Transcript

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

July 28, 2022, 2:00 p.m. – 3:30 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Medell Briggs-Malonson	**UCLA Health**	**Co-Chair**
Aaron Miri	**Baptist Health**	**Co-Chair**
Jim Jirjis	HCA Healthcare	Member
Steven Lane	Sutter Health	Member
Eliel Oliveira	Dell Medical School, University of Texas at Austin	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)

Michael Berry
Hello everyone and thank you for joining the HITAC Annual Report Work Group. We are back. We are pleased to welcome everyone back as well. I want to note, we have two new members on the work group, Medell Briggs-Malonson, who is serving as one of our co-chairs and Eliel Oliveira, who will be joining us shortly as well. I would also like to welcome back Steven Lane, Jim Jirjis, and Brett Oliver, who are with us today as well. Aaron Miri is continuing to serve as one of the co-chairs. He is unable to join us for today's call but hopes to be back next time. Public comments are welcomed, which can with typed in the chat feature of Zoom, or they can be made verbally during the public comment period in our meeting. With that, I would like to turn it over to Medell who will kick us off. Medell?

Greeting and Introductions (00:00:52)

Medell Briggs-Malonson
Thank you so much Mike. It is a pleasure to be with all of you today. This is one of our first working meetings for the Annual Report Work Group meeting. It is an honor and pleasure to serve as co-chair with Aaron, who, as Mike mentioned, is unable to be here today. It is also such an honor to serve with so many of our other HITAC members who have been part of this work group meeting. I look forward to working with each of you and learning so much from your expertise, as well as our new members.

Why do not we go ahead and get started, and go over the overview of the agenda. Next slide. Great. In terms of call to order roll call, Mike, would you like us to go through that? I think Mike stepped away.

Michael Berry
Sure.

Medell Briggs-Malonson
Okay.

Michael Berry
I am here. I was on mute. We have our co-chair, Medell Briggs-Malonson. Steven Lane and Brett Oliver are here. We are hoping that Eliel Oliveira will be joining us shortly. Jim Jirjis is here as well. Did I catch everybody?

Medell Briggs-Malonson
I think you did. Thank you Mike.

Michael Berry
Thank you.

Discussion of Workgroup Plans & Discussion of Potential Topics for the HITAC Annual Report for FY22 (00:02:04)

Medell Briggs-Malonson
One of the next things we will do in terms of the meeting agenda, we are doing the greeting and introductions. Then we will go over some of the discussion of our work group plans. We actually do have many of the meeting times as well, so our entire group is aware of those future update meetings, not only we as a workgroup, but also presenting back to our larger HITAC committee. Then we are going to go into discussion of the potential topics for our HITAC annual report. Then, as mentioned before, we will open it up for public comment. Next slide. Next slide. Great.

These are all of the workgroup membership, as well as the ONC staff that is part of this annual workgroup. As mentioned, we have gone over some of our current members, who are both returning and new. We also have all of our ONC staff, as well, which we are incredibly grateful for. Next slide. Great.

As a brief update of what we were able to accomplish from our fiscal year 2021, some of the completed steps that we did. HITAC full committee approved the final report that many on the call were able to contribute to significantly. That report was then transmitted to the National Coordinator for Health IT. The National Coordinator forwarded that report to the Secretary of Health and Human Services, as well as to Congress. Next slide.

This is all of the great events that we have in store for us this upcoming year. This is an overview of the meeting schedule for the workgroup. Today is July 28, in which we are going to review the list of topics for fiscal year 2022, and annual report. We will continue to meet on a monthly basis, where we are going to continue to define the crosswalk of topics, similar to the same process of what we have done in previous years.

The overall draft will be presented and developed in November. That draft will then go to the HITAC for review. We hope to then update that final draft in terms of making it into a formal report for HITAC approval. Our anticipated date for it to be completed and transmitted is February through March, 2023. Next slide.

This is also a schedule for the full committee as well. So, the full committee meeting, all of our various different reports back up to the HITAC itself. Once again, you see that we are going to meet on a monthly basis and discuss this report, with December being one of the dark months where we will not be meeting. Next slide.

In terms of the work plan for the Annual Report Workgroup for this report, this is another overview of what was previously discussed in the slides that you saw beforehand. It goes a little bit more into detail, at a high level, of what we plan to do. Next slide. Next slide. Thank you.

Before we jump into the potential topics, I want to pause here to see if there are any additional comments or additional questions about what the timeline will be and also, what we are going to be doing during the upcoming months.

Okay, hearing no questions. We will go ahead and jump into the topics for review. What we are going to do is bring up the draft list of the potential topics for this upcoming year's annual report. We have three primary questions that we would like for all of the workgroup members to think about and reflect upon. Those three questions … They just flipped off. Are we able to bring back that slide one more time to go over those three primary questions? Thank you.

The three primary questions are: Are there any questions or comments about the draft list? Are there any additional topics that should be added to the draft list? Should any of the topics be removed from the draft list? Those are the three primary questions we want to be sure, as we are reviewing the topic list today and in future meetings, that we make sure we address. Thank you. We can bring up the draft list of all of the potential topics. Excellent. Now, my eyes are a little old. Is there any way we can magnify it a bit? Thank you. I appreciate that. All right.

In terms of all of the workgroup members, this is the list that was sent out prior to this meeting. It does have all of the various different topics that were recommended from the HITAC. In addition, at the very bottom, it has some of the various different topics that were included or suggested for us, for consideration as well. What I propose we do right now is go through each of the topics today, see if there are any additional pieces we want to add to any of the topics, or if some of them may not be relevant. Going through those three questions. I want to pause before we jump in. Any other ideas or approaches of how we want to go through all of these potential topics?

Great. Thank you so much, Steven, for mentioning that. What we are going to do is ensure that we also include privacy and individual control of sensitive health data. Yes, absolutely.

Let us move through each one of these. I would love to hear everyone's feedback. If we think these are still topics that have a green light which we should continue to move forward with, we will go ahead and determine that.

The very first topic here was dealing with public health illustrative story. The description of this was the public health illustrative story could be enhanced to address the current needs of public health. This was covered in fiscal year 2021 report, but it was thought that we may need to expand upon that. I want to open it up for discussion of what we feel about this topic and if there are any modifications that are needed.

Jim Jirjis
It is Jim Jirjis. It seemed like right after the pandemic, or during, there was a lot of prioritization, there still is, around public health. My question would be, if we were to recommend continued focus on that, I know there is a lot of different organizations within HHS that are working on it, would this be getting report outs from them and HITAC making recommendations for next steps? What do we think the HITAC committee's role in this particular row would be?

Steven Lane
I will comment, Jim. I am sorry, I am going to take public exceptions here. You are language, "after the pandemic", where I live, that time has not yet arrived.

Jim Jirjis
Yes. You know what I mean. Thank you.

Steven Lane
The phases thereof. Anyway, clearly the pandemic has given us the opportunity to think long and deeply about the challenges of public health interoperability, the data needs, and the unmet needs that we have. There are so many people who have become involved in this discussion. There is potentially funding and programs going forward. I frankly do not remember what the illustrative story was. Telling stories is great, but I think there is an opportunity for HITAC and this group as a part of that, to weigh in on and contribute to the energy around advancing Health IT generally, and interoperability in particular, for the various public health use cases. I know there have been other workgroups and task forces that have focused in on that. I do not recall where all of that work is at this point. A lot has been said, but I think it may well be appropriate for our report to include a section on public health and how the HITAC can support that going forward.

Medell Briggs-Malonson
Jim and Steven, I cannot agree with you more. In fact, some of my thoughts and comments were exactly along the same lines of what is the illustrative story? We know this is an essential need, but what we need is, not only interoperability between the public health systems, but even the interoperability between the public health systems and the provider systems. One of the things that we have realized during this endemic now, is that we have to be able to exchange information between all of the entities that are collecting this, in order to provide the best care and oversee the best outcomes for patients. I completely agree with the two of you, although emphasizing the importance of that integration and interoperability between all of the systems, for not only our current state, but in preparation for future issues. We are already dealing with monkeypox right now. This is going to continue, so we should be prepared for it.

Steven Lane
Another thought …

[Crosstalk]

Jim Jirjis
Thank you.

Steven Lane
Go ahead.

Jim Jirjis
Thank you for setting the record straight that the pandemic is, in fact, over. As she said, it is now an endemic. Thanks for rescuing me.

Steven Lane
I actually have not heard the endemic used as a noun yet, so I will credit you with that one, Medell.

Medell Briggs-Malonson
Thanks.

Steven Lane
The other thought I had is, clearly ONC is involved in advancing the TEFCA. This group, I do not believe has done a lot of specific focus on TEFCA, but clearly public health as a use case in the TEFCA and as we look forward to supporting the advancement of TEFCA over the coming years. Again, I think there is a touchpoint there.

Jim Jirjis
Steven, I would agree. To me, it seems like there are so many different people working on it, that a good use of HITAC would be to summarize in the report, an update where things are and making sure that the designs that are being pursued actually make sense for providers in each of the constituents. I would agree.

Steven Lane
Agree.

Medell Briggs-Malonson
Great. So, then what …

Brett Oliver
I understand from a historical perspective on the annual report, we have added illustrative stories around most of the topics. I am not sure I understand that as a separate topic per se, public health as a topic. The story, we have tried to add a little vignette to each of the major topics historically, over the last couple of years.

Jim Jirjis
I think last year and the year before, part of the story I remember, for example, because HCA is in 22 different states, part of the illustrative story was the story of the variability in the Public Health Department's capabilities technically, as well as the expertise and the variability of interpretation of all of these interfaces. What I take illustrative story to mean is, telling the story through the lens of the people who had to try to

use the data and how it did not work, so the approaches in policy can help standardize them more and make it easier on providers. For example, the one to many. We had 22 states, all with different interpretations of 22 interfaces to test and babysit 22 different queues to work rejections. Those are the illustrative stories, so that the people defining the solution are solving the actual problems brought out in the story. Did you have a different …?

Brett Oliver
No, I like the principle. I meant the principle that we were trying to apply it throughout the annual report on the different topics historically, but you …

[Crosstalk]

Jim Jirjis
I see.

Brett Oliver
... created a perfect example thought, Jim. That was perfect.

Medell Briggs-Malonson
Great. It sounds like we are all in agreement of emphasizing the importance of these public health systems, especially the interoperability, in order to be integrated with providers and help to drive the care and support the care, but then using those stories as an example of why this work is important. Most importantly, during the HITAC annual report, trying to bring together and highlight the work that is already being done, so we are not redundant. Is that about right in terms of recapping this discussion about this topic?

Jim Jirjis
Yes, I would state it similarly. I would say, get an update on the status of efforts around public health reporting, and then ensure that the approaches that are taken are going to solve the key problems that the illustrative story brought out.

Medell Briggs-Malonson
Great. Okay. There may need to be a slight revision of the topic itself since the illustrative story is like a topper. Maybe that is something we discuss in the future once we solidify some of the different thoughts around this topic. Okay. Any other thoughts about this topic? Is everyone ready to move on the next one?

Okay, let us move on to electric laboratory reporting. The description, as everyone sees here, to improve the use of terminology standards in electronic laboratory reporting. There are three areas of inconsistency where ELR terminology appears to be the least variant. There are also variations in the use of HL72 syntax. There was increased alignment on the federal standard to start, but then deviations in already common data, or as COVID reporting identified, varying approaches emerge for additional data that could be part of the ELR, or where it should or could be done the same by all.

This was also an area underneath public health, but it was covered in fiscal year 2021. So, opening it up for conversation on if we think this is still a highly relevant topic to include in the annual report or if we have revisions to it.

Jim Jirjis
As I understand, this is the electronic laboratory, part of what we learned was the variation in terminologies, and people using their own mnemonics, and not necessarily converting those to link codes, for example. I think I testified that we interact with 220-some labs that do COVID testing, and zero of them reported their test results to a national standard. Is that what this is talking about, guys, is how you align people to do better at standardizing the terminologies?

Medell Briggs-Malonson
Jim, I am interpreting it that way as well, that we do not have the standards or have not enforced those standards.

Brett Oliver
Yes, that is what I remember the discussion being surrounded. I would think we still have the same issues, unfortunately.

Jim Jirjis
I think we should because we opined and made recommendations last year, did we not, Steven, Brett, and others, about, for example, we said why not use nationally existing infrastructure like TEFCA. We even postulating using a QHIN, having a public health QHIN, where that intermediary can become expert at helping to ensure everyone is using those terminology standards and solving the one too many problem. To me, it seems like this would be a priority in the report to get an update and then advise on how to incentivize people to adhere.

Steven Lane
Yes, I do not see eCR included in this document, but I think electronic reporting does warrant our continued attention. Oh, no, we do have eICR. Sorry, it is the next one. It was eICR not eCR. Yes, I think both of these topics belong here still.

Medell Briggs-Malonson
Great. All right, it sounds like this is still a priority for us to highlight in the report. Any other comments on ELR? We can go on to eICR next.

Steven Lane
Yes, I think the key with electronic case reporting is this is very focused on long COVID reporting, which is not an opportunity, but eCR generally has a lot of room for improvement and standardization. I guess the question is, what belongs on this list? Obviously, not everything of importance belongs on this list.

Jim Jirjis
Steven, to your point, this seems niche in focus. If there are any of the first three that we might want to take off the list, I was thinking that it is overly focused on the long COVID, unless that is an example of the broader eICR issue.

Medell Briggs-Malonson

That is one of the things that I wanted to bring up to this group. Long COVID is by far, very niche, it is very focused, but one of the things that we have learned is the importance of making sure we do have eICRs. Especially with all the new emerging diseases that we continue to see. Should this still be part of our priorities for this report of preparing all of our systems in our country for how to address these types of public health occurrences in a standardized way, so we can provide better exchange of information and better care?

I have this as less of long COVID. We may be able to scratch that, but really making sure that we are reinforcing the appropriate approaches for optimizing eICR for anything that comes our way.

Steven Lane
eCR, generally. Yes.

Jim Jirjis
Great.

Brett Oliver
Yes, 100%. You had governments during COVID mandating that you report electronically, you spend all kinds of resources getting that set up and ready to go, only to find out your state can not accept it from a technical perspective. That has not changed in a lot of places. I would agree with maintaining it at a priority, but I would agree with you that we should take the long COVID part off and make it eICR.

Steven Lane
I will point out that California may yet be able to accept this by the end of this year.

Brett Oliver
You are ahead of me.

Medell Briggs-Malonson
We are working on it. All right, wonderful.

It sounds like both electronic laboratory reporting, as well as electronic initial case reporting, are still priorities that we want to keep on the list to focus on.

Steven Lane
Again, just for terminology, eICR refers to the CDA document that is used to support the electronic case reporting use case. I think we just want to call it eCR.

Medell Briggs-Malonson
Thank you, Steven.

Steven Lane
Hans' comment here has to do with the new flavor of the eICR document, which again, is part of that niche piece.

Medell Briggs-Malonson
Thank you for that clarification. Yes, we definitely need to make that revision here.

Okay, excellent. Moving on to record completeness. This was a topic that is focused on interoperability. It was not highlighted in last year's report, but it focuses on how to achieve the complete record of a patient across data sources, without compromising de-identified data or privacy when that data cannot come together until after it starts to be aggregated across sources. So, I wanted to open this up for discussion. I, honestly, do not recall some of the context of this, but it was great to see if others did.

Jim Jirjis
Medell, it is Jim Jirjis. There is a lot in that sentence.

Steven Lane
That is because it came from Hans.

Jim Jirjis
What was it? Is it the focus on a complete …? Or is it on the minimum necessary … Record across data sources without compromising de-identified data. It is hard to get my head around what this actually is. Can someone … Is the emphasis on the without …? There are going to be tons of people that complete an increasingly comprehensive record of data. Health gorilla, others. Is the focus on the de-identification?

Medell Briggs-Malonson
Jim, I am not sure, which is why I was hoping someone remembered this as part of **[inaudible - crosstalk] [00:24:29].**

[Crosstalk]

Steven Lane
It could be worthwhile to reach out to Hans and ask him for greater clarity on this. I do not know if the ONC team is prepared to do that. I have to admit, I am looking at this document and not remembering the discussion around a lot of these. It just may be that I am 62 years old, but there is a lot here that … Hans is brilliant, and he has hardly ever made a suggestion that did not make sense.

Jim Jirjis
Oh, I know what it is. We can ask him, but this is a fun game of "What was he thinking?" To me, it looks like, if I am using de-identified data and I am creating a data lake where I am storing it, and it is de-identified, but it is going to later be wedded with other data that is de-identified, how do you maintain that it is that single patient still? We can ask him. It is probably …

Medell Briggs-Malonson
Yes, let us put asterisk by this, and next time we meet, hopefully, we can have greater clarification of what was intended by this topic.

Jim Jirjis

If it is what I think it is, it is pretty huge. If you have companies now that are getting patient permission, for example, on the other side of FHIR, API is standard, then you can imagine people's use of it when it is de-identified data and how they wed it, can be an important topic. I would think the RCE would be … Well, maybe not. We will ask him.

Medell Briggs-Malonson
Yes, we will ask him. We will bring it back during our next meeting. Great.

Next topic. We are going right on through these. Close loop referrals. Should the section be more general around integrated clinical and administrative workflow, such as closed-loop referral, e-prior auth, and cost transparency GFE as big-use cases where it all flows together? Again, a section that was highlighted last year, but thinking about if we should build upon it for this year as well.

Jim Jirjis
To me, I love this one, because it is an example of HITAC saying, let us focus on common-use cases and closing where there is multiple different pieces involved. The notion of a national infrastructure now we have people going to the QHINs, of actually doing comprehensive closed-loop referrals, it includes prior auth, it includes making sure the patient got an appointment, that appointment was completed, and the information from the appointment made it back, that sounds like it would be wonderful if we had a national referral closed-loop mechanism.

Steven Lane
It also seems like a particular opportunity because of the initial use cases for TEFCA being treatment, patient access, and that treaters and patients are critical to close-loop referrals in terms of the communication. So, a good one to keep on the front burner.

Jim Jirjis
Agreed.

Medell Briggs-Malonson
I think we all agree.

Jim Jirjis
We are going to say yes to everything.

Medell Briggs-Malonson
Not yet. These are important topics. Are there any revisions we want to make to this? Does this seem pretty straightforward and on point for how we want to approach it and bring this information into the report?

Jim Jirjis
I look the wording there and how it also includes examples of close-loop referral, prior auth, and cost transparency.

Medell Briggs-Malonson
Okay.

Steven Lane
The only thing that I think, sometimes when we think about closed-loop referrals, we think of provider-to-provider referrals to the exclusion of referrals for diagnostic services. I know in our organization, when we talk about close-loop referrals, we include, for example, referrals for advanced imaging, cardiopulmonary testing, or whatnot. So, I do not know if we want to add some text, "closed-roof referrals including procedural" because all of the same issues of prior auth and cost transparency come into play, in fact, sometimes even more so.

Jim Jirjis
I agree, Steven. I would add it to make sure it is not neglected.

Medell Briggs-Malonson
Wonderful. Great. We will add some additional text to that, and we will keep this topic.

Next one is health equity. Should health equity be treated as a new target area since it involves data, is best captured where it is needed, and how we share it. Only the latter involves interoperability. The others concern agreement of what data.

I am going to opine on this one right now too. The way that I feel is that health equity should always be looked upon in all of our various different target areas, however, health equity is incredibly complex. I agree that this should be proposed as a new target area, predominately because of that fact that this is dealing with standards in which we need to finalize data collection standards. Yes, interoperability. Really thinking about our AI algorithmic biases, how we analyze data, and report out to federal agencies, since we are now starting to have the external accountabilities through so many different agencies, such as CMS, Joint Commission, and others, are reporting out.

I do recommend, and also support the idea of health equity being a completely separate target area that could be utilized in many of these other topics as well, as we proceed on.

Jim Jirjis
Agreed. Did last year or early this year, I cannot remember, we have a lot of different testimonies about approaches to defining and creating standards around what needs to be captured to support health equity? Would this be a check-in on what progress has been made and what additional things need to be addressed by ONC?

Steven Lane
That sounds right. I think one of the challenges with health equity, and we will get to it again in privacy and security, is these are critical and appropriate goals, and the devil ends up in the details. We have to think about what exactly does it mean? What are we going to recommend in the space of health equity? I think, as you suggested Jim, starting with a landscape view of what is being done. Is it around STOH? Is it around gender, equity, et cetera, and where the opportunities are? I think we will need to get much more detailed.

Medell Briggs-Malonson

I agree. We need to see what is in the overall ecosystem on what has been done, but I would also push us to be a little more direct as well, because we know there are certain things that are absolutely needed at this point. So, even after we bring in what has been done, I think we can also bring into the report additional recommendations about the type of standards that are needed to continue to move this work along. I think we can do so, even at this point.

Jim Jirjis
Do we think that one of the answers, for example … I am trying to get my head around what the scope of it is. Do we believe that a check-in on what the data sets are, data elements are, how the standards development is going, and then at some point, it becoming part of a USCDI Version 4 or something? Is that part of what we are thinking ONC and HITAC can help with?

Steven Lane
Yes, it could be USCDI. It could be certification requirements. It could be any number of things that … The levers that ONC has at their disposal.

Jim Jirjis
Is there is a group within ONC or HSS who is charged with of organizing those efforts?

Steven Lane
Mike, does ONC have one or two leads on equity-related initiatives?

Michael Berry
Yes, they do. They have a workgroup at ONC that is taking a look at all sorts of health equity related issues.

Steven Lane
One approach might be to invite the leads of the workgroup to speak with us, so we can understand where they are at and where we might be able to provide support or direction.

Jim Jirjis
I agree, Steven, because if we were to put this together, we would want to know, what are people thinking about people who are going to do with the data? For example, are there programs like the social determinants of health? If we knew what people were planning to do to support equity of care, then that can help us understand, from a certification and terminology standard for example, what work we need to do, because that is going to be absolutely necessary for some program. Right?

Medell Briggs-Malonson
Yes.

Jim Jirjis
And I am just too distant …

[Crosstalk]

Medell Briggs-Malonson

I am sorry. I do want us to unpack this is a little bit more, especially this topic. We have all of the various different aspects of health equity, which absolutely deal with the standards, how to click the data, how to analyze the data, use the data in the appropriate way, in order to drive health equity. This topic is also discussing the proposal of making health equity its own target area as well. For the ONC team, correct me if I am wrong with also interpreting it this way, because that is what I am reading from this. So, just as we have other topic areas, such as public health interoperability, et cetera, now, adding health equity as a potential target area. So, that is item number one. From there, that is going to be further down as some of the topics, stating, now we are thinking about how do we integrate health equity and having the equity lens among all of the work that we are doing, in order to drive that equitable processes, care, outcomes, and data analysis that we are looking for?

I think there are a couple of things in here. I want to make sure that we are approaching both of them in the best way possible when we are thinking about what needs to come into the report.

Steven Lane
I will just say, Medell, I love the way you are thinking about this and support it completely. This is your area of expertise in your professional life. So, yes, let us do that.

Medell Briggs-Malonson
Great. All of the conversations that you are all saying, completely agree with you. If we have them separate, I think that is going to be a key piece of this. So, just as a quick recap, at least making sure this is something we want to do to advocate for health equity, just as this is coming from Hans and Abby to be its own separate target area, which we are allowed to do so, based off of the C.A.R.E.S. Act, which is right here in the status. This would be a new addition to this domain. And then from there, making sure that we see what is currently being done. This is also a great time to bring together all of the other work that is being done, even outside of the groups that ONC has charged, to ensure we are setting up the appropriate recommendations and standards for the entire country.

Jim Jirjis
Yes. To me, it seems like, with the two stated priorities of public health and health equity, it would very much warrant having it be a separate stream, so it can have the focus it deserves, and not have the timelines diluted into a broader scope.

Medell Briggs-Malonson
Great. Wonderful. So, we will keep this topic, but making sure that it is very clear. We may have to change some of the language, so it is focused on the potential for that target area. Later on down, we can talk about some of the other integrations of health equity.

All right, any other comments about this topic?

Excellent. So, moving on to privacy and security of data. This was brought up as something that has not been presented in the previous report. Taking a look at, do we need to consider privacy and consent directives to support alignment of innovation and regulation of privacy and security of data at a national level? Are there various initiative in flight? It would be good to help to understand the recent LEAP funding

and state initiatives, and provide input on where to focus efforts to truly align beyond data segmentation flag standards.

Steven Lane
I think Hans captured a number of key ideas here in his suggestion, but I certainly would support this as being a major focus area.

Medell Briggs-Malonson
Agreed.

Jim Jirjis
Hear, hear.

Michael Berry
Absolutely.

Medell Briggs-Malonson
All right. Well, it sounds like we are all in agreement for that. And then the last one is patient matching. There is a lack of standards for capturing information on an identification card, such as standard for digital identity cards could help improve patient matching.

Jim Jirjis
Yes, this seems very important.

Steven Lane
Here again, I think Sheryl's comment is very targeted to this notion of information card data, but of course, patient matching as a general area of focus is very important. I think in the way that we expanded our view of the eCR suggestion, I would expand our view of this one as well.

Here again, there are teams at ONC that are focused on patient matching that have been advancing various pieces of that, Project USA, et cetera, and a lot of work that we have done in other work groups to support that, USCDI in particular. I think that, again, this is a small piece or subset of the larger issue. I think if we have the time to get an update from the ONC team on all of the various projects they are working on, on patient matching, have they already captured this issue that Sheryl mentions? Is there an opportunity for us in the report to weigh in, in support of, advancement, or expansion of what they are doing? I think that is our opportunity.

Medell Briggs-Malonson
I agree with that. I absolutely do. We all know the downstream negative effects of not having appropriate patient matching. The only other thing that I was thinking of when taking a look at this, is making sure that, especially when we do see the work that is being done, that we are also thinking of and incorporating the challenges of serving our most vulnerable populations. We know that patient matching is even more challenging amongst certain populations, whether it is due to housing insecurity or other factors. That is something I think is going to be really important to put that lens, to make sure we are being comprehensive and equitable in our approach of patient matching.

Steven Lane
Medell, you bring so much to this conversation. Thank you.

Medell Briggs-Malonson
Thank you for that, Steven. All right, any other comments, or thoughts for patient matching?

A very important topic, as all of these. We did not take anything off of this list.

Jim Jirjis
I am thinking about what is not on it.

Medell Briggs-Malonson
Very true. Let us go forward and think about that as well. I know that we have the other potential topics based on research. That is the next portion of this document. Potentially what we can do … Maybe we will go through this section first, and if there are any other topics that the workgroup is thinking of or wants us to consider, we will open it up for that time period too. I am just watching the clock as well. I am making sure we do not run out of time. So, Mike, as well, please let us know when it is time to open it up for public comment.

Steven Lane
Just a couple of orienting comments or questions. One is, I noticed we have these nice comments from Hans, Abby, Sheryl, and Steve Eichner, which were great. I noticed the entire section on the Annual Report Workgroup member comments is blank, which means I was not the only one that missed the memo or did not make the time to do this review prior. So, I think we are all in this together.

I did want to ask a little, I see for the whole rest of it, it is ONC/AI. I do not recall hearing about the engagement of Audacious Inquiry in the development of these next four pages of suggestions. Mike, or Medell, you are up to speed on that, what was the process where AI was engaged and worked with ONC to develop all of these next suggestions?

Medell Briggs-Malonson
Thank you, Steven. I am going to defer to Mike because I am not sure either. So, I will defer to Mike and the ONC team.

Michael Berry
Yes, Michelle Murray is the lead for this. She can answer the question better than I, so I will turn it over to Michelle.

Michelle Murray
Okay. A bit of hand off there. So, Audacious Inquiry has been our contactor for the last three years. For supporting this report, they do a lot of our research. They have a pretty experienced team, including a technical writer that sends me the deliverables periodically, that extend the research across the entire landscape, and doing their own gap analysis. They do some interviews as needed. Some experts you have mentioned we should reach out to; they might help me do that. I help shape it with our other staff at ONC.

They do some review of the deliverables that you see. So, some things are flowing directly from them through this process to you. Sometimes they are giving me research that gets formulated into, instead of a page of research, I turn it into a couple of comments for you, to make it more useable in this format. So, it is a lot of flow of information back and forth.

They got rehired for the next three years, so we are just getting started. That contract only came through a couple of weeks ago. That is the reason there is a bit of a delay in getting it to you. This time, we did not have this list until a couple of days ago, so sorry about that Steven. I agree it would have been nice to have some time to look at it ahead of time. We normally would have done that, but our contracting did not allow for that this time.

The specific section that we are looking at, we did last year as well, or maybe the year before. It is sort of looking at the last report, more than anything, and saying, do we want to keep this? Are there other new ideas that have bubbled up in the past year that they have been tracking for us, that did not make it into the last report? That is why that comm gets a little more important in this section, about whether it was in the report last year or not. It is relatively short. I think it is a couple of pages. It is not a ton of information. It is usually more factual than controversial ideas. It has been reviewed by ONC as well. That is why it has both of our names on it. **[Audio cuts out] [00:44:47]** came from one body or the other, but we worked together on it to produce it for you.

Steven Lane
Thank you Michelle, that makes a lot of sense. I am curious, are any of the panelists or attendees here representing AI?

Michelle Murray
Yes, usually most of the team is listening. I will need to check if they are on at the moment, but I believe so. They are taking notes with me.

Steven Lane
Okay.

Michelle Murray
We meet about it every week.

Steven Lane
I think Cory is at AI.

[Crosstalk]

Michelle Murray
Yes. Exactly.

[Crosstalk]

Steven Lane

There are a lot of names I do not recognize. Yes. Okay, cool.

[Crosstalk]

Michelle Murray
Yes. Great. Yes, he is part of the people there.

[Crosstalk]

Michael Berry
Michelle, pardon me if I am wrong, but I believe the Annual Report Workgroup member comments is a placeholder for the member's comments from today. Is that correct?

Michelle Murray
Yes. In this case, in past years, we may have collected some more ahead of time, but this time around, yes, it will be a place for the next iteration to capture what we comment today if it is outside the other topic areas.

Steven Lane
Oh, good. So, that does not mean we all failed to do our homework. That makes me feel better.

Michelle Murray
Right. Yes, they do not want you to feel bad. You did not miss anything, and we are not trying to rush you. We, on our side, we are a little late this year getting together. We were also not able to meet with Aaron and others until recently either. It is a number of factors. We are off to a little bit of a late start this year, but we are catching up really quick, so I am not worried about anything.

Medell Briggs-Malonson
Thank you so much, Michelle. Thank you, Steven, for that question as well. Now that we have some context behind the additional topics that are being proposed, maybe we will go through those and we will come back to see, especially from the workgroup members, if there are any additional topics that we want to include in the annual report.

So, the first one that we have proposed is CMS notice of proposed rulemaking for interoperability and prior authorization. I will let you read what that is about, but the recommendation of the status is that HITAC could build upon the recommendations of e-prior authorization RFI Task Force 2022. I just wanted to open that up for comment. I know it seems like it may be related to some of the things that we were also discussing previously and wondering if we can combine but interested to see what the members think.

Jim Jirjis
It is Jim Jirjis here. I have not been on the past task forces. To me, this is one that has as potential for really high impact on 21st century stated goals. Reduce provider burden, improve key interoperability, true interoperability of data would be another data subset, and then patient access. I like this because I think where we left our hero last, if I recall, we had identified data elements. The rules. The different data elements. We had done a grid on which data elements actually had a terminology standard, whether it was

adopted or not, and which did not. It seemed like the next natural step before you could actually do anything regulatory, would be to check in on where we are with HL7 and others, building out on those data element semantic and syntactic domains. Our recommendation is that HL7 and ONC need to build out some of those missing gaps.

Do people concur that would be the focus? If so, to me, I think this is a really high opportunity that we should keep pushing the ball on, or it is going to take forever to get something that meaningfully impacts.

Medell Briggs-Malonson
Great comments. Any other thoughts? Okay.

Jim Jirjis
To me, the goal, the deliverable that would actually be meaningful, is if we could get to the point where all of the data elements were defined, they had semantic standards, we had implementation guides, standard prior APIs, and then boom, you have created a marketplace where people can actually change prior auth workflows. Until we get the comprehensive semantic terminologies for the data elements in the exchange, you really cannot operationalize.

Steven, **[audio cuts out] [00:49:12].**

Steven Lane
Sorry, Jim, was there is a question there for me?

Jim Jirjis
Yes, I was getting people's reaction to my comments, and whether you share the same view of where we are with it, and why it is important.

Steven Lane
Yes, I support your comments.

Medell Briggs-Malonson
So, Jim, quick question. I would love to also hear Brett's thoughts as well, but quick question for you. In terms of the highlighting this important topic and the report, what are some of your thoughts of how we can reinforce the importance of it, and make sure that we are bringing those elements into the report to continue to drive this work?

Jim Jirjis
To me, for ONC and HITAC, it would be around the data elements, data sets, and standards for interoperability. To me, it would be, the focus of the next workgroup would be to check in on where we are with closing those gaps.

Medell Briggs-Malonson
Okay.

Jim Jirjis

For example …

[Crosstalk]

Steven Lane
Right, but we are not talking about necessarily recommending another workgroup. Are we Jim? Is it more within the report, taking the opportunity to review and provide an update?

Jim Jirjis
Yes, you are right because it is the annual report.

Steven Lane
Yes.

Jim Jirjis
I think they were talking about another workgroup at the end of the year.

Steven Lane
Okay.

Jim Jirjis
I do not know, Mike Berry, is that still the plan?

Michael Berry
I am sorry, Jim. I did not hear the whole question. Could you repeat it?

Jim Jirjis
Yes, the question was about the status of the prior auth work, and whether there is an anticipated upcoming workgroup that is going to be formed around prior auth.

Michael Berry
Not this year that I am aware of. Maybe next year. I have not heard of any updates from this year's task force yet.

Medell Briggs-Malonson
Okay. This is another important topic, and we will move that up to the topics list. Brett, any thoughts about this before we move on as well?

Brett Oliver
No, nothing different than what has been said. I agree with the significance of the topic. I think worker's suggestion can be getting an update where we are.

Medell Briggs-Malonson
Great, thank you. All right. We will continue to the C.A.R.E.S. Act changes, 42 CFR part 2. This was also recommended in terms of, HITAC could consider policy and technical issues around managing substance

use disorder records. Let us open them up. All of these topics have not been discussed in the prior fiscal year 2021 report. So, any thoughts about this?

Steven Lane
It seems like an important opportunity. It is not something that we really laid into too much on or discussed much at HITAC. **[Inaudible] [00:52:21]** comes up, that there is a special radar. It touches on, at least the prior discussion about highly sensitive data and protecting one's privacy as it moves around the system. This is important. It is something that I feel like I could personally be more well educated on as a HITAC member. It would be great to see **[inaudible] [00:52:46].**

Medell Briggs-Malonson
Steven, we heard a slight echo from you, especially at the end of your comments.

Steven Lane
Let me go back to my prior other solution.

Medell Briggs-Malonson
What we did hear is, yes, this is something that you think is very important, and for us to learn or dive a little bit deeper into.

Steven Lane
Yes, thank you.

Medell Briggs-Malonson
Okay, great. Any other comments or thoughts, especially in terms of prioritizing it this year?

Steven Lane
As we have said, we are not striking a lot from this list. We are mostly expanding on the items here.

Medell Briggs-Malonson
Yes.

Steven Lane
We need to acknowledge; we are going to have our work cut out for us. This is going to be a long and meaty report. Thankfully, we have Michelle, Mike, and others to help us flesh it out.

Medell Briggs-Malonson
Yes.

Steven Lane
And AI. That is right, we have AI on board too.

Medell Briggs-Malonson
Wonderful. It sounds like there are not objections at this point in terms of continuing on with the C.A.R.E.S. Act changes.

Now, these next two, I am wondering if we can also combine them with some of the previous topics. The first one is public health data systems with interoperability, and underneath the area of use of technology, support public health. This seems like it is very much related to some our discussions about the importance of our public health systems and the interoperability with other provider systems to support the care and monitoring surveillance that we need to do. I just want to open it up. That is how I interpreted this, as a way that we can potentially combine and consolidate some of these topics, but I wanted to see what others thought about that?

Steven Lane
I totally agree. These seem duplicative with the discussions, or additive, I should say, to the discussions that we had earlier. They should be collapsed into single rows.

Medell Briggs-Malonson
Absolutely.

And the next one, in terms of increase health equity across populations, locations, and situations, this is focusing on one element of data collection. As we previously discussed with health equity, especially as it becomes a target area in itself, data collection, and the standards associated with data collection, it is one of many different areas of thinking about how health equity needs to be integrated into our system. This also seems like that can be collapsed into some of the true work that we are going to be looking at, in terms of looking at the standards. It can still be consolidated with that other topic in itself. Any additional thoughts about that?

Steven Lane
My only other thought, Medell, is so much has been said about the challenges of collecting STOH and equity-related data as part of the care process. Organizations see that as an added burden that they do not know how they are going to wrap their heads around. Like when we were trying to get added STOH data related to lab testing data in the early days of the pandemic and get that incorporated into ELR. I think when we come back to this topic, and dive into it, we should also think about the combination of different data sets. In a sense that some of this health equity, equity-related data is going to come more from combining data sets in a way that respects privacy, as opposed to necessarily adding a new process or system for collecting data that already exists in other places.

So, just an idea that I have been looking at in other contexts. We should put a placeholder there to think about that.

Medell Briggs-Malonson
I love that idea as well. You are absolutely correct because our systems are so desperate. We are collecting different forms of data in different systems, and that has been part of the challenge of 1). for those systems not to communicate, and 2). not being duplicative in our efforts as well. So, really thinking about those mechanisms as you mentioned, so we are not building new things, but we are making sure that the systems can be reviewed comprehensively together. That is a critical need that we have across the board.

There is only one other idea that we could potentially do. For instance, the previous topic that was mentioned was about the applicable target area and proposing that as a new target area. One idea is that we could keep this topic as its own separate, of almost data collection and … I would not want to say consolidation because it is a little bit different than consolidation of what you are mentioning, Steven. This could be its own separate topic, but the change of the target areas would be interoperability, but it would also be the new health equity target area as well. We can also keep them separate, so not to dilute the focus of what these two entities are because they are separate that we are discussing right now.

Any feelings one way or the other from the workgroup members of putting them all together or keeping them separate?

Steven Lane
I think combining things into large topics that then have subtopics underneath them leads to a comprehensible report. I do not think we want to be too granular, have some big sections.

Medell Briggs-Malonson
Okay, great. All right. Any other thoughts about these two, public health data systems and the health equity across populations? Excellent.

And the last two are cyber security events across healthcare infrastructure. So, looking directly at how we can continue to see the growth of the number of cyber security events, during which patient information is at risk, and trying to make sure we are highlighting the importance of this topic. So, any thoughts or recommendations?

Steven Lane
Again, I think both of these last two items are critical, high-priority issues. It does make sense for us to include them.

Medell Briggs-Malonson
All right.

Steven Lane
I also like separating privacy and security, and focusing on them independently because they really do have different characteristics and issues. I think when you lump them together, you sometimes lose some of the richness of each.

Medell Briggs-Malonson
Now, is that a predefined target area, where it is defined as privacy and security, or did we just put that on this document? That may be a question for Michelle.

[Crosstalk]

Steven Lane
Yes, that is a good question. Because when I see them lumped in that third column, I think we lose something by combining them, and if they are lumped further in the column also.

Michelle Murray
In that case, I will need to go back to the C.A.R.E.S. Act language to double check if we can split them. I think they were grouped together in that language. We tried to stay close to that in the first days of this reporting. There are three main target areas that were defined as required in this report, and there is a list of supplemental target areas. The language gets really legalistic, and we have done analysis with lawyers on what can be included as a target area and what cannot be. I can come back to this group if you want to take a second look, since it has been a while, and see if there are other things to pull out of this alternative list. There is a temporary list you are allowed to use, but we have to go to Congress to at least inform them that we are going outside the list of things that they proposed or listed for us. Does that make sense to people?

Steven Lane
It does, but I do not think we are talking about coloring outside of the lines …

Michelle Murray
Right.

Steven Lane
… so much as we attack or tackle the target area of privacy and security, that we have subsections on privacy and on security. I think you are right, as I recall back in the early days of the ONC, dealing with the C.A.R.E.S. Act. The privacy and security were lumped. I have been there myself, it is in my title, but I do think that separating them allows you to focus more on the relevant issues and not confuse people.

Jim Jirjis
Steven, to your point though, the third column is the issue, right?

Steven Lane
Right.

Jim Jirjis
Even if we have to keep it as privacy and security lumped for some terminology, to not create a kerfuffle, it does not mean that each row could not focus on what … For example, there could be a row that focuses on security, so it does not get diluted. The work itself, in each row, could focus on one or the other, even though it is categorized under the lump.

Steven Lane
Great. Maybe that is where we are, and we are wrapping our heads around it.

[Crosstalk]

Jim Jirjis
Yes. It seems like it is not necessary, but anyway.

Medell Briggs-Malonson

Great. Wonderful. And cost transparency, as we mentioned, it looks like this is a good topic to include. Any concerns about including cost transparency in the annual report?

Steven Lane
Makes sense. Hot topic.

Medell Briggs-Malonson
So, we have actually included about every topic. We have been able …

[Crosstalk]

Steven Lane
We collapsed a couple.

Medell Briggs-Malonson
We did collapse a couple, but we did not exclude them, so we made some progress.

Steven Lane
And expanded some others, so we are neutral, I think.

Medell Briggs-Malonson
Yes, we are. This is the time, especially for the workgroup members, are there any other topics that we think are pressing that we must look at, including in this upcoming year's annual report?

Jim Jirjis
Can I ask about one? This is to get, Steven, your and other's take on whether this makes sense. So, where we want to move in the future, for example, around referral management, closed-loop, et cetera, is increasingly communicating across the continuum. One question I have is, if we are trying to do close-loop referral or something, I know there is a lot of work to identify physician and entities HISP addresses, right? I know there is the wall of shame. I am wondering if we moved far enough in having national access to people's communication addresses, and if there is any work for ONC, and therefore HITAC, to look at in anticipation of communication tools and collaborations?

Right now, if I were to try to find your HISP address, some of it has to do with … There is not a national directory that is easy to find, that is comprehensive, is my understanding. What is the group's thought? That might be an opportunity if there is further work to be done there?

Steven Lane
When you say HISP address, you mean address for direct secure messaging?

Jim Jirjis
Yes, or just even broad … What is the infrastructure to make sure it is easy with no special effort to communicate with a doctor in Ohio, when the patient is vacationing down here? How easy is it for me to go to a look up and identify for purposes of communication? I know part of it was requiring physicians to publish to the national site what their direct address is, for example.

Steven Lane
That is correct.

Jim Jirjis
But really, it was one of the least effective models. The penalty will just be shaming, that people will see that you are not in the directory. So, I am just wondering if there is any work to do there on HITAC's behalf to see where we are with an easily accessible, comprehensive national directory?

Steven Lane
I think that is going be true as we see TEFCA spin up as well. You need to know, as you are calling it the HISP address for direct messaging, you are going to also need to know how to locate people under the trust exchange framework, through their QHIN.

[Crosstalk]

Jim Jirjis
Right. I am saying this may be something we recommend because it will be foundational for a variety of future use cases, which support the information following the patient wherever they go. It may be more than just CCDs. It may be other types of communication around referrals. So, that would be the only suggestion from me. Should something like that be on the list?

Steven Lane
Directory management. I do not see it as a topic, even in the long list from AI.

Jim Jirjis
Exactly.

Steven Lane
Cory, if you want to throw a comment in. Is this something you have talked about?

Medell Briggs-Malonson
Jim, while we are thinking about this too, I was looking at this from a different perspective as well. We have it from ensuring that we have the appropriate secured communication referral processes. I was also looking at this from … I do not know the work we have done on this, since I am one of the newer members to HITAC. Even some of the various different forms of communications between patience and their providers. We know we have the standard patient portals, but there are some new, more innovative solutions that are coming out, that are trying to also continue to enhance some of that various different communication between patients and providers.

I do not know if that is something we have discussed, and how that is going to be regulated appropriately. That is, as we are moving more towards patient ownership of their data and having greater communication directly with their physicians and other health care professionals. I can tell you, even some of my work that I do of just providers to providers that are not in the same system, but it is not a referral process, let us say it is secured text messaging, what some of the standards are, and what we are doing around those areas.

It sounds like, from what you and Steven are saying, there is a lot of work on that. I am also thinking about some of the other case studies and case uses that are still part of that, but are a little bit more patient focused, but also provider-to-provider focus, purely on communication of PHI multiple areas.

That may have blown up that topic a little bit more.

Jim Jirjis
I was just saying, if we are going to advise us looking forward to the future, but with what is in place now, and with what we think is coming, are there any national capabilities, data sets that need semantic terminologies and interfaces that need **[inaudible] [01:08:50]**? What are some of the foundational pieces that we in HITAC should recommend ONC tackle because we know over the next two to five years, it will be a necessary component for something? And that is why I brought up the, what if it is hard to find? What is the address for somebody that you want to communicate with?
The other one that comes up, that we have talked about in the past, is the right size ECD, the segmented. Maybe others on the call know more than I do, but we had talked about, right now, the exchange of CCD as often as everything. Somebody asked because they have an ingrown toenail, and they get a CCD that tells them their herpes status. The reason I bring this up is because the standards for how to support the minimum necessary, instead of everything, I do not know if I know we are in that work. That might imply EHRs to do something different, because they would have to build the capability for somebody to define a subset of what is in the CCD, for example, for a particular purpose, and just send that.

Is that an area that ONC can weigh in? That might require design requirements for certification that would support workflows that minimize over sharing of info.

Medell Briggs-Malonson
Right.

Jim Jirjis
That would be the second topic I would bring up to the group for consideration.

Medell Briggs-Malonson
Jim, exactly what you mentioned, the second topic is what I was hitting on. I am going to give you a quick case scenario. I support that as well. Thank you, Steven, for the directory topic.

I will tell you that I helped to oversee a new innovative model that is providing homeless health care to various different individuals here in Los Angeles County. As we have multiple providers, systems, and clinics that are serving the same very hard to reach population, we are actually in the process of thinking about how to develop the best information exchange, both, for instance, secured text messaging, but also, as you mentioned, more of the clinical data and clinical documents, which is not what we call the full bloated CCD. You do not need the information at all. What you clearly need is some key elements of that record, in order to ensure you are providing the most comprehensive and most relevant care at that time, but as you mention, not everything about their ingrown toenails or all about their hospitalizations 10 years ago.

I do like that idea. As we are trying to improve our care coordination and our exchange of relevant healthcare data and communication, that would be something really interesting to see where we are. That is where many of our various different provider organizations and public health organizations are trying to move towards, so we are not in this note bloat situation that we have been in for so long. We do have those minimum standards and recommendations for having a secured exchange of information.

And I would even … CCD, yes, but maybe more than the CCD as well. Also …

Jim Jirjis
Yes, I get …

Medell Briggs-Malonson
Also …

Jim Jirjis
The term name … Go ahead. Sorry.

Medell Briggs-Malonson
I was saying, also in terms of whatever we need to do for that exchange of both clinical documentation, referrals, as well as direct provider-to-provide communication.

Jim Jirjis
I agree because there will be a variety of ways that people will want to segment. One will be to prevent privacy and enable the privacy component of HIPAA. Right now, nothing enables that. Everything is shared. The other use cases, for example, Steven, if you and I are referring somebody to a surgeon, surely they can get the whole tone. Being able to define out, "I want the opt note." The problem less meds, allergies, last opt note, and any imaging, and path. So, you and I are referring to a surgeon. Our ability in the MR to select the documents that are relevant, and have that be passed to the next practice in a more concentrated CCD. It seems like the ability for the EMRs and other modalities that deliver this information, to select the subset is what we are talking about, right? Those certification standards could be applied across multiple HER tools.

Steven Lane
Right.

Jim Jirjis
Referral, closed-loop management. I might want to send a subset of info. Maybe our CCDs, et cetera.

Steven Lane
Is that not what FHIR is going to allow us to do?

Jim Jirjis
That would mean we would have a workgroup maybe entitled right sized information sharing to support minimally necessary requirements for HIPAA or something.

Medell Briggs-Malonson
I think that would be appropriate, having more of a generalized approach. Since **[inaudible - crosstalk] [01:14:02].**

[Crosstalk]

Jim Jirjis
It is not just HIPAA. There is use cases, like I mentioned. HIPAA is the big one. We cannot actually respect HIPAA right now with the way our EMRs are designed for automated CCD sharing.

Medell Briggs-Malonson
Right.

Jim Jirjis
But there are more than just HIPAA reasons. So, anyway.

Medell Briggs-Malonson
Great. Okay, great. Great topics. Any additional topics that we need to consider adding to our highly comprehensive annual report we will have this year?

Steven Lane
It will not be the first year.

Jim Jirjis
Yes, I would like to suggest we add solving world hunger as a row while we are at it.

Medell Briggs-Malonson
I think we can tackle that as well. That will not be a problem.

Jim Jirjis
I thought with Elon Musk with $6 billion could solve it.

Medell Briggs-Malonson
Well, it is something still that we have to work hard at. That is still all of our responsibility. Cannot rely on just one person.

Wonderful. This has been a great, wonderful conversation and discussion around all of these topics, and the addition of a couple of topics as well. What we can do now is flip back to our prior set of slides, so we can make sure we are going through the rest of the agenda and accomplishing all that we set out to do during this meeting.

Jim Jirjis
Nice job.

Medell Briggs-Malonson

Thank you. It seems like what we will do now, before we go to public comment, just to verify, Are there any other questions or comments that we need to discuss before we go on to the next section? We will take these topics, our next meeting, we are going to start to crosswalk them. That will be the basis of our upcoming meetings. I want to pause and see if there are any other items that we need to address before we go to public comment.

Jim Jirjis
Yes, one quick question. Maybe it is for Mike Berry or others. My understanding is that there was a recent communication that there is an upcoming CMS rule or ONC rule around prior auth, that is anticipated the latter half of this year. I wonder if one of the rows where we talked about prior auth needs to be informed by what is going to be in that. Do you know much about that, Mike?

Michael Berry
I know that part of the HITAC's work plan was to examine the NPRM that was listed in the unified agenda. I know there were several areas in the rule. I believe e-prior auth was one of them. I know the HITAC will be forming a task force when that rule comes out to provide comments on that rule.

Jim Jirjis
Yes, that is what I meant. Okay. We do not know when that will be. I heard it was third quarter or something like that.

Michael Berry
Yes, I think the unified agenda mentioned October, but that was the best estimate at the time of printing. Subject to change.

Jim Jirjis
Thank you.

Medell Briggs-Malonson
Thank you for that. Any other questions or comments?

Steven Lane
I just added a comment in the chat, piling on to Jim's suggestion for the section on appropriate data sharing limits.

Medell Briggs-Malonson
Wonderful. Thank you, Steven.

Great. I think we will proceed to our public comment section.

Public Comment (01:17:42)

Michael Berry
Okay, great. We are going to open up our meeting for public comments. If you are on Zoom and would like to make a comment, please use the hand raised function, which is located on the Zoom toolbar at the

bottom of your screen. If you are on the phone only, press star nine to raise your hand. Once called upon, press star six to mute and un-mute your line. So, let us pause to see if anyone raises their hand.

Not seeing hands raised, Medell, so I can turn it back to you.

Next Steps and Adjourn (01:18:25)

Steven Lane
Can I invite Cory or anyone else from AI to jump in to give us a pat on the back, or a change in direction, or anything? You have been pretty involved in getting us to this point.

Michael Berry
I am not sure if it would be appropriate for Cory to comment as an ONC contractor since the comments will be made part of the public record.

Steven Lane
Okay, that is fair. I just wanted to make sure they feel included and appreciated for their work.

Michael Berry
I am sure they do. They will be on every call, I am sure.

Medell Briggs-Malonson
Wonderful. Thank you so much for all of your comments and your work in order to get us to this point. I appreciate all of the members with the great extensive discussion on each one of the topics. So, what we will do is we will continue to convene during our next scheduled time. We will continue to make sure that we are cross walking each one of these topics in preparation for our initial draft to go to HITAC.

Thank you again for attending today's meeting. Have a wonderful day.

Steven Lane
Thanks, Medell. Great job, chairing.

Medell Briggs-Malonson
Thank you. I appreciate it.