## HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) MEETING

October 13, 2022, 10 AM – 11:45 AM ET

VIRTUAL

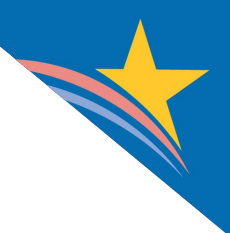# Speakers

| Name | Organization | Role |
|---|---|---|
| **Aaron Miri** | **Baptist Health** | **Co-Chair** |
| **Denise Webb** | **Individual** | **Co-Chair** |
| Medell Briggs-Malonson | UCLA Health | Member |
| Hans Buitendijk | Oracle Cerner | Member |
| Steven Eichner | Texas Department of State Health Services | Member |
| Cynthia A. Fisher | PatientRightsAdvocate.org | Member |
| Lisa Frey | St. Elizabeth Healthcare | Member |
| Rajesh Godavarthi | MCG Health, part of the Hearst Health network | Member |
| Valerie Grey | New York eHealth Collaborative | Member |
| Steven Hester | Norton Healthcare | Member |
| Jim Jirjis | HCA Healthcare | Member |
| John Kansky | Indiana Health Information Exchange | Member |
| Kensaku Kawamoto | University of Utah Health | Member |
| Steven Lane | Health Gorilla | Member |
| Leslie Lenert | Medical University of South Carolina | Member |
| Hung S. Luu | Children's Health | Member |
| Arien Malec | Change Healthcare | Member |
| Clem McDonald | National Library of Medicine | Member |
| Aaron Neinstein | UCSF Health | Member |
| Eliel Oliveira | Dell Medical School, University of Texas at Austin | Member |
| Brett Oliver | Baptist Health | Member |
| James Pantelas | Individual | Member |
| Raj Ratwani | MedStar Health | Member |
| Abby Sears | OCHIN | Member |
| Alexis Snyder | Individual | Member |
| Fillipe Southerland | Yardi Systems, Inc. | Member |
| Sheryl Turney | Carelon Digital Platforms (an Elevance Health company) | Member |
| Thomas Cantilina | Department of Defense | Federal Representative |
| Adi V. Gundlapalli | Centers for Disease Control and Prevention | Federal Representative |

| Name | Organization | Role |
|------|--------------|------|
| Ram Iyer | Food and Drug Administration | Federal Representative |
| Meredith Josephs | Federal Electronic Health Record Modernization (FEHRM) Office | Federal Representative |
| Jonathan Nebeker | Department of Veterans Health Affairs | Federal Representative |
| Michelle Schreiber | Centers for Medicare and Medicaid Services | Federal Representative |
| Ram Sriram | National Institute of Standards and Technology | Federal Representative |
| Micky Tripathi | Office of the National Coordinator for Health Information Technology | National Coordinator |
| Steve Posnack | Office of the National Coordinator for Health Information Technology | Deputy National Coordinator |
| Elise Sweeney Anthony | Office of the National Coordinator for Health Information Technology | Executive Director, Office of Policy |
| Elisabeth Myers | Office of the National Coordinator for Health Information Technology | Deputy Director, Office of Policy |
| Avinash Shanbhag | Office of the National Coordinator for Health Information Technology | Executive Director, Office of Technology |
| Seth Pazinski | Office of the National Coordinator for Health Information Technology | Director, Strategic Planning and Coordination Division |
| Michael Berry | Office of the National Coordinator for Health Information Technology | Designated Federal Officer |
| Mariann Yeager | The Sequoia Project | Presenter |
| Zoe Barber | The Sequoia Project | Presenter |
| David Pyke | Audacious Inquiry | Presenter |
| Gillian Haney | Council of State and Territorial Epidemiologists (CSTE) | Presenter |

## Call to Order/Roll Call (00:00:05)

**Mike Berry**

And good morning everyone, and welcome to the October 2022 HITAC meeting. I am Mike Berry with ONC, and I would like to thank everyone for joining us today. As a reminder, your feedback is always welcome, which can be typed in the chat feature throughout the meeting or it could be made verbally during the public comment period that is scheduled at about 1130 Eastern time this morning. So, let us get started with our meeting.

But first, I want to introduce our ONC's executive leadership team to the meeting. And with us today is Steve Posnack, the deputy national coordinator, and Elise Sweeny Anthony, the executive director of the office of policy. I would like to begin roll call of our HITAC members along with our federal agency representatives of the HITAC. So, when I call your name, please indicate if you are here and I will start with our co-chairs. Aaron Miri.

**Aaron Miri**

Good morning.

**Denise Webb**

Good morning.

**Mike Berry**

Medell Briggs-Malonson is not able to be with us today. Hans Buitendijk. Thomas Cantilina. Steven Eichner.

**Steven Eichner**

Good morning.

**Mike Berry**

Cynthia Fisher.

**Cynthia Fisher**

Good morning.

**Mike Berry**

Lisa Frey. Rajesh Godavarthi.

**Rajesh Godavarthi**

Good morning.

**Mike Berry**

Valerie Grey is also not able to be with us today. Adi Gundlapalli.

**Sanjeev Tandon**

Yes, Sanjeev Tandon for Adi. Good morning.

**Mike Berry**

Thanks Sanjeev. Steven Hester.

**Steven Hester**
Good morning.

**Mike Berry**
Ram Iyer. Jim Jirjis. Meredith Josephs. John Kansky.

**John Kansky**
Good morning.

**Mike Berry**
Ken Kawamoto.

**Kensaku Kawamoto**
Good morning.

**Mike Berry**
Steven Lane. Leslie Lenert. Hung Luu. Arien Malec.

**Arien Malec**
Good morning.

**Mike Berry**
Clem McDonald. Meg Marshall who is in for Jonathan Nebeker.

**Meg Marshall**
Hi. Good morning.

**Mike Berry**
Aaron Neinstein.

**Aaron Neinstein**
Good morning.

**Mike Berry**
Eliel Oliveira. Brett Oliver.

**Brett Oliver**
Good morning.

**Mike Berry**
James Pantelas. Raj Ratwani.

**Raj Ratwani**

Good morning.

**Mike Berry**
Michelle Schreiber.

**Michelle Schreiber**
Good morning.

**Mike Berry**
Abby Sears. Fillipe Southerland.

**Fillipe Southerland**
Good morning.

**Mike Berry**
Ram Sriram and Sheryl Turney.

**Sheryl Turney**
Good morning.

**Mike Berry**
Good morning, everyone and thank you. And I wanted to check to see if Hung Luu was with us yet because he had a brief announcement. All right. I am not seeing him online so we will check back with him later. So, thank you everyone again and I will please join me in welcoming Steve Posnack for his opening remarks. Steve?

## Welcome Remarks (00:03:19)

**Steve Posnack**
All right. Hi, everybody. Thank you for joining this month's HITAC meeting. Mickey is on assignment so you are stuck with me. First, I would first like to thank everybody for participating in the ONC tech forum sessions that happened in September. The Fridays really generated a lot of discussion about how we can continue to advance health information technology to improve patient care, health equity, public health, data exchange, and their operability overall. So, fear not, if you have missed any of the sessions. They are available on demand by searching tech forum on health IT.gov.

We have really been doing a great job of making sure that all of our presentation materials are archived and publicly available as much as possible. As all of you know, we reached an important milestone with respect to the information-blocking regulations last week. The applicability date for these information-blocking relations has been in place since April 5th, 2021, but the scope of quote-unquote what is considered electronic health information has been limited to the data elements represented in USCDI version one.

As of October 6th, the definition of EHI that was established in our 2020 CARES Act final rule is now what information-blocking actors need to be cognizant of and keep in mind with respect to their information sharing practices. In case you missed it, which I think for this audience is probably pretty low, I did publish

a blog post that included eight reminders associated with the information-blocking regulations that are insightful both for information-blocking actors as well as the stakeholders in the ecosystem at large. There are a number of factors and tips and tricks as well as resources that we link to in that blog post and I would encourage everybody to check that out.

As Mickey has said previously, we are here to support everyone through this transition. We know there are a number of changes that people need to make both from a policy and practices perspective in order to improve information sharing in concert with the law as well as the implementing regulations. We have been holding a series of virtual office hours to answer questions about the information-blocking relations. We had one on October 6th and the next one will be held on October 27th, and you can find out more information to register on the events tab on health IT.gov as well. As many of you have experienced, the federal agencies end their fiscal year as of September 30th, and so, typically along those lines, we have lots of financial acquisitions and procurements and other types of announcements that go along with annual spending projects. And so, we have gotten into this cycle now with the leading edge acceleration projects, otherwise referred to as LEAP in health IT. We had two awardees that were just named and each of the awards in a typical fashion are about $1,000,000.00 each for a two-year period.

We had funding areas of interest this year that one, addressed health equity and social determined health through open-sourced technology tools and EHRs, and the second focused on demonstrating the use of equity enhancing patient generating health data for clinical care and research. And so, you can go check out more information about the two LEAP awardees for this year's class or this year's cycle on health IT.gov. And I just wanted to call your attention to that given how big the awards are and a lot of the advancements that we have had over the course of many of our LEAP projects throughout the past few years.

One other thing to call to your awareness is that the Food and Drug Administration, the FDA, will be hosting an upcoming webinar to discuss and answer questions about their recent final guidance on clinical decision support software. And so, this clarifies the scope of the FDA's oversight of clinical decision support software intended for health professionals as devices. The webinar is going to be scheduled on October 18th, and if you search for CDF on the FDA's website, that will help you get to more details about the webinar. But wait, there is more! I also wanted to give you another update on ONC's upcoming notice of proposed rulemaking as the slides indicates.

I will not read you the full title. I am not sure that we have come up with a slick acronym for this rule yet, but give us time. This is the rule-making that was listed in the unified agenda in the past. The HITAC work plan includes the anticipation of having a task force to evaluate portions of the proposed rule. So, we would like to charge the HITAC to form a task force in anticipation of the... our release of this NPRM. The unified agenda estimated the release date to be October of 2022, which obviously is the month that we are in right now.

As many of you know, that data subject had changed based on all of the review procedures within the department and our executive branch. But it is coming, and we would like to get the HITAC prepared to have a task force to convene on the NPRM. As many of you know, or for those of you that have been through this experience before, there is typically a comment period of 60 days so that really creates the boundary conditions in which this task force work needs to be done. So, HITAC members that are interested in serving on this task force should please contact Mike Berry.
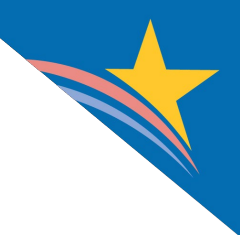
And he will be able to document that, your interest, and keep you all informed as we are getting close to the ultimate release date. Next for our other slide is about a member update. As most of you are aware, Denise Webb's term on HITAC is coming to a close at the end of December. Save your goodbyes for next month's HITAC meeting, but in the meantime, as good stewards of our beloved advisory committee, we need to begin our search for a new co-chair to serve alongside Aaron. The member selected as co-chair will serve in this role for the remainder of their appointment, not to exceed three years.

So, if any HITAC members are interested in serving as a co-chair, it will be Aaron's turn to make the pitch, but please submit your name to Mike as well and ONC will be in touch with folks and helping to run the process to select a new co-chair from the list of those who have expressed interest. So, with that, I see Sheryl has got a hand up, but I will close and turn it over to Aaron and Denise for opening remarks. But I guess, Mike, procedurally... I guess Sheryl if you had a question for me, I am happy to answer that question too. I think Sheryl is reserving question time. All right, over to you Aaron and Denise. Take it away!

## Opening Remarks, Review of Agenda and Approval of September 14, 2022, Meeting Minutes (00:10:42)

**Aaron Miri**
Absolutely. Thank you. Denise, do you want to start?

**Denise Webb**
Sure. I want to think everyone on the committee for supporting me through my co-chairmanship. I have really been honored to be able to support the committee and our work and I will miss working with all of you when I depart at the end of the year. But hopefully, I will still stay involved as a public member with the work that is being done. And we have a really short meeting today, but important topics so I will let Aaron say what he has to say and then I will go over the agenda.

**Aaron Miri**
Absolutely. So, yeah, so welcome everybody to this month's... and Denise, to your point, you will never be forgotten. You are part of the HITAC family for forever. So, even when your term ends, you are still part of the family. It does not matter as all HITAC members have been. To that end, I also appreciate Steve Posnack making everybody... and yeah, it was an eventful October obviously with some important deadlines that came to pass. And I think health systems are still on the ball and really getting it together and making sure that we comply appropriately.

There is obviously on whatever dates like this happen, the vendor community responds in different forms of fashion. So, there is a lot of that going on right now. I call it the sausage-making to make this happen for that date. So, I appreciate all of the efforts there. All right. So, also really quick I want to give just a ten-second overview on the annual report work group. We do not really have a formal update this month, but I just want to give you sort of just where we are with things. We continue to develop the crosswalk and the opportunities and topics and any gaps.

We plan to come back to this committee later this fall with a draft list of recommended activities. It is still coming together so we need a few more meetings. Just being candid. We want to bring to you a baked document that is synthesized appropriately. We would work through some of those topics and then we are

going to be looking also for any suggestions to add to the report from you. Please let us know. Send to Michelle, send to Mike, send to me. I am happy to take those suggestions from you all as you continue to work through that and really get to the goals. So, we will bring that to a future meeting in totality in the near future, but I just wanted to give that update. Denise.

**Denise Webb**
All right. Thank you, Aaron, for all your work and that update. All right. So, we have a fairly short meeting today, but two very important topics. We are going to hear from Mariann Yeager who is the CEO of The Sequoia Project for a TEFCA update, so we will hear from her and her team. And then after that update, we are going to hear from the public data systems task force. Ms. Haney is not available today, so you will be hearing from Arien Malec. He will be giving that update. And then we will go to public comment. So, before we begin, we need to go ahead and get our minutes from last month approved. So, if I could have a motion for approval of the September minutes, please.

**Aaron Miri**
Motion...

**Denise Webb**
Someone...

**Aaron Miri**
Oh.

**Denise Webb**
I think someone got cut off there.

**Aaron Miri**
It was Sheryl, maybe.

**Sheryl Turney**
Yes, Sheryl made the motion.

**Denise Webb**
Thank you, Sheryl. And a second?

**Arien Malec**
This is Arien. Second.

**Denise Webb**
Thank you, Arien. All those in favor say aye.

**Multiple Speakers**
Aye.

**Denise Webb**

Anyone opposed nay. Any abstentions? All right. So, the minutes from September stand and now I would like to transition to Mariann, Zoe, and David for the representation on the TEFCA update.

## TEFCA Update (00:14:34)

**Mariann Yeager**

Hello. Thank you everyone for inviting us to chat with you this morning. As you mentioned, I am Mariann Yeager CEO of The Sequoia Project. I am also lead on the TEFCA work with ONC and joining me today is Zoe Barber. She heads up policy here at Sequoia and has been really instrumental in the work on the common agreement and the SOPs and now onboarding support. And Dave Pyke is a technical support expert who has been really leading and working with other members of the team and developing the Q in technical framework, and more recently the FHIR implementation guide.

So, next slide. We are working with ONC under our cooperative agreements. So, everything we are sharing is not really an official position of government. So, let us go next. What we thought we would do is provide some context for those of you who do not live and breathe the TEFCA like we do. If you go to the next slide, you will cover the topics we are going to share, and then what we wanted to do is update you on the latest and greatest with respect to our work and then talk about what is coming up next.
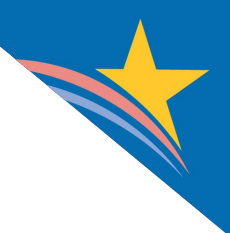
So, let us go to the next slide. So, for those who are not familiar with what TEFCA is and how it works, ONC was directed into the CARES Act to really develop and support a trusted exchange framework or common agreement to interconnected networks. And so, in that role, ONC really is the one who is... this is an ONC program in charge, and ONC obviously sets policy direction and retains inherently governmental functions in terms of governance.

Sequoia was selected as the recognized coordinating entity back in 2019 to help ONC develop and implement and operate TEFCA, and we will serve the role in actually designating qualified health information networks that meet the expectations for serving as a TEFCA QHIN. And really TEFCA is really about establishing expectations that these QHINs TEFCA QHINs must support. Recognizing that each of these super modes of networks basically represents a number of other connected participants or sub participants. So, really the heart of TEFCA is really that QHIN to QHIN exchange, recognizing that how QHINs... the types of services that they provide to their participants, and their network architecture may actually vary. It is really focused on QHIN to QHIN.

So, let us go to the next slide. The components of TEFCA really are policy and contractual. There are technical requirements and now we are moving into the operational phase in terms of onboarding. Once QHINs are in production we will gather metrics around transaction volumes and connectivity and establishing governance of the framework itself in the exchange activities between QHINs. So, let us go to the next slide, and this is where we will talk about a timeline. So, we have really been able to make tremendous progress in working in close coordination with our colleagues in ONC.

We do very much work as almost an integrated team and it is really an exciting opportunity to be honest for Sequoia because we are really brought on the inside of governmental process and we are able to apply our operational experience and really figuring out how do we develop TEFCA and now operate it. So, we are in the phase of beginning to accept applications from K to the QHINs. We will begin onboarding in Q4

of this year. We expect the initial group will be hopefully in production in early 2023 and then we will continue to add new use cases and capabilities beyond that.

And, of course, once the initial group of QHINs are in production is when we will actually establish a transitional governance approach to oversee the exchange activities and then that will transition to a more permanent governance structure. So, let us go to the next slide. I think at this point what we wanted to do is to provide an update on where we are. I am going to turn it over to Zoe who can walk you through the next set of slides. So, Zoe.

**Zoe Barber**

Hey, everyone. Thank you so much, Mariann, and thank you everyone for having us here today to provide this update. So, with this slide, and actually if you want to jump ahead to the next slide, you can see just a couple of screenshots of what our application form looks like. This is a secure form on our website that applicants will use to submit their applications and the team has just been spending hours of time creating this and making sure that we have processes in place to ensure a fair and objective review process. So, we are really excited about the enthusiasm that we have seen to date, both from the industry and from government agencies.

Especially now that the application is open. And to date, we are pleased to announce that we have received nine letters of intent from organizations that are planning to apply for QHIN status. And we expect even more to come in before the end of the year. So, the application, onboarding, and designation process is a fairly lengthy and rigorous process, and applicants will be undergoing multiple layers of review and testing of their technical functionality prior to designation. So, we intend to be working very closely with applicants throughout this process and we have already begun having individual meetings with those who have submitted their letter of intent to start walking them through the application form and make sure that they fully understand all of the requirements in both the common agreement and the QHIN technical framework that they need to meet in order to be designated as a QHIN.

So, we expect that the first applications will be coming in any day now. And as I mentioned, they are being submitted through the secure form to ensure the confidentiality and integrity of the process. Once they are submitted, the RCE will do an initial review for completeness before diving into our in-depth definitive review as we call it. And the total review process is expected to take up to 90 days, during which time we will be in constant communication with the applicant to clarify any answers or request additional information. This is the first time that we are going through this. And so, we expect that there will be a little bit of a learning curve and we want to make sure that we are present and we are there in order to make sure that things go as smoothly as possible.

And then once the review process is complete, we will either approve or deny an application. Approval does not mean that the applicant will be designated as a QHIN. This simply allows them to begin the onboarding process, which will include pre-production testing in Sequoia's test environment. That could take up to 12 months to complete. Although some may be able to complete it faster than that. And then after completing pre-production testing and ensuring that the applicant has met all the requirements in the common agreement, and in the QTF, we will officially designate as the applicant as a QHIN and they will undergo post-production testing. Excuse me, post-production testing.
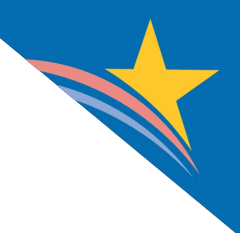
So, again, multiple layers of review and we will be with applicants every step of the way. We have also been doing, in addition to the individual meetings, we have been having weekly office hours with those who have submitted their letter of intent, and we are encouraging them to ask specific technical questions related to the application. And as well as asking each other and working with each other in order to help each other through the process. Slide. Great, and the next slide. So, here you can see our SOP release schedule. And this is actually only as of May. We have really several resources even prior to where this timeline starts.

But as you can see, even as we are working on the application and onboarding, we are still gearing up to release several other new resources that will expand and further specify the use cases within TEFCA. So, last Friday we released a draft facilitated FHIR implementation guide for stakeholder input which is due on November 7th, and we are preparing to launch a pilot to enable FHIR-based exchange as an option under TEFCA. And as you all know, several of the use cases under TEFCA particularly individual access services will greatly benefit from the increased functionality and ease-of-use that FHIR provides.

We have also begun a targeted stakeholder input process to develop the draft payment and healthcare operations SOP. And that will provide QHINs and participants additional specificity related to exchange for those use cases. And similarly, we are implementing a process to develop the public-health SOP and working closely with the CDC and stakeholders to define sub-use cases within that exchange purpose, and we will be going through those things in detail with you today. So, now I will turn it over to Dave Pyke to talk about the draft FHIR IG.

**Dave Pyke**
Thank you, Zoe. Just move on to the next slide. And again. Okay. Just to let everyone know, as of last week, the draft TEFCA facilitated FHIR implementation guide was released for comment. You can go to The Sequoia Project website at the link below. We are accepting feedback until Monday, November 20... November 7th, not 27th 2022, and of course we will publish comments once we have done so.

Okay. Let us go look at what is in the implementation guide and give you a brief overview. Now, because this is going to be a national, very large network, we... automation of authorization authentication is absolutely necessary. We simply cannot do out-of-band send emails and get information. To do this, two things we are going to do. We are going to have use of certificates changed to the RCE-issued seed certificate. That means that all certificates used for authentication and authorization within the TEFCA network will be TEFCA's specific certificates that can be linked back to an RCE certificate.

And we are also going to use the UDAP protocol as specified by the newly published HL-7 UDAP security FHIR IG. I am not going to read the whole name. That just takes way too long. This allows for optimization of the OAuth client ID issuance and it works well with the current SMART on FHIR framework, as well as it has its own authentication framework. Next slide. Now, some of the requirements in it all data must follow the US core version for FHIR IG requirements. That follows basically along the USCDI V2, although it does have some separate requirements. In addition, we have got three FHIR IGs that need to be supported. Should be, it is not an absolute necessity, but it is a really good idea. That is bulk data access version two.

MHD, mobile health documents published by IHE version 410 and the DaVinci payer Data Exchange V2 when that gets finally released. And of course, all requesters using a valid TEFCA certificate and using a certified purpose of use must be given access according to the common agreement. And the common

agreement is available on the Sequoia website. One of the things where data is transformed from other formats. We are going to require a provenance resource to be included to show where the transformation and how the transformation was done. We want to keep track of where data changes and how it changes as it flows through the network. Next slide. Okay.

Patient matching. This is always a big one. Responding actors will use the FHIR dollar match operation that allows to send a full set of demographics in one swoop rather than sending it on a very long command line. Responding actors, so those who receive the queries have to have the capability to return more than one potential patient match when a patient search yields more than one match. Now, that is a treatment use case, not necessarily for individual access services. When an FHIR query initiator requests only certain matches, meaning best quality match responding actors have to honor that request and only return their best unique match where possible.

Responding actors, in any case, never return more than 100 potential matches. We do not want to flood people with potentials. Individual access services, that is patient requests, shall only return a single unique match and that has to be certain match being very high-quality. We do not want sending information to the wrong people. And of course, for all matches, addresses must conform to the ONC project USA technical specification, and that can be downloaded from the ONC website.

Patient discovery queries must be sent through the network to the parent QHIN via participants and sub-participants as needed so that those can be used to resolve the query and discover where patient information is. Out-of-band or out-of-network queries are not permitted, and I think that is all my slides.

**Mariann Yeager**
Thank you. So, I wanted to cover now as our thinking around how we would pilot this implementation guide. The goal here is really road-test the FHIR IG before it is actually implemented to make sure that... we really want to have insight and evidence that it can operate at scale for deployment in 2023. So, as Dave mentioned, we did publish the guide for stakeholder feedback and then in parallel, we are already getting ready to start doing outreach with candidate organizations to participate in a pilot. And the idea is that this would be done around three exemplary use cases. The first of which being treatment-related and working with ONC. There is particular interest in maternal child health and cancer as contextual ways to lay that out the scenarios.

As well as individual access services and payment and healthcare operations. So, we are anticipating that there will be representative set-up networks that they themselves would bring other participants to bear to participate in the use case. It should be healthcare providers, IAS services, as well as health plans. The idea here is that over about a six-week period, that will facilitate Connectathon style testing events involving test systems and dummy data and the ideas to test end to end. And that this would help inform the guide through pilot feedback and again, road tested so that it is ready for rollout.

So, the next slide I think we are going to start getting into a little more detail in terms of what we are working on in terms of future use cases. So, I am going to turn it back over to Zoe who will work through what the work we have done today on payment and healthcare operations.

**Zoe Barber**

I was on mute there, and if you want to move to the next slide. Great. So, our charge for this process was to collect stakeholder input to inform the first version of the payment and healthcare operations draft SOP. So, in order to accomplish this, the RCE has initiated a targeted stakeholder input process, which has included individual feedback sessions, as well as some small group working sessions. With subject matter experts from across the industry including organizations that represent health plans, healthcare providers, health information exchanges, and networks, and all types of health IT vendors.

And in our initial outreach, we gathered input on our approach and the scope of the SOP. And we have received a lot of mixed opinions on whether to focus on a sub-use case within payment and healthcare operations, or whether to sort of tackle the full scope of the two exchange purposes at the outset. Despite sort of the difference in opinions or the mixed feelings, the majority of those that we spoke to felt that the more practical approach here would be to sort of not boil the ocean at the beginning but rather break the use cases down with the thinking that this would help to increase the trust and transparency of the request so that entities being queried would know the purpose for which they are responding.

And that could help to verify the validity of the request. So, ultimately, we did decide to begin version one with the sub-use case and then work to identify commonalities that could apply to various other use cases with the goal of expanding the scope of the SOP over time. So, then we pulled stakeholders on which use cases to start with and asked them to think through some priorities for use case selection, including thinking through which use cases are currently burdensome to both providers and health plans, and where adoption of these use cases through TEFCA could help to alleviate some of that burden. And also accelerate the current market and provide value to patients.

So, more on where we landed in a minute, but if we move to the next slide, please. So, based on the outcomes of our initial discussions and particularly conversations around the challenges and the realities that the industry faces with payment and healthcare operations at a national network level. We developed some guiding principles to serve as our foundation from which we are building our SOP. And we acknowledge that there are policies and operational challenges with this, but the goal of these principles and of this process is to find the path of least resistance to support the requirements of TEFCA and design for the future. So, our principles include things like ensuring and improving transparency around why the data is being requested and setting guardrails for the data that is communicated.

Ensuring our use case enables reciprocity and shared value for all. Considering how to make sure we have the transparency and the trust that is needed in order to enable the right information as well as consistent information to be exchanged. We want to design an SOP that is transport agnostic and focuses on functional outcomes as opposed to specifying the technological standard for how the data flows.

This is one that has really come up a lot in our conversations and the fact that the TEFCA environment at day one will be a mainly IAG-based exchange environment, and of course, we are moving rapidly towards FHIR but also do not want to wait in order to get this kind of exchange moving. We also want to design an SOP that supports integration into existing workflows and accounts for both EHR and non-EHR technologies. And then maybe the most important principle is getting to win-win wins. So, designing a process that puts the patient at the center and ensures that they are getting the medical care that they need while also reducing burden and increasing value for health plans and healthcare providers.

And then finally, if we can accomplish all of these principles, we may also be able to achieve the goal of cost containment for all parties involved. Next slide. So, with these initial level-setting discussions, we heard some tensions across industry stakeholders between the desire to tackle the full scope of the payment and healthcare operations exchange purpose versus focusing in on that narrow sub-use case. We also heard some differing perspectives on the type and the amount of data that is needed to complete activities under payment and healthcare operations.

So, there is a lot of nuance and complexity and shades of gray between these viewpoints. But we just wanted to share that these are sort of the two different ends of the spectrum with a whole wide world in between. And at a high level, those ends of the spectrum are that is something there is a need to exchange the full medical record and that that is consistent with what is currently happening and therefore it would make sense practically to address all of the payment of healthcare operations as a whole.

Whereas others believe that there are privacy considerations and compliance concerns that really require limiting the scope to a very narrow use case with specific data elements defined. So, we are really working towards finding an appropriate balance between these viewpoints and getting to a starting point where enough information can be exchanged for there to be value in the use case.

And then expand over time. And we would certainly be interested in your perspectives on what would strike the appropriate balance and help us to make sure that we have met both the business and compliance needs across the healthcare sector. So, next slide. Okay. So, based on our guiding principles and all of the various conversations that we have had in our priorities for use case selection, the feedback that we have received encouraged us to initially focus on payment and healthcare operations activities related to risk. And as we began exploring the definition of risk, or risk adjustment as many commonly call it, we quickly learned that different groups were defining this term very differently.
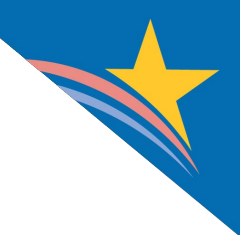
So, some were thinking of this phrase in relation to a very narrow and specific use case under the payment bucket that is specific to the process of compensating health plans with the costs associated with their members. Others thought of this term more broadly as an important tool for providers, health plans, and other healthcare stakeholders to understand, predict, and plan for the needs of the individuals that they serve.

So, in balancing these varying definitions and the different perspectives on the scope of the use cases, we landed on this concept of risk management. And we created a very simple definition which you can see in the green box at the top of the slide. That is intended to be inclusive of various activities related to risk. Including those that fall both under the payment and healthcare operations lockets.

So, the idea would be that exchange for this purpose could support risk adjustment as it is classically known or as some call it "revenue normalization." But it could also be used for other things like setting spending benchmarks for value-based payment arrangements, or for risk stratification for medical management which can be used for identifying high-risk patients to target for clinical interventions, directing those individuals towards treatment options, allocating those resources appropriately, and evaluating the outcomes.

So, again, the rationale for where we landed on the scope of this definition, was to strike that balance between the differing perspectives of focusing on the very narrow use case definition versus a more

expansive definition of the exchange purposes as a whole. And so, this concept of risk management is narrow to risk-based purposes, but also broad enough to encompass a multitude of activities under the risk category.

The approach with this definition was also intended to ensure that there is reciprocal value for all actors in the TEFCA ecosystem including health plans and healthcare providers as well as patients. And we wanted to keep our definitions simple enough to ensure that it captures some of the variation that exists in the market today for how these various activities are being defined.

And we very much welcome stakeholder input on this. Did we strike the right balance? Do you think that organizations could benefit from this kind of exchange under TEFCA? We are really looking for feedback right now on this definition. Next slide, please. So, here you can see a rough outline for our SOP and in addition to the use case definition, we are thinking operationally about how this use case works so we have started having conversations about what should be included in a query request. Including how to have guidelines around specifying sub purpose of use, defining what the parameters are for the date range or timeframe of the request and thinking through what identifying information about the requester and the patient should be included.

And then of course, thinking through exactly what should be in a query response including what formats are needed and then what is the type and scope of information that health plans and healthcare providers need in order to accomplish their business needs while also maintaining compliance. And then one of the big policy direction or policy areas that we need to define is the optionality of this use case and I think this is one that we will be working really closely with ONC on the policy direction for to specify whether or not this version one of this SOP and this definition of this use case will require a response at the outset or whether there will be a phased-in approach for requiring this use case. Next slide. Okay. Great, and I will turn it back to Mariann to talk about public health.

**Mariann Yeager**
All right. Well, thank you, Zoe. And I just want to mention that the opportunity that TEFCA really brings to bear is around these new and expanded use cases. The private sector has made really pretty tremendous progress if you think about it in sharing information and clinical documents for treatment-based exchange but when we are talking about payment and healthcare operations, individual access, public health, and this is really a tremendous opportunity that we see for TEFCA really moving the needle on these. So, let us go to the next slide and talk a little bit about what we are thinking with respect to public health.

So, we are working with ONC and ONC coordinating with CDC and they have identified a number of candidate priorities for an initial public health sub-use case. You can see that these include both push modalities as well as query between data sources and STLTs and CDC and as well as exchanging query between STLTs and providers and STLTs. And so, these give you an example of the types of use cases that are under consideration, each of which has been evaluated individually to assess what is the state of readiness, are there in terms of technically and policy, and what the likely standards would probably be. And then we are really evaluating each in terms of what is the most initially... the best initial viable candidate sub-use case that we can bring to market?

We have heard pretty clearly from public health stakeholders that they really want to see something actually carry through in implementation so we are looking at are there opportunities for low-hanging fruit? There has been some interesting just very preliminary basis around vital records as possibly being a starting point in cancer as well. So, I just mentioned those. We will be looking at all of them and then engaging in a much more expensive stakeholder engagement process. So, let us go to the next slide and share a little bit about the approach because this is really just getting kicked off. There has been a lot of legwork of course behind-the-scenes and then we are meeting with ONC and CDC team next week to start narrowing down the sub-use cases that we would then socialize much more broadly with diverse stakeholders.

And what we want to do is we want to really get validation that the initial proposed set of sub-use cases are the right ones to start with. We want to also make sure we have very robust feedback to inform our work. So, this will take place in a multifaceted approach. We do host monthly informational calls that are public and we will use that as an opportunity to provide updates and to list input throughout the process much like Zoe has shared in the payment and healthcare operations.

We do think that there is going to need to be a pretty dedicated focused discussion with public health subject matter experts that, again, can help us build out the details of this. And then we will use a multi-stakeholder process to really collect feedback throughout. The ultimate goal here is that we want to publish a draft implementation SOP that we will actually put out for stakeholder feedback. We will synthesize the feedback, work with ONC/CDC others to finalize the implementation SOP, and then publish it for adoption.

So, again, we are really excited about the level of interest and the opportunity that this brings to bear. I think the final slide is really more around the types of resources that are available. The artifacts that Zoe mentioned earlier are all available on our website. We do record the monthly informational calls and you can see if you are interested in getting access to data as publicly available.

I do see that there are a number of questions so I will just ask the two co-chairs if you want us to just start diving into that. And I will just turn it back over to you.

**Aaron Miri**
No problem. Thanks, Mariann. Thank you all very much. So, yes, as indicated, please raise your hand in the queue and we will get to you in the order of hands raised, and first up is Mr. Arien Malec.
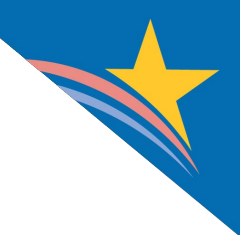
**Arien Malec**
Good morning. Thank you all. That was a fabulous presentation. And I guess my reaction right now is one of putting myself in your shoes. And sort of acknowledging that if I were in your shoes with the stakeholders that you have I think the level of cautiousness and phased rollout that you are doing would be exactly what I would do.

And then looking externally and looking at the disconnect between a 21st-Century Cures mandate to share data for... to share all of the data for all permitted purposes and overlapping that against the broad scale TEFCA rollout. I start thinking about how we go faster.

I think you all saw my colleague Genevieve's Twitter thread on patient access and her concerns about some of the policy exemptions that are put in place for patient access and Mickey's very thoughtful reply

there. I would also point out that for risk management, at least for the payer-focused portions of risk management for HCC coding, there are human beings that are visiting literally every physician practice to go pull paper charts and the net cost to the US healthcare system is significant.

So, maybe it is a plea to look at how we can accelerate some of this work. So, that would be question No. 1 is how do we balance the inherent conservativism and cautiousness of the US healthcare system and the actors who want to appropriately protect the status quo from where the large-scale transformation needs to happen where we all have access to our data, where we have universal access for treatment, and where some of the predictable needs like collecting data for HCC coding and managing risk are solved out-of-the-box through electronic exchange versus paper exchange.

How do we make sure that we all get access to our records, as is our right, without major roadblocks in our way? And then as a subset for that question, I know this is a lot, as a subset to that question, are we making progress with OCR on the very technical issue that we have good policy rails for incidental disclosure of PHI pursuant to covered entities who otherwise have access to data who mistakenly get access to data through an identity mismatch. And the lack of a guardrail on the patient access side for patients inadvertently getting access due to a patient mismatch issue to some other patients' information and how we handle that from a policy perspective.

So, A). How can we go faster? Just recognize why we are being very deliberate in haste, but also sort of an impatience to go faster. How do we go faster and be... how do we make progress on this thorny issue of identity resolution and patient access where we want to square the circle, provide broader access to patients, and potentially have more incidental disclosures due to a patient mismatch where we need really good policy guardrails and OCR guidance.
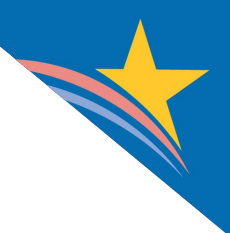
### Mariann Yeager

Well, luckily, Arien, I took notes. So, no, those were great questions, and I think you hit the nail on the head. So, incremental approaches are actually the best way to accelerate progress because trying to tackle payment and healthcare operations as an example at large is just a non-starter, right?

So, if we can pick an area that has high value, the one we are looking at has a real return on investment, which you just hit the nail on the head with that that by actually getting that deployed and in production is going to accelerate and open up opportunities to expand that further. We are not going to get there by trying to solve it at large. It just has not happened to date. The private sectors tried. There are great groups that got consensus and it just would not progress. So, I think that the best way to get progress is to get an initial rollout and then adoption.

And I would like to think healthcare is really criticized for moving so slowly, but you need to look at efforts like care quality as example, totally private sector-driven effort started in 2014 as a concept, in production two years later. They are exchanging 360 million clinical documents a month and that is in a handful of years. It took financial services decades. I like to say we are not moving as fast as we want or need, but we are moving pretty darn fast. I do think that TEFCA will be an accelerant for several reasons. One, by having a government-endorsed approach, we do have that really guardrails and guidance from ONC and others. The policy is vetted by OCR. So, there is the strength of having that government backing.

In terms of individual access, again, I do think TEFCA is going to be an accelerant. Out of the gate do we wish there were these unfettered exchange for individual access out of the gate, but the practical reality is that issue you raised, Arien, is the No. 1 impediment. And covered entities are really concerned about that they are going to be run afoul of HIPAA if the wrong records are returned to the wrong individual because of a universal challenge of inaccurate matching.

And so, I do not know. Is that an issue TEFCA can solve? Possibly. But we will need guidance from OCR on that. Absolutely. I do think there were a couple of other questions that were chatted. And so, I do not know, Aaron and Denise, if you want us to address some of those. I think one of them was have we received any applications yet? No, we have not. It is probably imminent. They will trickle in and we will work with the first group through the process, so.

**Arien Malec**
Hey, Mariann, if you do not mind just a little editorial on that one.

**Mariann Yeagar**
Yeah.

**Arien Malec**
A plea to Steve and Elise, and I know you all are aware of this one, but please go beat down the doors of your colleagues and friends over at OCR and let us put together an approach to solve the individual access issue with the way that HIPAA is currently written. Thank you.

**Aaron Miri**
Yeah. And also, to that point, the FTC with a proposed rulemaking that is coming out right now and the number of other converging forces. I think folks need to get in the room and iron this out. It is a great point. All right. And so, Mariann, to answer your question, yes, I am going to go read the questions but first I want to let the HITAC members ask their questions. Once they have exhausted their questions, we will read those off from the public and others. So, next up was **Ike**? Steve?

**Ike**
Thank you so much and thank you Mariann and your team for all their hard work thus far. A couple of observations. One, looking at patient access and patient-centered kind of building upon what Arien and Aaron have said, looking at accountability of disclosure from the patient perspective is also important so that there is accountability on what disclosures are... have heard back to the patient.

If we are tracking to whom information is being shared about the patient, it would seem kind of logical for the patient to be able to have access to that information as well if we are truly going to be patient-centered. Secondly, from a public health perspective, public health performs a variety of roles. Not only as a public health entity, but also as a care provider, in many cases providing a wide range of healthcare services. So, I want to make sure that public health is included in discussions on both sides, both for areas that are special to public health but also looking at participation in healthcare delivery. We do not necessarily have the same kind of payment issues or payment concerns as other healthcare payers.

Sometimes we may submit bills to Medicaid and other payers. Often it is in urgent care that we absorb the cost for, but we are still very much involved in the healthcare delivery space as well. I think the other piece kind of narrowing in from a national perspective on public health services, a lot of the public health agencies really focus on care and services and monitoring in their geographic areas, whether they be a city, county, state, whatever. So, most of our exchange is occurring within those domains. I am not quite sure how that will impact all of TEFCA from a national framework.

But the other thing that is important is that public health is really concerned about the entirety of the community that they serve, not solely providers that are participating in an HIE or in limited participation in TEFCA. So, one of our balance points is where TEFCA provides wonderful opportunities. We also need to make sure that we are providing services and getting data from all providers in the community and that is something that can figure out how to encourage greater participation. That is fantastic, but it is a consideration that we need work through as well.

### Aaron Miri
Good deal. Good comments, Ike. All right. Is there anything, Mariann, anything to respond or you have got all the notes?

### Mariann Yeager
I mean, I think that was really helpful. I really appreciate the insights and we will definitely take that feedback back. Thank you.

### Aaron Miri
Definitely. Next up, Ms. Denise Webb.

### Denise Webb
Hi. I just have a couple questions. My first is around the transparency of the QHIN application process. And so, I was just wondering will this be very public? For instance, are the letters of intent publicly available? Does the public know who might be planning to submit an application and that at what point does the QHIN once approved, at what point in the process do they start enrolling participants?

### Mariann Yeager
So, this has actually been an area of a good deal of sensitivity. So, we actually did publish a set of communication protocols around what can and cannot be divulged. We are not divulging who submitted letters of intent because, one, they may not apply. They may intend to but they may complete their due diligence and opt not to. And then secondly, just because someone apply does not mean they will actually be approved.

And so, the concern is that giving any early indication of who may or may not be a QHIN in what is turning out to be a somewhat competitive environment. Some of these companies are publicly traded, some have VC funding, and really being very careful about how and when it is appropriate to communicate when someone is in the process. It is pretty sensitive. So, it is not an intent to hide or not be transparent, but to also not set misconceptions or misrepresentations.

So, applicants are actually not permitted to disclose their status in the process or the progress until they are actually approved. And we will announce and make public once a QHIN has actually been designated as such. So, and there is a lot that can happen in that process. So, we are learning as we go. Once a QHIN is approved they can start signing up participants as soon as possible. We understand some are already starting to recruit the participants in their current network to also opt into TEFCA.

**Denise Webb**
Oh, thank you. I think that is important clarification and certainly, there is a lot of sensitivity around this. I have one other question concerning the framework. I know we have to walk before we run and as Arien has said, it would be great if we can accelerate to the extent possible, but is the technical implementation constrained to the USCDI initially, or is it going to permit more than just the USCDI and more going towards the EHDI definition?

**Mariann Yeager**
I will tee that up for Zoe and Dave, so you can share the response there.

**Zoe Barber**
Yeah. Absolutely. Thanks, Denise. No, the information to be exchanged is not constrained to the USCDI. There is a definition in the common agreement of required information and that is the information that an entity is required to respond with. The definition essentially is the same definition as the EHI definition and the info blocking but it is actually not constrained to the designated reference set. So, in that way, it is actually more expansive than the definition of EHI, and the common agreement says that you exchange all required information that is relevant to the exchange purpose and that you have available or that you maintain. So, some of the SOPs that we are developing now maybe kind of further narrow down exactly what parts of that information is relevant as a floor to that exchange purpose.

**Aaron Miri**
Good deal. All right.

**Denise Webb**
Thank you. Excellent.

**Aaron Miri**
All right. I could have sworn there was another person with their hand raised, but I do not see it. The hand has gone down so maybe you asked their question, Denise. Any other HITAC members with questions? Okay. Mariann, I will go to some of the questions in the chat box here for the next couple of minutes. First up coming from Deven McGraw, how come more of an all EHI capable being constrained basically all data, right? Or is it constrained by the USCDI framework and/or other frameworks? I think you answered that in your overview if you want to answer that again.

**Mariann Yeager**
I mean, the simple answer is yes. It is really yes to both.

**Aaron Miri**

Yeah. All right. So, we already asked questions on the applications that was already asked. And then there was a comment here around... no, that is it. I think everything else you have answered. Unless I am missing anything. Denise, do you see anything that I missed?

**Denise Webb**
No, I think everything that was in the chat was covered.

**Aaron Miri**
Yeah, I think so too.

**Denise Webb**
Including your question on public health. The public health...

**Aaron Miri**
Yeah, no, it was because you teed it up right there **[inaudible] [01:01:31]** with public health. Like, beautiful. So, that worked out perfectly. All right. Well, I guess, and then on behalf of all of us, thank you very much Mariann, and for the... you guys have done a fantastic job. The Sequoia Project has done a fantastic job. Great job to your team. This is not easy stuff. And it is not easy stuff getting a group of very, very smart folks around the table to get to a common goal like this.

So, great job, and we look forward to participating and further helping. And then as you look at volunteer test cases and organizations even at a provider level, look, have an open sign up. I would love to nominate my health system and jump on and show a valid use case medically, right, or clinically or however using TEFCA. So, that would be just be cool. So, let us know. We are here to help.

**Mariann Yeager**
Awesome. Thank you all.

**Denise Webb**
Thank you so much for your presentation. It was great. It was great.

**Mariann Yeager**
Thank you all so much. We appreciate the feedback.

**Aaron Miri**
All right. So, with that, I think next up we will go to the public health data systems task force led by Jillian and Arien.

## Public Health Data Systems Task Force 2022 Update (01:02:29)

**Arien Malec**
Good morning. Yes, Jillian is not able to attend today, so I will do a solo show. So, you all can throw the tomatoes directly at me if we got to the next slide. So, we are going to review again our charge, membership, timeline where we have a pretty significant delivery of recommendations next month. And we are hard at work in the sausage-making.
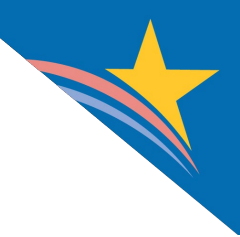
And then we will spend most of the time today just covering the panels that we have heard from so far. I think we have done a pretty thorough job of hearing from the public health community as well as the provider community on where we have been successful and where we struggled in public health data systems interoperability. So, if we go onto the next slide.

As a reminder, here is our charge. Breaking down our charge. We are really looking at certification criteria, in particular in sub-charge one, looking at the existing so-called F criteria, which are the certification criteria for public health on the provider side.

In sub-charge two, we are looking at the public health data systems side and making recommendations as to which of the functions of public health data systems would benefit from potential standardization and certification. And No. 3 is we are looking at data flows aligned with those F criteria and how we align those with standardized received data.

So, just as a gloss there, there were cases where there are really important intermediaries who currently are noncertified who were important in the chain of custody for public health information. In particular for lab data. We have an order that goes from a provider to a lab and is resulted back to the provider and if reportable is also forwarded on to public health as a reportable lab.

We also potentially have as we just discussed in the TEFCA, we have QHIN actors who could serve in for case investigation or cancer registry reporting. And so, there are cases where there are other than the provider and providers technology and public health authority and public health authorities technology that may be applicable for certifications. So, if we go onto the next slide. We have an illustrious task force which I will not drain this light on but just read and be jealous of our fantastic task force.

If we go onto the next slide. This is our timeline. We are gearing up for next month's vote on our recommendations. And so, we are hard at work in the sausage-making putting together, soliciting the feedback, and synthesizing everything we have learned from the task force meetings and hearings we have held to date.

If we go onto the next slide. So, we have been busy going from a standing start to a sprint very quickly. So, here is the set of panels that we have held. We did deep dives on each of the F criteria, focused first on immunization because era has been hard at work in helping to standardizing immunization. We looked at ECR, ELR, syndrome surveillance. If we go onto the next slide. Cancer registries, antimicrobial data, and transmitting of healthcare surveys. And in almost all of these cases there are some reasons why we did not have participation on both sides for healthcare surveys.

We tried to make sure that we had both provider organizations and public health organizations doing our testimony. We do plan on having a panel session on public health law. Particularly related to minimum necessary disclosures and a public health data systems vendor or developer perspective. And while we are doing all this work, we are also synthesizing all of the feedback, drafting recommendations, and trying to get to a... we are getting to a final transmittal letter. So, if we go onto the next slide.

We have done the healthcare surveys. Oh, sorry, no, NPHL. So, yes, we are looking at the... I think we have misordered the acronym here, but it is NPHL, national public health law, so getting a testimony on some of the legal issues associated with public health in particular, as I said, focusing on this issue of permitted use and minimum necessary, which as I think we saw in COVID ended up being a significant issue with respect to opening query-based access for public health and broadening access for public health.

And then we are also doing a developer panel. And that I believe is it. So, we are gearing up and have only a few more meetings to get through all of our input and synthesize them to final recommendations for the full task force's consideration. And with that, I will gratefully accept the same level of detailed questioning that I provided to Mariann.

**Denise Webb**
Thank you, Arien, for the update. So, we are open to the floor for committee members if anybody has any questions or comments for Arien and Jillian's task force. Oh, my goodness. They are going to let you off of the hook here!

**Clem McDonald**
No, I will break the silence. This is Clem.

**Denise Webb**
Okay, Clem. Go ahead.

**Clem McDonald**
I gathered from some of the dialogues that there is a query specification for asking stuff and sending stuff, but where can one get a look at that or did I misunderstand that?

**Arien Malec**
Yeah, so there is a specification for EICR, which is a push specification, a trigger-based push specification that allows for reporting of case reports to public health. And that is in, I would say, somewhere between pilot and broad scale nationwide rollout. With respect to TEFCA-based queries, I suspect that we will end up recommending as a task force that OFC prioritized the public health TEFCA query-based case. I think we already heard from Mariann that as the RCE, The Sequoia Project is already looking at TEFCA-based query.

And where we contemplated this and Mariann said exactly the same thing, where we contemplated this in our task force deliberation is that there are many cases where we might have, in a post... in an updated and modernized world where we have certification criteria on both sides and we have broad adoption of EICR, we will have public health that will receive trigger-based pushes of data from settings of care, augmented with electronic results universally.

But there may be cases where there are specific questions that are necessary in a public health case investigation where it would be useful to open up in particular our FHIR-based query for public health. That would get around at least some of the minimum necessary issues and so it would be really useful to open up TEFCA-based query for that case. We also, as Mariann noted, we also looked at that case in the context of cancer registries where there is specific... there is broad information that gets pushed, but there are

specific information with respect to oncology, hematology that may need to be queried and so opening those query lines for public health would help public health accomplish their mission.

But again, just to be clear Clem, that capability is in pre-pilot testing and I think our... the notion of the task force, the sense of the task force is it will make recommendations to ONC to accelerate that work in order to accelerate broader public health access to TEFCA-based query.

**Clem McDonald**
Will it be related at all to FHIR or is it just another query?

**Arien Malec**
Yeah, I think it would be beneficial to open up to FHIR and the reason for that is that No. 1, when you ask for a broad CCD, you run into these issues of minimum necessary. There is this kabuki dance that goes on between public health authorities and provider organizations trying to figure out whether the information that is being transmitted falls under minimum necessary or not.

If public health is making specific requests for specific FHIR-based resources, the public health authorities already deemed that information necessary for the case investigation and so that could help this issue of minimum necessary.

The second as I mentioned is that in the context of a case investigation or the context of information collection from a cancer registry, there are often very specific pieces of information that are required where it would be helpful to use more of a scalpel approach than a sledgehammer approach.

So, I think the answer is yes. That would be the sense of the recommendation, but I am going a little ahead of my skis because we have yet to flush all that through the task force. But I think that would be from what I have heard, the general sense.

**Clem McDonald**
Thank you.

**Arien Malec**
Yeah. Thank you.

**Denise Webb**
I do not see any other hands. Are there any other questions or comments from our committee members? No? Okay. Well, thank you, Arien.

**Arien Malec**
Thank you. Good job.

**Denise Webb**
And before we next have public comment, but before we go to public comment, I believe one of our committee members...

**Arien Malec**
Hung Luu. Yeah, Hung Luu.

**Denise Webb**
Hung Luu has an announcement to make.

**Hung Luu**
Thank you for the opportunity to report a new conflict of interest. The College of American Pathologists has been awarded an FTA Broad Agency Announcement Grant to work on laboratory data interoperability and a portion of that grant will go towards my stellar support. And so, I wanted to disclose that to the committee.

**Arien Malec**
Thank you.

**Denise Webb**
Thank you, Hung. Appreciate it. All right. So, now I think we can turn the floor over to Mike to handle public comments.

## Public Comment (01:14:24)

**Mike Berry**
Yeah, that is great everyone. We are going to open up our meeting to public comments. If you are on Zoom and would like to make a comment, please use the hand raise 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, and once called upon press star six to mute and unmute your line. So, let us pause for a moment to see if anyone raises their hand. In the meantime, I just want to remind everyone that our next HITAC meeting will be held on November 10th and that all meeting materials for today and every HITAC meeting can be found on the health IT.gov. I am not seeing any hands raised, so I will turn it back to Aaron and Denise to close us out. Thank you.

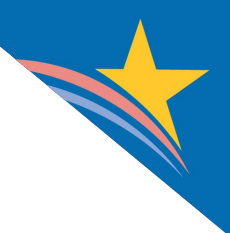## Final Remarks and Adjourn (01:14:24)

**Aaron Miri**
Thanks.

**Denise Webb**
All right. Great. Well, I want to thank everybody for their great questions and especially want to thank our presenters today. That was very informative to hear about what is going on with TEFCA and all the great work that they have done and thank you to the public health data task force. Excellent work there too and we are looking forward to your recommendations. And I am coming in on the close here, so I hope that those of you who are interested in participating in the committee would put your name forth because I know the GAO comptroller's office will be selecting some new members to start in January and thank you.

**Aaron Miri**
Yeah. Thank you for... yeah. New members and obviously trying to fill your shoes, Denise, as well as you roll off. You have been just a stalwart member here. Thank you for everything you have done. I will say this that the TEFCA conversation really energized me. We went through a horrific hurricane here in the state just a few short weeks ago, and just getting data in and out of an area that has totally lost power and lost
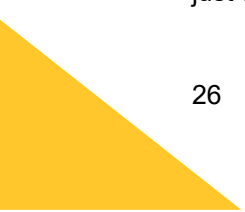
data systems and records as patients are transferring, as those NICU babies are transferring, and get them out of there.

Getting them out of the disaster area was really the hardest thing in the world and it should not have been that hard. And so, the promise of TEFCA and the promise of information sharing is tremendous, right? For disaster situations and normal care and treatment operations. So, it is very exciting. It's very exciting for all of you HITAC members participating, being part of this process as we usher in a new normal. So, thank you to all of you for your great work. Thank you for all the things you do day in and day out, and we will see you soon.

**Denise Webb**
Have a good day everyone.

**Aaron Miri**
Bye, you all.

**Arien Malec**
Thank you so much.

**Male Speaker**
Thanks, everybody.

**Steven Eichner**
Thank you all.