudible – crosstalk]** that shorter is good. I do not think it is less work, honestly, to make it shorter. Editing can be harder than just writing. So, to me, it is not necessarily about saving effort or work, although helping reviewers review it more quickly would be a nice feature, but

if it is important material that needs to be treated with some depth, there is probably no way around some of that, at least.

Aaron Miri
Agreed. I am just trying to get in my head how we would explain the SDOH elements of USCDI Version 2 at a very high level. You have to go into detail. All right, I think we have that answered, then. Length, format…we talked about all of this. Next slide, then.

Michelle Murray
One thing before you go on. There is the last question about any changes to our tools that we are using before we start applying them to the topic list and the crosswalk document. Should we repurpose it from last year?

Aaron Miri
Yeah, I would repurpose the exact same tooling. It was easy for me to review, comment, and send back, and as we can elaborate, it eventually guided the full document. I found that it took me an hour or two to go through the whole thing and redline, and that is when I added citations and stuff that I sent back to you. I thought it was great. Brett or Carolyn?

Carolyn Petersen
I agree.

Brett Oliver
It worked well.

Discussion of Potential Topics for the HITAC Annual Report for FY21 (00:13:49)

Aaron Miri
It worked well, Michelle. All right. So, potential topics for the HITAC annual report. "Please refer to the draft list of potential topics for FY '21 for the annual report for FY '21." Do we have that readily available? Can we pull that up? There we go. All right. Okay, "Topics for consideration: Public health data systems." I have a feeling like there is a yes and a yes with an exclamation point for answers with some of these ones. Let's see here. Do we want to talk about public health data systems? I am going to guess that we do.

Carolyn Petersen
Yes, several, actually, in that category.

Aaron Miri
Unable to deliver vaccine status to patients, which is true. We had that problem here in Texas. Immunization records not up to date for data consumption, payer vaccine monitoring for return to work, improvement data normalization incentivization… I think that has to be on the list. Okay, we are going to add that one. Again, the next one is public health data systems. "There should be an incentive to a funding structure that aligns incentives for public health data sharing and the results of EHR incentive program without a course funding public incentive structuring funding model," which is from Arien. So, I get where he is coming from, that there needs to be some sort of cost-sharing revenue reimbursement or something to incentivize people to share, and I am curious what Brett and Carolyn think, but my personal feeling is that this may be wading

into different kinds of waters that get out of our swim lane from HITAC. Or, am I misreading this? This could go in a couple of directions. Should we be doing this anyway, or should CMS be looking at this? Is this a CMS item? What do you all think?

Brett Oliver
Yeah, it does seem to be a little out of our swim lane. The way I interpret it, we need meaningful use dollars for public health and infrastructure, and because they were not incentivized, they have outdated systems, which is true. Arien is right, but I am not sure that is for us to decide or recommend. Carolyn, what do you think?

Carolyn Petersen
If I am thinking correctly, did I not recently see an announcement about the current administration trying to move forward with some additional funding for public health at a very significant level?

Aaron Miri
Yeah, it was $80 million for training, right? It was for training the public health workforce of the future, I thought.

Carolyn Petersen
I was thinking there was something else that I saw, but in any event, we could certainly frame a section like "HITAC is aware that public health will be getting more funding for a number of different aspects, and these are the areas that we suggest some investments be made to facilitate interoperability with clinical systems" and whatever else we think are the important goals. I think that would be within our purview, without getting too political, and perhaps it would help others who are involved in making those decisions, especially if they do not have a health IT background.

Aaron Miri
Yeah, that is a really good point, or it could also be referred over to one of the standards committees. Maybe USCDI has a data class or several data classes that bake into as a common element that has to be exchanged. It is case records, right? Most of those data elements are coming over anyways in the note, so, theoretically, one could surmise that it is just a regrouping and submitting it as an ECR, and not every major certified HIT vendor can do FHIR yet, which is bizarre to me, but it is the truth. We could also do it that way. We could recommend this to be looked at for the data class or classes for consideration in a future USCDI version.

Carolyn Petersen
Is that something that we would **[inaudible – crosstalk] [00:18:27]** HITAC **[inaudible]** specifically? We could ask them what they think.

Brett Oliver
Did we talk about…? Sorry, go ahead.

Aaron Miri
Yeah, I was going to ask. We could just ask. I am just trying to think of a way that we could have input on this that is in our swim lane, per se. It is important.

Brett Oliver
Did we talk about electronic case reporting at all? You mentioned eCR, and that is a specific infrastructure piece that is terrible. You get something like the CDC encouraging you to submit your cases electronically, and then your state cannot accept them. It is maddening. That is a specific tangent of what Arien was saying in terms of what the state's incentive was, or even if it was at the state level. I do not know, but Arien may have even been talking about more private companies that venture into the public health data swim lanes. Did we talk at all about electronic case reporting? That is a specific example of something that is not working now for public health, at least in certain areas. It is in my area; I can tell you that much.

Aaron Miri
I agree with you. Same here. I think we do in this crosswalk. I do not remember now which line it is, but I know we talked about case reporting a lot, so it has to be in here somewhere. So, what I am hearing in the recommendation for this item is that we ask one of the technical TACAs what they think. Is there room here to do something around this there? Maybe not so much on funding, but on standards development or something to that effect.

Brett Oliver
Yeah, I like that.

Aaron Miri
Okay. Carolyn?

Carolyn Petersen
Yup, go for it.

Aaron Miri
All right. Next item here, from Clem: "Public health data is typically divided by disease or condition rather than integrated with clinical data to show a broader picture across diseases and conditions." Go to the next slide, please. "We need to encourage more interaction between public health and clinical data sets." Because I do not…

Brett Oliver
It is almost like he is saying whoever is accessing public health needs the patient's chart rather than just the disease-specific entry.

Aaron Miri
Oh, I see. The full condition, to see any comorbidities?

Brett Oliver
Yeah.

Aaron Miri
I can see his point. I agree. A lab result is irrelevant without the note, right? But…

Carolyn Petersen
I have heard him say this at another meeting since then, that it goes deeper than just a particular patient situation. It is the actual systems, but I do not know if he is talking about at the federal level, the state level, or where, but he is saying that the actual systems are dividing the data, and they are not sharing across health systems themselves, much less with the clinical side. It was more about data modernization more generally.

Aaron Miri
I just need to know more about this. In my mind, I could go in a couple different directions with this comment. He is not wrong. I think he is right. I just do not know what the right answer is for us to look at because I am not exactly sure… There is so much variation state to state that I do not know if there is a way at a federal level for us to recommend something we could do with this, again, outside of a data class. I need to learn more.

Carolyn Petersen
Maybe we can put this in the "think about it for now" bucket and listen to the discussion at the PHDS Task Force meetings and see if we get some elucidation there.

Aaron Miri
There we go.

Carolyn Petersen
We certainly have a number of discussions at that venue.

Aaron Miri
You are right. I like that. Okay, let's get more information. Okay, patient matching, our favorite topic. We have talked about this at multiple annual reports here. "Alignment of incentives and certification parameters to encourage an ecosystem-based approach rather than a government mandate to better match EHR and public health data," from Arien and Les. So, yes. I think we did this last year, too. "Ecosystem-based approach…" That is an interesting word, though.

Carolyn Petersen
Everything is an ecosystem right now.

Aaron Miri
Right, that, or a platform. "Ecosystem" and "platform" are the buzzwords this year. I think this is a topic for the report. I think we have language from previous years that we have focused on that HITAC has blessed that speaks to this and the discrepancy without it. I do not think it is an issue. I think we just tag on/add to last year's comments about a unique patient identifier for all domains, not just public health. It is an issue.

Carolyn Petersen
Yeah.

Aaron Miri

Okay, health equity. "Expand 'health equity' phrase to explicitly include healthcare. Track and share health information or track health and healthcare equity initiates," from Steven. I agree, but…

Carolyn Petersen
This is another one that could be elucidated in the Public Health Data Systems meetings. We have not gotten that far yet, but he is a member of that task force, and I am guessing we will hear more about it.

Aaron Miri
Okay, so, let's listen and learn and get more information of where specifically… I agree with him. I think we need to, and I think we should have health equity by design. I am a big proponent for that. I think that is the right thing, and we have to balance care at the right place and the right time. I just want to make sure we understand where Steven is coming from, so that is a good point. Okay, we will learn more. Brett?

Brett Oliver
Yeah, because if you are expanding that phrase, what are you expanding it from? Is it something that he is referencing there already?

Aaron Miri
Right, okay. You are exactly right. But, he is not wrong, so I just want to learn more what he is specifically talking about.

Brett Oliver
Right, I understand.

Aaron Miri
All right. Next one: Safety and impact of mobile health applications. "Should there be an ISA section for app ranking, a *Consumer Reports* for apps?" Yes, there should be, Terry. Let's see. Patient access to information. I like that. I feel like we have talked about that before, though, in prior HITACs, about the Better Business Bureau for apps. Who is going to vet these things? We have talked about the Chapel, we have talked about a number of different places to document that, but I think it is fair, but I know the FDA is working on stuff too, so I do not know where the overlap is. Thoughts?

Brett Oliver
I was going to say, do you think this should be a subsection? Because you have digital therapeutics that the FDA does speak to and does approve or not approve. Would you agree that Terry was talking more about just going to the app store and finding an app that would track my periods, my headaches, or something like that, and if they are safer based on evidence? They do not go to the FDA for approval; they are not prescribed. Do we need to better define the safety and impact of mobile health applications, not digital therapies, meaning specifically calling that out since there is already a pathway for those?

Aaron Miri
That is a very good point. Wellness apps, things to help you sleep, things like that.

Carolyn Petersen
Is this more in the privacy security area rather than access?

Aaron Miri
It could be, although I do see Terry talk about patient safety and the efficacy of some of these things when they come to us. I remember him saying that. But, you are also right, it could be. Maybe we can go back and get some clarification. I honestly do not know what all the other agencies are doing. Surely, we cannot be the only group thinking about how we vet these. I realize it is colossal, and I say this tongue in cheek, but I know the default is to let the covered entities deal with it, but there has to be some sort of adjudication board of some sort. So, is that the FDA? I do not know. Maybe there needs to be some detailed discussion with the HITAC about this so we learn more.

Brett Oliver
Yeah, that is what I was thinking. Could we get a presentation sometime this year from the FDA on what they do have oversight over? Perhaps we would learn more.

Carolyn Petersen
It does not seem like an FTC/DOJ kind of thing, or OCR. It is an issue in search of an agency.

Aaron Miri
So, put some alphabet letters together and create one, Carolyn.

Carolyn Petersen
Is this the creative writing part of the annual report?

Aaron Miri
There you go.

Brett Oliver
The brainstorm.

Aaron Miri
All right. Public health data systems ensure… This one is from Christina. Let's see. "Ensure public health discussions consider future needs beyond COVID-19." I remember her saying this. I agree. I want to get the basics electronically transmitted. I am tired of fax machines. So, yes, but I would say this is tabled for the future comments. We focus on the here and now, what we can do, but she is right.

Brett Oliver
She is right, and I think after those comments we talked about on the first page that happened in January, there is a lot of emphasis and concern about the public health data systems and networks. I think it is being addressed, unless you think she specifically means something else.

Carolyn Petersen
No, I think that is covered under the comments we have had at the Public Health Data Systems meeting, where people have talked about the importance to plan not just for pandemics and COVID, but for all the other stuff that has to happen day to day that also has been hampered by funding systems, et cetera.

Aaron Miri
Okay. So, I think we have a plan there, which is just to note that as important, and we will keep talking through it at Public Health meetings. Interoperability across the care continuum: "Are new federal requirements like the CMS Condition and Participation Notification," basically ADT, "that are helping to address gaps in interoperability?", from you, Brett. What were you saying, Brett?

Brett Oliver
It was just more of a question than anything. Sometimes, I think the legislation trails where we are clinically, and then, sometimes I think it is reversed. The new ADT notification thing is just a nightmare for my providers in primary care. It is providing no benefit for a care manager, an ACO, or something like that. Yeah, we could probably give them some help, but we did not think through that. So, for those gaps that exist now, like maybe patient matching, who is looking at that? It was more of a question about process than anything, and maybe there is not an answer to that. Congress passes a law, and that is the process, and then we figure it out after that. Can we get ahead of that as part of the annual report? Can we make recommendations when we see gaps like past legislation that states this, or if it helps address…? I do not know. Sometimes, it seems like the cart gets before the horse, and then you end up trying to sort through a mess.

Aaron Miri
Welcome to Washington, D.C., sir.

Brett Oliver
I think that was where that came from, but good golly, guys, that was almost a year ago. I cannot remember what I had for lunch.

Aaron Miri
Okay. So, do we want to table that one, then, Brett, if you are good with it?

Brett Oliver
One hundred percent. I am not even sure if it is an issue. Maybe it is more of a comment than something we need to address.

Aaron Miri
Okay. Closed-loop referrals. "Addressing closed-loop referrals, including referrals to community-based organizations." What is she referring to here, just a narrow network? Is that what she is focused on?

Brett Oliver
Well, in my context, it would be I refer somebody to a community food bank, and then I get feedback back to close the loop and I know the patient got the food, or I refer them for medical assistance, and when you are outside of your healthcare system or your office set, closing that loop is a challenge to know if it is done.

Carolyn Petersen
It could also be more direct in the sense that maybe you refer your patient to the senior center for classes in stretching or strength training, and then you want to know if the person is attending? Are you able to follow along?

Brett Oliver
Yeah, status update, exactly.

Aaron Miri
Yeah, I actually do not know what work is going on in this field. I do not know that… There are systems out there that do that. There are CMS systems that are there that leverage APIs, but they have to be set up that way.

Brett Oliver
I wonder if that could piggyback onto the prior authorization discussion, because there is a lot of closing the referral loop with the PAs. A similar system or structure could be addressing it there.

Aaron Miri
I like that, yeah. Authorizations and closed-loop referrals… Yeah, that is fair. I need to learn more. I do not know what the community is doing to develop on this. I know there is work going on, but it is definitely nascent. Carolyn, are you good with that? We can add it as part of the prior auth discussion and look at it in totality.

Carolyn Petersen
Yeah, I think that is fine. It is also a connection to access to care in the sense that in some communities, the resources that people need or the option for accessing something is not part of the standard healthcare system. It is piecemeal here and there, like a food bank, like you said, to address food insecurity, or initiatives through rec centers or senior centers for some other needs people have.

Brett Oliver
Yeah, you are right.

Aaron Miri
Okay. The next one is mine. The emerging issue is robotics. At some point, we do need to start talking about and at least opening the door on this, at least in my humble opinion. I am hearing more and more inquiries around drones, drone utilization, particularly for supply runs, particularly after COVID, and just the immediacy of it. So, obviously, the FAA has been involved, helping to really help that. You see a lot of healthcare organizations now doing that for labs and everything else. **[Inaudible] [00:34:58]** a little bit, like what happens if the thing crashes? But, I think there is a lot of need in general for robotics, and there is a lot of growth. It is very much a market that is growing fast: Da Vinci's Xi, which has been used for years now, fully autonomous machines, medication restocking, all sorts of things. Is this a topic we should broach, all?

Brett Oliver
Yeah, maybe as a current state.

Aaron Miri
Yeah. Let's learn, let's talk about it.

Brett Oliver
I think there is a privacy and security piece with that as well.

Aaron Miri
Yeah, that is true, particularly in pediatrics. I had to deal with this in pediatrics. Carolyn, what do you think?

Carolyn Petersen
Yup, go for it.

Aaron Miri
Okay. Next slide, please. All right. Electronic lab reporting. APHL and the Centers for Disease Control and Prevention have developed FHIR-based apps that integrate with EHRs to provide…yeah, electronic reporting to health agencies. This was eCR, right here. So, ELR and eCR. This is exactly… Yes, I think we have talked about this already, but, yes, this is…

Brett Oliver
It is interesting that ONC suggested that one. The federal keeps suggesting it; it is the state governments that cannot follow through. We would love to do it. It would save us 30 minutes per COVID patient just for that.

Aaron Miri
I begged, I tried. I even put it in the last public health hearing. I tried, and Steven Lane even tried to help me. We brought the CDC to the EMR vendors, and the EMR vendors said no. I do not know what else to do. I tried.

Brett Oliver
We had it built. It was a concerted effort. It took us 10-12 weeks of team time, and then it got to the point where Kentucky could not accept it. Their software vendor was not up to date. Oh my gosh, it would have been nice to know at the front end before we put all this effort into it. It is probably six or eight months, but we will get it. We have 30 COVID patients in the hospital now, not 400.

Aaron Miri
Right, just in time for something else. Okay, so, eCR is on the list. I do not think that is a surprise. Other potential topics based on research. "Information exchange at a facility for the care and monitoring of patients with long COVID." What is long COVID? Maybe post-COVID systems? Because we have post-COVID clinics for people that have long-term suffering or symptoms. Yeah, "Diverse spectrum of symptoms for a prolonged period after they were…" I think it is "diagnosed." "How will the longitudinal data be handled across settings for these cases?"

I think this is huge, I think this is a major issue, and I think we are underreporting it because hospitals are so used to documenting what conditions are present when you show up versus the full spectrum of conditions that could be there, and I think we are just now learning how complex some of these patients are who see it. You are almost going to end up seeing second opinion clinics pop up everywhere specifically for COVID because people are going to have issues for a long, long time after the fact. So, yes, I think this should be on there, especially for the immediacy of it. Brett, as a physician, what do you think?

Brett Oliver
Yeah. My only hesitation right now is how "long COVID" is defined. You can get variations and definitions, so you throw everything and the kitchen sink in there and say, "Well, it could be…" I think it is just such a nebulous thing right now. Yeah, there is probably some standard out there, and if there is, I am fine with it, but that would be my only hesitation. Do we have a strong, agreed-upon definition for what defines long COVID? I had COVID in December. I still do not smell just right, and I do not mean because I did not bathe, I just have intermittent problems with my smell. Is that long COVID? I am working out as hard as I want to. I do not know. By definition, perhaps, because it has been six months and I still have a symptom, so maybe that is just an argument that it is important because there is so much variability until we get it defined. We need to have good information exchange to better define it.

Carolyn Petersen
I will find the definition. There is work around that and some efforts to make it smaller than the kitchen sink and the kitchen that the sink was in. I will find it.

Brett Oliver
Fair. Again, it is not being exchanged now. How is that different than any other disease state that will emerge **[inaudible – crosstalk] [00:40:03]** modified?

Aaron Miri
Is there an ICD code for long COVID? I do not know.

Brett Oliver
Hold on. I will check and see.

Aaron Miri
I do not think there is, unless it has come out recently.

Carolyn Petersen
My understanding is that roughly speaking, the difference between long COVID and other things that tend to exist over a period of time is that with long COVID, there are no specific defining criteria. If you have a blood pressure that is in a certain range, that defines you as being hypertensive, and if it exists for a certain period of time, then you have high blood pressure. It is not like during a certain office visit, your blood pressure was too high, but that you are a person who has hypertension, whereas with long COVID, they do not have specific presentations and symptoms that are always there, and the time and the progression is not the same. You could start with anything and progress through things that have never been seen or experience things in different combinations that other people… It is not like COPD, where you can understand that at the start, you are seeing this, and then the person has this kind of a decrease in lung function, and then maybe you see these changes in structure in the lungs. It is not a very well-defined progression, and there is not necessarily a way to predict how long somebody is going to be in it.

Brett Oliver

There is a post-COVID-19 syndrome ICD-10 code, and then there are some symptom-specific, like persistent fatigue, persistent shortness of breath after COVID. That is not the definition, but there are some ICD-10 codes. B94.8 is post-COVID syndrome… Anyway, just FYI.

Aaron Miri
Good to know. Okay, interesting. I guess we just needed to learn a little bit more here, so this will be interesting to know, especially in the public health discussion. Maybe we can talk about this in the Public Health committee, Carolyn, since you chair it. If there is perspective on this, it would be good to know.

Carolyn Petersen
I think at this point, we are really stretching it to try to get through and laid out in front of us, but certainly, it can come up in the comments or can be added to the homework in the doc that people are editing in and developing for the recommendations.

Aaron Miri
Yeah, I like that. That will give us a sample size of what folks think. Okay. So, we will focus it there. Public health data systems. "If federal government has allocated funding to improve existing public health data systems." The topic…I do not… I guess the question on this one is do… I do not understand what they are asking here.

Brett Oliver
Just an FYI?

Carolyn Petersen
Looking at this one out of context, I knew more when it was written up and I will just go back to notes, but it might just be something like a placeholder to track to see if there are things that the HITAC needs to point out to the federal government that there is still a gap in what is getting funded, and we added the phrasing "data modernization," which I think some people are moving away from, so it is sort of in transition. I think this might be a placeholder because what it means keeps evolving.

Aaron Miri
That is fine. So, we will watch this space and see what happens. Okay, next one: Public health work force. "Public health departments struggle to attract, train, and retain public health skills and informatics, data science, and health IT." I think this is super important, and obviously, the administration is throwing a ton of money at it for the right reason, as it is the right thing to do, so my answer is yes, this should be in there. What do you all think?

Brett Oliver
No argument from me. I think we would have fewer problems now if we h ad had those folks already in place.

Aaron Miri
Agreed. I feel bad for public health departments. I really do. They just stretch to the limit. It is just ridiculous. Carolyn, what do you think?

Carolyn Petersen
I agree.

Aaron Miri
All right. Next one, then. Algorithm bias. "The FTC and agency BENARC are undertaking efforts to better understand and reduce racial and ethnic bias in algorithms." I think this is important, and in fact, even as we have done stuff here in Austin, looking at how we collect data, we have realized that the choices that are there in dropdowns and what people select are just atrocious, and when you start looking at it from a different lens and try to take things very equitably, it is true, and I think we have talked about this in some of the USCDI calls and things like that. We have to modernize our standards to be more inclusive for all. I think this is important.

Brett Oliver
Yeah. Could we even go beyond racial and ethnic? When you look at most of the AI algorithms, most of the data comes from the West Coast and New York. There are a lot of us in the middle of the country that are not representing, whether you are Black, Hispanic, poor, rich…

Aaron Miri
Good point.

Brett Oliver
I might just suggest that we expand it more broadly, but I am certainly in agreement with it.

Aaron Miri
Yeah. So, I might say reduce any kind of bias in any kind of data class algorithm.

Carolyn Petersen
Yeah.

Aaron Miri
Yeah. I think this is really important. Good. Next slide. Outcomes of the STAR HIE cooperative agreements. Oh yeah, these are the five programs…the HIE…

Michelle Murray
Before we dig in, can I point out some things? From here on down… We did this last year, too, where they are less in depth. There are things that may not turn into recommendations. They may just be updates to the landscape analysis. So, a little more factual, they tend to be placeholder items that mean we need to go back and update or add to our landscape analysis, but there might not be gaps identified or recommendations that come out of these. So, you might be able to review this list fairly quickly, which is what happened last year.

Aaron Miri
Okay, that is fine.

Michelle Murray

But, if there is something to bring up to the earlier list, let me know so that we can start building that into the next phase of the crosswalk.

Aaron Miri
Got it, okay. So, these are updates. Maybe also, in the status or notes, Michelle, we could just put "potential update" or something to note it to ourselves that this is informational. Maybe there is nothing specific on it that we want to talk about, but at least we will break it out quickly in discussion.

Michelle Murray
Yeah, I do have a note at the top of the page. I do not know if you can see it.

Aaron Miri
Okay, all of these are provisional.

Michelle Murray
Yeah. So, the next several pages are all the same category like that. And then, they are grouped within that by things that are new, so those will take a little bit of discussion, and then things that are carrying over from last year is most of the rest of the list.

Aaron Miri
Okeydoke. All right, so, we have the STAR HIE cooperative, we have information blocking applicability to date, we have the OIG blocking enforcement final rule, which is a placeholder, we have Project USA, I believe, which addresses home addresses in healthcare, and then, of course, the CARES Act changes the 42 CFR Part 2. Those are all important. I think the only one on this one for me that stands out is the CFR Part 2 changes, and what I have noticed is that a lot of EMR vendors and other major certified vendors are not acting as fast to help, especially when you want to release the note or those kinds of things related to certain elements of this. There is some tieback to the information blocking applicability date. So, that is just something to consider. I do not know if it is a topic for us to recommend, but there needs to be some sort of harmonization between some of this stuff: Substance abuse, mental health notes, psychotherapy notes, all that stuff. Brett, what are you saying?

Brett Oliver
Give me more detail as to what you are talking about. I am not following.

Aaron Miri
Well, an example: For information blocking, you can actually hold back an element of the note or anything, especially the psychotherapy note, if there is potential for patient harm, like if I put out there something severe. But, the problem is that granular level of delay release is sort of all or nothing right now, and certain vendors are not giving the flexibility to providers to make the call on that, so it is that sort of thing. The reason why was because for some time, you could not. You had to get explicit consent on all this stuff, so they have not done what I would call an update to catch up with the new regulation. That is what I am talking about.

Brett Oliver

That is fair. Even Epic, which I would consider…not necessarily the gold standard on everything, but staying ahead on some of these things, we were down to the last minute. We actually had the functionality live for about 10 days prior to April 5th to be able to hold back a note based on that particular premise, so I can imagine a lot of the smaller vendors have not kept up. That is a very good point.

Aaron Miri
So, I would say, Michelle and team, that I think it is just about the general update. Under your information blocking applicability date is what is the state of the industry because a lot of folks are saying, "Well, I have until 2022, I do not have to do anything," which is literally the answer I got, and our chief medical officer detonated on a specific vendor when they told her that, and appropriately so. I think there is a landscape of "What does 2022 actually mean, and how are we going to get everybody to the right place quickly?" That would be the update there. Carolyn, anything you want to say on those five topics?

Carolyn Petersen
No, I do not think so. We are familiar with this stuff. I think we are good.

Aaron Miri
All right, next list. So, FY '20 annual report topics to carry over. I think TEFCA is obvious, as is burden reduction, HIT certification program, EHR reporting program, HIPAA, which I think we just need to update because the HIPAA new final rule, or whatever they are calling it, means we probably need to update that component so that whatever happens, it happens there. I think we have spoken about bidirectional exchange for clinical data in public health, and then, we have alluded to privacy and security for public health purposes, but I think this is important and will come up in discussion. It already has, in the Public Health Work Group discussion. So, I think this list is fine as it stands. Do you all?

Brett Oliver
Yeah.

Carolyn Petersen
Yes.

Aaron Miri
Okay, next. All right, more public health stuff from our report. "Questions arose about how various public health might be monitored in unimmunized populations, obtain vaccines…" Yeah, exactly. So, we talked about that, so that means we just merge with the other public health topics. Again, patient matching for public health purposes, but I think that is already carried over in the other grouping. International exchange of clinical data for public health purposes… I think that is important, and I remember HITAC saying that they felt that was important, particular for people that are traveling. Health information exchange is important, and exchange across so the care is continuous. This is exactly what Carolyn was speaking to a minute ago with long-term care.

Brett Oliver
Yeah. I think the complications with the international exchange are that different countries have culture and laws on what can and cannot be exchanged, like STD labs. You are not exchanging that in Arab nations. I sit on the Care Everywhere Governance Council with Epic, and they have Epic clients in Dubai, and what

they are able to exchange is very different, so it gets pretty darn complex. It seems like it would make sense. Just exchange immunizations, no big deal, or whatever it might be, but…anyway.

Aaron Miri
Wow. Okay. This looks good. Michelle, all I would do is just recommend we collapse certain ones here we already talked about into those other groupings so we are not duplicating work, but these topics are germane. Carolyn, anything to add?

Carolyn Petersen
I do not think so.

Aaron Miri
All right, next slide. Especially between EHRs and patient safety, obviously, exchange of SDOH, which…yes. Increase health equity access across populations, locations, situations…yes. Information exchange for research, which got a lot of good discussion by HITAC, definitely. Management data from outside sources, yes. Health IT support for opioid response, absolutely. Beyond HIPAA, yes, patient consent beyond HIPAA, yes, and then, beyond HIPAA internet of things, yes. All this is still germane.

Carolyn Petersen
So, here is a thought. For opioid response, should we be thinking about moving that to the public health area? Because with all the emphasis on COVID, I have been reading that the work has slowed down or stopped on opioids and how that is another emerging problem because of what people have been through in the last 18 months.

Aaron Miri
I think that is a great point. We just went live with our large, statewide opioid syndromic surveillance tracking system that took us 24 months to build, and it is really to make sure we distribute Narcan to the areas that need it most. That is Step 1, and then we have to link it all together. It is a mess linking EMS with hospital data and with county records and vital statistics; it is a mess just in Texas, so I think that is a very fair point, Carolyn.

Carolyn Petersen
Cool.

Aaron Miri
Cool, all right. Next slide. All right, cybersecurity events across the healthcare system. Yes, that is getting worse and needs to be part of the report. With ransomware and others, it is just getting worse, and the dollars are going up. And then, safety and impact of mobile health applications, sharing and correcting of incorrect clinical data, and use and sharing of PGHD, patient-generated health data. All this stuff is important, although I could say you could incorporate the sharing and correcting of incorrect clinical data as part of information blocking. That is one of the benefits to people not seeing their full note and full chart. They can come back and go, “What is this?” and debate you.

Brett Oliver

But, it goes beyond that. What is my responsibility as a provider? I get a CBC on you, Aaron, and it has certain values, and now it is shuttled off to you or whoever because of information sharing and interoperability, and then, come to find out there was something wrong with the calibration of that machine, and 72 hours later, we administer another report. How do we get what has already gone out of our system? What is our obligation to send notifications? That is a simple one. What if you have a new op report or a new path report? Again, you are basing medical decisions on what your obligations are downstream. **[Inaudible – crosstalk] [00:57:36]** releasing information… Yeah, what is being released? What obligation do you have to make sure who got it? Do I have to tell them? "Literally, your NCV was off by two tenths of a point." There is no clinical significance to that. Who determines that? It gets pretty hairy.

Aaron Miri
No, actually, as a personal story with my own personal data, they made a mistake on me doing my annual bloodwork. They literally came back to values that looked like I had fatty liver disease, and so, my primary care doctor goes, "Aaron, you do not look like you have been hitting the bottle every single day for months and months." I was like, "What in the world?" So, it was a complete goof-up. It was a miscalibrated system, a total goof-up, so they ran it again and were like, "Oh, you are fine." So, it happens.

Brett Oliver
Yeah, your insurance company has got an API that gathers that information, and the next time your premium goes up when it is not accurate, what is the correction process?

Aaron Miri
That is a fair point. So, I would say that goes back to… Okay, so, sharing and correcting of incorrect clinical data, and then, the obligation on both the provider and the continuum to accept those corrected data elements and sets. What does that mean for the patient? That makes sense to me. But, to the point of it, it is an important topic, so I think that is right on. Carolyn, anything to add?

Carolyn Petersen
I am good with that.

Aaron Miri
All right. I think that is the last slide. Are we back to the agenda now? There we go. All right, next steps, next slide. All right, the next steps are continuing discussion on the draft list on June 22nd, present the draft list of potential topics for discussion at the HITAC meeting on the 14th, develop a draft crosswalk, topics of gaps, and then, we will present the draft crosswalk for discussion at the HITAC meeting on the 9th of September, which is right around the corner, though that is silly to think. It is amazing. Okay, I think this is the last slide, so before we go to public comment, Brett or Carolyn, was there anything you wanted to add real quick?

Carolyn Petersen
As we progress through the Public Health Data Systems meetings, we should keep an eye out for additional topics or framing the topics that we have on our list already. Obviously, when we came up with a lot of these, we were aware of COVID, but we may be at a point further down the road now where we can frame that a little more tightly or better define various aspects of things.

Aaron Miri
I like that. Great point. Brett?

Brett Oliver
I would love to see added topics and analysis of the legislation and regulations that have been put into play this past year. I do not know if it is our purview or somebody else's, but some KPIs for the ADT notifications and KPIs for information blocking that, as a HITAC, we could review, probably not until next year, get 6 to 12 months' worth of data, see if it is doing what it is supposed to do, and then we could make recommendations from a technical perspective if it is not.

Aaron Miri
I like that. Here is an interesting story, Brett. We actually created another element on the chart that HIM could track so that if Aaron requested his record to be released, it is immediately released, it is automatically released. Or, if there was a delay, why was it delayed and who was the provider that held it back for the reason? And so, we could really monitor that on a QA basis to make sure the patient is always getting the information. It is the right thing to do. It adds an extra layer for auditing, but we want that data, but it is not standard. So, it is amazing. I wonder how people are generally tracking their compliance rate. Are you releasing the full note? Does the provider have the ability to hold an element back for patient safety purposes? What is going on? That is interesting. So, I agree with you. Is there a way to do KPIs on how things are going? That would be fascinating to see. Cool. All right. Then, with that, Mike and team, if you guys are good, we could go to public comment.

Public Comment (01:01:48)

Michael Berry
We are good. Operator, can we open up the line for public comment?

Operator
Yes. If you would like to make a public comment, please press *1 on your telephone keypad, and a tone will indicate that your line is in the queue. You may press *2 if you would like to remove your line from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing *. One moment, please, while we poll for comments.

Michael Berry
While we are waiting, I just want to note that our next meeting will be on June 22nd, so I hope you all can join us once again. Do we have any comments?

Operator
There are no public comments.

Michael Berry
Thank you.

Aaron Miri
All right. If there are no public comments, then, anything you want to say to close out, Brett or Carolyn?

Carolyn Petersen
I am just excited to be back with you guys, working on another report. I think we had a great start today.

Brett Oliver
Yeah. I appreciate you guys.

Aaron Miri
Yeah, it is good stuff. Great. All right, all. Thanks for listening, and we will see you soon. Have a great afternoon. Be safe.

Carolyn Petersen
Thank you.

Brett Oliver
Thanks, everybody.

Aaron Miri
Bye.

Adjourn (01:03:03)