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

December 17, 2021, 2:00 p.m. – 3:30 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Aaron Miri	**Baptist Health**	**Co-Chair**
Carolyn Petersen	**Individual**	**Co-Chair**
Jim Jirjis	HCA Healthcare	Member
Steven Lane	Sutter Health	Member
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
All lines are now bridged.

Michael Berry
Great. Thank you very much, and hello, everyone, and welcome to the HITAC Annual Report Workgroup. I am Mike Berry with ONC, and we are very glad that you could be with us today. I would like to welcome our co-chairs, Aaron Miri and Carolyn Petersen, along with our workgroup members Brett Oliver, Steven Lane, and Jim Jirjis, and before I turn it over to Aaron and Carolyn, I would just like to take an opportunity to thank Carolyn for her many years of service on the HITAC. We are going to miss you, Carolyn, and we hope our paths cross very soon. Carolyn has been a great team member on the HITAC, and like I said, we are definitely going to miss you. So, with that, I will turn it over to Aaron and Carolyn. Thank you.

Opening Remarks, Meeting Schedules, and Next Steps (00:00:48)

Aaron Miri
I will start and then give it to Carolyn so she can do her nice soliloquy that is well earned. Welcome to today's meeting. I appreciate everything, and I also want to echo: Carolyn, thank you for everything you have done. You have been an awesome partner in crime in all of this, and I cannot thank you enough from the bottom of my heart, but I want to give the floor to you.

Carolyn Petersen
Thanks, Aaron. I have really felt very privileged and very grateful to have the opportunity to serve. I am really excited about all that we have accomplished over the years with the annual reports to now. I am very

confident that other members on this task force will take the ball forward and continue to do a great job, and I do look forward to crossing paths with you again in the future, whether it is through other ONC activities or elsewhere in the health IT community. We have a lot of good work to do and a lot of talent to do it, so let's go for it.

Aaron Miri
Okay. Well, with that, let's now go into the agenda, please. So, obviously, we have remarks, discussion of the draft, public comment, and adjournment. We need to go ahead and approve the comments from the last meeting. Do I have a motion to approve?

Jim Jirjis
I move so. Jim.

Aaron Miri
Thanks. Do I have a second?

Brett Oliver
Sure. It is Brett.

Aaron Miri
Okay. All those in favor, say aye.

Several Speakers
Aye.

Aaron Miri
All those opposed, say nay. Any abstentions? Okay, the minutes are approved from last meeting. Next slide, please. All right, we are here on the December 17th meeting. Even I saying that is kind of crazy that it is the end of the year, but it is December 17th. We are here to develop, obviously, the next iteration of the draft and then move on, hopefully, to get it to HITAC for approval in the next month or so. Next slide. For the full committee, next HITAC meeting is on the 19th of January, where we are going to review it and take the last month to dot the Is, cross the Ts, and then hopefully go for approval on February 17th, and then that is transmitted thereafter sometime in early spring. Next slide.

Steven Lane
I just have a note, Aaron, if I may. I may well miss the February 17th HITAC meeting because I will be recently post-op, but if I can make it, I shall, but just keep in mind that I will not be able to be there to help support that, probably.

Aaron Miri
No problem, and I will be sure to get with you before that, and that way, we can record your vote of approval or not.

Steven Lane
Oh, I like that. Great plan.

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Aaron Miri

Yeah, just so you have some time there. Okay. Here we are at next steps. So, obviously, present draft report at the next HITAC, then revise any of that here at the next meeting after that, then present the final report on the 17th. Next slide. So, discussion of the draft at HITAC annual report. Do we want to pull that up? Okay. Michelle, I am presuming there are certain things you want us to zero in on for today, correct?

Discussion of the Draft HITAC Annual Report for FY21 (00:04:29)

Michelle Murray

So, this version is the first time the workgroup is seeing the full version, although we shared it through email about a week or so ago, so maybe you had a chance to look ahead, but nothing has changed since then. The comments from the last workgroup meeting are integrated as comments and/or edits. There is really one outstanding issue from the workgroup around the Public Health Data Systems report and whether there is anything in lab reporting that needs to be expanded upon in this report. There is a mention of it in the landscape analysis section, but there are not really any recommendations, gaps, or opportunities around it yet. If you want to add any, that is great. If not, there is a parking lot list for next year that has already been started among me and the contractor.

So, we have done this in past years around this point in time. The workgroup does at least one walkthrough and pauses at each section or each page, however you want to group it, and just sees if there are any edits or comments that we need to follow up on. Otherwise, we handle really detailed comments through specific line edits and wordsmithing through an email process, but try in this meeting to look at the content and give us feedback if there are any changes needed there. If there are any easy wordsmithing changes, we can accept and document those right now, too. Does that make sense as a process?

Steven Lane

Well, Michelle…

Aaron Miri

Go ahead, Steven.

Steven Lane

I was just going to say I see, Michelle, you have a number of sidebar comments early on in the document. We should probably go and reconcile those. And, I just wanted to say if we could dig into the lab reporting area in a little bit of detail today, that would be awesome. I just happen to have seen a patient yesterday that reminded me of a number of the challenges we have with lab ordering results interoperability, so I hope that we do keep that on the front burner for next year.

Brett Oliver

Yeah, hear hear.

Jim Jirjis

This is specifically about public health laboratory, though. Is that correct?

Michelle Murray

Yes. It was so far. It does not have to be.

Steven Lane
Do we have a section on general lab?

Michelle Murray
That is up to all of you. So far, the discussion has been about public health lab reporting, and it was getting a bit merged with case reporting and public health, so we are splitting those out. We did not have much content on lab reporting, so at the moment, there is not much in the report. It does not mean there should not be, it just meant this workgroup, with ONC's input, had not really gone down that road yet.

Steven Lane
My comments are not about ELR per se, but more about results and orders interoperability.

Jim Jirjis
I would like to echo Steven's comment of definitely wanting to look at the lab section today because I know I spent a lot of time this year thinking about that.

Aaron Miri
Fantastic. All right. Let's see here. So, I think we should do this exactly like Michelle was saying, just chopping this up into sections and starting with the comments up front. Carolyn, what do you think the right cadence is? Do you want to take the first stab at this?

Carolyn Petersen
Yeah, I think we can approach it from the front and keep going as far as we can get. That makes sense.

Aaron Miri
Okay. Do you want to kick us off here?

Carolyn Petersen
Yeah, I am scrolling to the page in the full document so I can read it. Middle-aged eyes, you know? So, yeah, if ONC's current practice is to use two words and one word for an adjective, I guess that is their style, and they will do that. We do not need to worry about that.

Steven Lane
Actually, it is interesting to hear that that is ONC's preference because I know this goes back and forth. We all like this word or these words pretty regularly. I am personally pretty happy to adjust to ONC's preference. Good to know.

Carolyn Petersen
Yeah, I think pretty much everywhere else that I write or edit, people just choose one or the other, they do not go back and forth in the same document, but I am not in charge of style here, and I am not shedding blood in this style discussion.

Steven Lane

You are an editor. You do this for a living.

Carolyn Petersen

I know, and I cannot tell you how many meetings I have sat through where blood was shed about things like this, so I am just moving on because I do not have to do that here. I guess that brings us into the grid where the next comment is, if I am looking at a draft that is similar to yours. This just the correction where, last meeting, we talked about changing the rules of the road to something substantive and clear, so that change has been made to provide guidance. It looks like there are some other edits in that line that I think reflect our comments at the last meeting.

Steven Lane

It is nice to see that Lauren is involved in the review of this. I have not heard from her a lot this year. If anybody sees her, send her my regards.

Carolyn Petersen

This might be an older version being displayed because we removed any comments like that.

Steven Lane

Yeah, I thought we had addressed that one, the version that you guys sent **[inaudible] [00:10:29]**.

Michelle Murray

Keep going. One problem I have had with Word is that when it gets sent to other people, sometimes old things are embedded in the code and pop up even though we deleted them on the front end. They are still in the document somewhere and they pop up, so we are checking on that because other changes look current to me, so you can keep going and make sure we are in the correct version.

Steven Lane

Yeah, the version you sent us has your comments, but when I change it to show all markup, I can see it.

Michelle Murray

I do not know. I opened up what you sent out. I have not edited it myself, so I do not think I changed the settings, but in any event…

Carolyn Petersen

Do you have any concerns here, Aaron?

Aaron Miri

No, I am just reading on my screen too.

Steven Lane

We discussed this last time. We did not really think we had much to say specifically about ELR, so we struck it. It seems like ELR is sort of perking along. I do not have a personal experience that it needs our help.

Aaron Miri

No, it is going now. It was not last year. It was not important, and now everybody knows how important it is, so it is going along. I think it is okay.

Steven Lane

Yeah. When we speak about ELR, we speak about ELR to public health. Again, part of the challenge that has reared its head in my world in the past couple days is the challenges that we face with maintaining the mapping that allows us to get even COVID labs that are performed in other systems to fully map into our own system so that we can naturally integrate those without having to do manual reconciliation, but again, that is not ELR per se.

Brett Oliver

I am good.

Jim Jirjis

Hey, it is Jim Jirjis. A lot of what we experienced last year with public health was laboratories not appearing to semantic standards when reporting, all the various different lab interfaces. Are you saying that is in a different section? Are you saying we struck the ELR because it is going?

Steven Lane

This would be the section if we wanted to make comments and identify gaps, opportunities, or recommendations related to electronic lab reporting from performing labs to public health. If you think that there are key gaps there, Jim…

Jim Jirjis

Well, I do. There are. So, first of all, there are the labs themselves and whether there is direct reporting to the public health departments in a standard way. The second is the majority of our COVID testing, for example, is done in-house, and so, many provider groups also are lab testing centers, and we experienced 22 different states and enormous variation in the interfaces, the approach, the interpretation, the labs, and part of it was the lab reporting, whether it be from us or from machines we use. We have 225 external labs that do COVID testing, and zero of them reported out using a standard LOINC terminology. They are all using their own, and we had to map it, so there was a lot of action last year on that. I presented this topic to the health committee, the commerce and energy committee, to Micky and his leadership directly for an hour, and the CDC, so that is why I am just curious. It would be conspicuous to not have that be part of the document. Maybe I missed the call where we decided not to include it, but can someone clarify?

Aaron Miri

So, what would you say is the current gap?

Jim Jirjis

What I suggested was like we are doing for meaningful use, there ought to be a set of data terminology standards and standard APIs that every health department adheres to and every lab adheres to. Most people have figured out that that approach is pretty logical. The challenge has been how do you incentivize the states to actually do it? But, for HITAC, it seems like incentivizing is not our problem. Our problem is that we ought to articulate that there ought to be data terminology standards as well as interface standards for both labs as well as public health departments. The legislative branch, or CDC, or interstate commerce…

Somebody needs to address the issue of incentivizing them to adhere. So, to me, for HITAC, it is that the ONC ought to develop a standard with the CDC to require laboratory testing sites to report out using semantic interoperable standards, and there ought to be a unified API or data transport mechanism with implementation guides for interpretation to reduce the variation that creates all this angst and cost. Is that helpful, Steven?

Steven Lane
That is great. Did you get that, Michelle?

Aaron Miri
[Inaudible – crosstalk] [00:16:30] today.

Steven Lane
I think it is being recorded.

Aaron Miri
No, it makes sense. Michelle is probably writing.

Michelle Murray
Yeah, I captured that. Please clarify: Was that a gap that we were identifying? I was typing while I was listening.

Steven Lane
I think he captured the gap, the opportunity, and the recommendation all in one breath.

Jim Jirjis
I am trying to catch my breath now.

Steven Lane
And, I would still suggest that that is in a separate line from the ECR topic that we are staring at. No, we are not staring at it.

Jim Jirjis
It moved.

Steven Lane
I am staring at it on my other screen.

Carolyn Petersen
Yeah, we should start with the version control problems.

Jim Jirjis
The reason I think it is a glaring omission is that the Biden administration is prioritizing public health reporting. The lab thing has not been called out enough, and tons of funding is going into beefing up public health departments' infrastructure and people capabilities, and if ONC with CDC does not provide those

standards for terminologies and interfaces, then we will end up having that money be used to have 22 more sophisticated nonstandard points of failure. So, making sure the money is put to good use toward the standards is ONC's, and therefore HITAC's, obligation to recommend that there be standards for both. The timing is perfect because there is so much funding going into the public health infrastructure.

Steven Lane

I would suggest that we insert that new row above or below the ECR row at the top of the next page. And then, we also do not have a row specific to syndromic surveillance, and of course, one of the reasons to point these out or to weigh in on them, at least, is that they have been included in the CMS NPPES and promoting interoperability requirements, so if there is an opportunity and need for HITAC to weigh in to support that, this is the time to capture it. My superficial perspective on syndromic surveillance is simply that it is not broadly adopted, but now that it is going to be incentivized by CMS, it seems like that will increase, but I have not personally dived into it far enough to have any specific observations about gaps, opportunities, or recommendations related to syndromic surveillance.

Brett Oliver

One of the gaps with the bidirectional shedding of data for syndromic surveillance, Steven… It is one thing to have to report it. It would be wonderful to actually get some data back from the state or government agency.

Steven Lane

That is a really good point. Are you thinking at the population level or the individual level?

Brett Oliver

I was thinking more of a population level, but I am sure you could use it for both. For us, we would send the data to the state, and then we are dependent on them to get it reported out to let us know what is going on. It is a heck of a lot faster to let us have that data back while they are doing their analysis for potentially other purposes.

Steven Lane

It is a really good point. Public health gets that data, they do what they do, they create their maps, they figure out where there may be new disease activity, but we do not know about it until down the line, when it shows up in MMWR. It is like, "Oh, three months ago, there was an outbreak of blah blah blah." Is there an opportunity to shorten that cycle time in terms of data availability to make this more reciprocal? We are sharing with them, they are sharing with us, we are seeing the results of the analysis of the data we submit. I think it is a great idea. It sounds like a gap, an opportunity, and a recommendation. Say more about it so she can record your beautiful words.

Brett Oliver

I think I have used them all up. But, you make a good point, too, Steven, about it being a population versus an individual level because there could be benefit to the individual provider, case manager, whatever to understand that someone is at risk and the potential, whether it be an outbreak or whatever is being studied, so I think it should probably include both.

Steven Lane

You could certainly see data flowing back into health systems that would trigger decision support. Somebody is coming in with whatever kind of a rash, and it is like, "Oh gee, public health in your area has been seeing this outbreak of this kind of thing," and either they do or they do not have a clue what is going on. That would be incredible. And, to me, it is very consistent with the whole discussion we have been having about the reportability response with ECR. It is the same idea. We send it in; we want to get data back. We want to get back helpful information to inform the care for this individual or other individuals based on the data we are sending in, and I think you are right. For syndromic surveillance, it is all based on chief complaints as opposed to actual diagnoses, but even so, it is like, "Whoa, a lot of people are coming in with cough, with additional **[inaudible] [00:22:51]**, with new rash," and it is often the very earliest signal that we have of an outbreak.

Aaron Miri
Good deal. Carolyn, what is next?

Carolyn Petersen
I am just thinking about how that concept applies to patients and what would be useful for patients to be able to get out of such a system. Does that mean, for example, that there is some reporting by ZIP code that shows that there has been an increase in people who are going to the doctor for a cough or an increase in the number of tests for COVID-19 that have been performed in my ZIP code in the past week? What is there that can be shared in ways that respect privacy, but helps me understand my environment so that I can make choices that align with my health outcomes?

For example, if I know that in my ZIP code, there is more testing being done and perhaps a higher rate of symptoms than we have seen recently, I can look at that and say, "Oh, well, I have run out of produce, but I can probably live without vegetables for another three or four days, so why not just avoid that grocery store right now?" And, log back in and look at the numbers in three or four days and see, and if it is going down and things are going better, then okay, I will mask up and make a really quick run to the store at the time that I think it is a little bit less busy, and in that way, manage my risk, hopefully manage my likelihood of being infected.

Steven Lane
Carolyn, I love that, and again, very consistent with the discussions we have been having about ECR. Again, the notion that data is going in to public health, the providers want feedback, and the individuals want feedback. The individuals who are the subject of this data want to know that their case has been reported, what advice came back from public health about their case that they need to inform their behavior. I love what you were just saying, this notion of making public health data more transparent to the stakeholders who have the opportunity to take advantage of that. The way you described it was lovely. That should be one of those "New to Interoperability by XYZ." You were able to do this, and I wonder if they would let you sneak that one back in.

Carolyn Petersen
I can forward Michelle the link to Mayo's website that has COVID-19 predictive modeling tools that people can use to plan travel for the holidays because we are actually doing something with that to try to help people decide "Do I want to travel, what is it like where I might go, do I make a different plan?" sort of thing. So, I will send that link along, Michelle. Let me see if I can pull it up here and post it.

Aaron Miri
I have not had that conversation with my family since last night.

Carolyn Petersen
Oh! Well…I am glad we are catching you with that because it is really valuable, and if you are in a cohort where there can be discussions about things and it is not all political, it is very valuable.

Michelle Murray
I would like to ask… It is similar to the electronic case reporting line item. Do we think we have discussed it enough to create another line item that is similar that does not overlap too much, but maybe gets at the bidirectionality issue in the recommendations? I am trying to figure out how to fit it into the format.

Steven Lane
Well, I think it would be an observation related to syndromic surveillance specifically. Again, it is different than what we want back from ECR, or ELR, for that matter. Within ELR, there should also probably be an observation about the desirability and current lack of availability of the opportunity for individuals to go to public health, and see what lab data they have on them, and to potentially download that and take advantage of it. Again, I think part of the whole idea of information sharing is that you do not necessarily have to go to the original source to get your data. You can get it from some other entity that has received it. Oftentimes, the original source is down or not enabled, et cetera.

Carolyn Petersen
That helps. And then, what would the HITAC's work here be?

Jim Jirjis
Presumably to investigate and support the development of standards and requirements for public health, working with CDC, state, and territorial public health organizations to develop and maintain tools for individual access to data and associated recommendations.

Aaron Miri
Does that help you?

Michelle Murray
Yeah, if you are all willing to iterate. I know we are heading into the holidays, but if you are willing through email to give me feedback on something I might write up based on this content, then I can insert that, and it flows down, so there are other sections we need to fill out to: Make sure it is in the landscape analysis, which I am not sure if we have explicitly called out, and then, the gaps and the recommendations flow from this table more directly. So, I will do what we can with some help from my contractor to get something back to you.

Carolyn Petersen
Sounds good, thank you.

Steven Lane

I must say, this discussion has been way more productive than I expected.

Aaron Miri
It is always productive! Come on.

Jim Jirjis
Yeah, what is with the low expectations?

Steven Lane
I just thought we were going to be drinking eggnog. I do not know.

Carolyn Petersen
Where have you been all these years, Steven? We work this hard all the time.

Michelle Murray
Did you want to go back to the lab discussion? Did we complete that?

Steven Lane
I thought we did. I just want to clarify, too. The lab discussion we were having earlier, you mean?

Michelle Murray
Right. I think I have what I need, but I just wanted to make sure that we closed it out.

Steven Lane
Well, there was one thing I wanted to make sure of. So, it is not just that the lab testing companies would have to standardize the way they report to public health. The recommendation would be that anyone who is externalizing lab results, such as a lab testing company or provider, would need to externalize that data map to LOINC standards, so I just wanted to make sure our wording was not too specific to it being between lab testing companies and public health entities, but lab testing companies often send those results to providers, who then send those results on to state public health departments, so I am making sure that any time a lab testing site externalizes a result, it is mapped to LOINC codes, not just in specific situations. Is that a helpful clarification?

Jim Jirjis
Related, did you guys all see that Dan Vreeman has a new job with HL7? That is so exciting.

Aaron Miri
That is interesting, along with certain EMR companies being acquired by database companies. Anyways…

Steven Lane
Life goes on. Our industry is never boring.

Aaron Miri
Live goes on in one big circle. It all comes back to one big database. I am here all day for the jokes. All right, let's keep going. We talked about labs and did all that. What is next? Where are we at? We just did

ELR. Next? Anything in interoperability? No? It does not look there is anything in there. Private security? No? **[Inaudible] [00:33:34]** any debate on that. Yeah, that looks good. Team, what do you all think?

Carolyn Petersen

I think it reflects what we discussed at the last meeting.

Brett Oliver

Agreed.

Aaron Miri

Michelle, what other areas do you want us to take a look at?

Michelle Murray

It might even be the next page, the story at the top. I just wanted to show it to you. It looks like a lot of red text. There is more condensing and tightening this up because there was feedback we got internally and a little bit from all of you that it is a little broad and vague, so we tried to get it more focused and more linked to the content that is in the table.

Aaron Miri

I like it. I just reread the stories. They look good, Michelle.

Michelle Murray

Yeah, we were pleased with them.

Aaron Miri

I like that, and I also like how we link to the SRA and things like that, and privacy and security. It is good. It just continues the full gamut and spectrum of work that is going on and links everything together, which is what this report should do, so it is really good. Any questions or comments on the stories, team?

Brett Oliver

Nope.

Aaron Miri

Okay. If nothing, then let's just keep going. Next section that we wanted to look at, Michelle?

Michelle Murray

Most of the rest are standard text or come from ONC, and Aaron, we will work with you and Denise on the forewords. So, if you go past the progress section, it is pretty factual. Let us know if there is anything that does not look right there. But, starting with the infrastructure text and landscape analysis section, Page 18, that is where I think you can start chunking and saying if there is anything in this section versus that section.

So, the first part of that tends to be federal activities. Go into each target area. You probably can just use those section headings to pause and see if there are any questions or edits. One point I will make for the people who are newer for this: The landscape analysis is meant to be quite broad, and that is a bit of a direction from Congress to look across the entire industry, not just everything that is in ONC's purview, but

we do scope it a bit to make it manageable that way, make sure it is health-IT-related, and if possible, touch on ONC's work so that the HITAC can then take action on these topics. But, it is a bit broad intentionally and will be a bit wordy because of that. There are lots of citations.

But, the feedback we have gotten in later years is that people would go back through the year and use this as a reference even if they are not reading it word for word up front. So, let us know if there are any major areas we have missed. We do make sure that they tie back to everything in the table as a topic, and then, that everything in the table is supported by background information. There is an interplay there, and it sets up you late for gaps and opportunities, so it will be longer text. Do not feel like you have to wordsmith that if you do not want to. The gaps and opportunities and activities are where this support group could really make a difference in the report content at this point in time.

Aaron Miri
So, specifically to take the headers, look at them, and make sure it flows out right, basically? Is that what you are asking us to do?

Michelle Murray
Yeah. I was saying if people have read ahead or even are skimming right now, is there anything that jumps out as something needing attention or missing as far as content?

Aaron Miri
I do not know. Team, what stands out to you all, or what do you think instead? I need to take a look at this. I need to print it out with a highlighter to really spend some time.

Carolyn Petersen
I have to be honest that I did not get this far in terms of reading through it.

Aaron Miri
Yeah, I skimmed it.

Michelle Murray
And, we can accept comments through writing and through email. People have marked up the document with comments for us, and then I can integrate everything early in January. It needs to go through one more cycle of internal ONC review so that our national coordinator has a chance to look at the near-final version, then we still need to get it out to the HITAC members for their review ahead of the meeting on the 19th of January, so it gets a little compressed in early January, but I still can accept comments into that first week of January.

Aaron Miri
Okay.

Steven Lane
We can do that. That would be helpful for me.

Michelle Murray

We do not expect you to work on a holiday. So, whatever your normal work hours might be over the holiday. Do not feel like we are trying to dump this on you right before the holidays. I worked really hard not to do that, considering ONC's long history of putting things out the week before Christmas. I am leaving a few days in early January for this as well, but we do not have a formal public meeting ahead of the next HITAC meeting.

Carolyn Petersen
I am looking to try to get through all of it no later than the end of the weekend and send that back to you, Michelle.

Aaron Miri
Yeah, I will get it back to you soon, Michelle.

Michelle Murray
Okay, that works.

Jim Jirjis
Thank you for that one, Carolyn. That is a good site.

Carolyn Petersen
Yeah. It is not instantaneous updating, obviously, because you have to run the numbers through it on some kind of basis, but they do update it. I do not know if it is nightly, but pretty regularly.

Michelle Murray
So, if you want to all take time to read the landscape analysis and get back to us, it is probably fine. You will be more familiar with the gaps and the recommendations section because we already talked this through and they are your language, so if you want to jump ahead, that is okay, but it is also up to you if you want to work through anything in this section.

Aaron Miri
I am just going to read this on my own and send it back to you. That is the best thing I can do.

Brett Oliver
Yeah, agreed.

Aaron Miri
Okay, Michelle. We owe you that. What else?

Michelle Murray
Is there anything that you do want to talk through, even if you have not read it yet? I do not really have anything else that we have not already talked about.

Aaron Miri
Yeah, I do not. Team, what do you all have?

Carolyn Petersen
I do not have anything else.

Aaron Miri
Steven?

Steven Lane
Nope.

Aaron Miri
Jim?

Jim Jirjis
Nope.

Aaron Miri
Brett?

Brett Oliver
Looks like I have a landscape analysis to read.

Steven Lane
So, you guys will send us the updated version as an attachment or tell us when it is posted somewhere so we can go find it?

Michelle Murray
You should already have it in the email for this meeting. Nothing has changed at this meeting yet. I have not yet written the section that you need, so for now, use the version that you have, and then we will insert this other piece in parallel.

Steven Lane
Okay. I guess I was referring to the other adjustments, but we just reviewed. It would be nice to read the whole thing together.

Michelle Murray
I would agree, and early next week, if I can pull that together, I will, but if you want to work over the weekend, use the version you have and I can integrate on the back end. I need to go back out to my contractor, and they need some time. Syndromic surveillance is kind of a new topic to this report. It has been mentioned, but we never went deep on it, so I do not think it is even mentioned in the report in the end, so we need to do a little research for you first, and that takes time.

Steven Lane
So, if we just track changes on top of the Word document that you send us, that will be okay?

Michelle Murray

Yeah, that is perfect.

Aaron Miri
All right. Carolyn, should we see if we can move to public comment?

Carolyn Petersen
I think so, if that is okay.

Public Comment (00:43:20)

Michael Berry
All right, great. Operator, can we open the line for public comment?

Operator
Yes. 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 if you would like to remove your line 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.

Michael Berry
All right, thank you. Aaron, Carolyn?

Aaron Miri
All right. I will start it, and Carolyn, hand the baton to you so you can also say goodbye. I just want to thank this entire committee and thank all of you, and I wish you happy holidays and a joyous new year, and just be safe. Carolyn?

Carolyn Petersen
Ditto to all that, and again, thanks to everyone at ONC for all your great support and assistance in making this a really solid product from the HITAC, and good luck. I am looking forward to seeing what comes out of all the work in the coming years.

Aaron Miri
Thanks, Carolyn. Thanks for everything.

Carolyn Petersen
Thank you.

Aaron Miri
All right. Bye, all. Happy holidays.

Michael Berry
Thank you. Take care, all.

Brett Oliver
Take care, everybody.

Adjourn (00:44:46)