Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) PUBLIC HEALTH DATA SYSTEMS TASK FORCE 2022 MEETING

October 26, 2022, 10 AM – 12:30 PM ET

VIRTUAL

Speakers

Name	Organization	Role
Gillian Haney	**Council of State and Territorial Epidemiologists (CSTE)**	**Co-Chair**
Arien Malec	**Change Healthcare**	**Co-Chair**
Rachelle Boulton	Utah Department of Health and Human Services	Member
Hans Buitendijk	Oracle Cerner	Member
Heather Cooks-Sinclair	Austin Public Health	Member
Charles Cross	Indian Health Service	Member
Steven Eichner	Texas Department of State Health Services	Member
Joe Gibson	CDC Foundation	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Erin Holt Coyne	Tennessee Department of Health, Office of Informatics and Analytics	Member
Jim Jirjis	HCA Healthcare	Member
John Kansky	Indiana Health Information Exchange	Member
Bryant Thomas Karras	Washington State Department of Health	Member
Steven Lane	Health Gorilla	Member
Jennifer Layden	Centers for Disease Control and Prevention (CDC)	Member
Leslie Lenert	Medical University of South Carolina	Member
Hung S. Luu	Children's Health	Member
Mark Marostica	Conduent Government Health Solutions	Member
Aaron Miri	Baptist Health	Member
Alex Mugge	Centers for Medicare & Medicaid Service	Member
Stephen Murphy	Network for Public Health Law	Member
Eliel Oliveira	Dell Medical School, University of Texas at Austin	Member
Jamie Pina	Association of State and Territorial Health Officials (ASTHO)	Member
Abby Sears	OCHIN	Member
Vivian Singletary	Task Force for Global Health	Member

Name	Organization	Role
Fillipe Southerland	Yardi Systems, Inc.	Member
Sheryl Turney	Carelon Digital Platforms (an Elevance Health company)	Member
Avinash Shanbhag	Office of the National Coordinator for Health Information Technology	Executive Director of the Office of Technology
Dan Jernigan	Centers for Disease Control and Prevention	Deputy Director for Public Health Science and Surveillance
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Tarun Khatri	Conduent Government Solutions	Presenter
Kristina Crane	STC	Presenter

Call to Order/Roll Call (00:00:07)

Michael Berry
Hello, everyone. I am Mike Berry with ONC, and I would like to thank you for joining the Public Health Data Systems Taskforce. We do have a few guest speakers with us today, and I would like to thank them for participating, and we will meet them seen. All taskforce meetings are open to the public, and your feedback is welcomed, either in the Zoom chat or during the public comment period that is scheduled at about 12:20 Eastern Time this afternoon. I am going to begin with roll call of our taskforce members, so when I call your name, please indicate that you are here. I will start with our cochairs. Gillian Haney?

Gillian Haney
Good morning.

Michael Berry
Arien Malec?

Arien Malec
Good morning.

Michael Berry
Rachelle Boulton?

Rachelle Boulton
Good morning.

Michael Berry
Hans Buitendijk? Heather Cooks-Sinclair? Erin Holt Coyne?

Erin Holt Coyne
Good morning.

Michael Berry
Charles Cross? Steven Eichner? Joe Gibson?

Joe Gibson
Good morning.

Michael Berry
Raj Godavarthi? Jim Jirjis? John Kansky should be joining us a little bit letter. I do not see him on yet. Bryant Thomas Karras? Steven Lane?

Steven Lane
Good morning.

Michael Berry
Jennifer Layden?

Jennifer Layden
Good morning.

Michael Berry
Leslie Lenert? Hung Luu? Mark Marostica is not able to join us today. Aaron Miri? Alex Mugge from CMS is not able to join us, but Lorraine Doo is here, alternating for Alex. Lorraine?

Lorraine Doo
Yes, I am here, thank you.

Michael Berry
Stephen Murphy? Eliel Oliveira?

Eliel Oliveira
Good morning.

Michael Berry
Jamie Pina?

Jamie Pina
Present, good morning.

Michael Berry
Good morning. Abby Sears? Vivian Singletary is not able to join us today. Fil Southerland? I see Fil online, so I think he is here.

Fillipe Southerland
I am here, good morning.

Michael Berry
Hi, Fil. Sheryl Turney?

Sheryl Turney
Good morning.

Michael Berry
Good morning to everyone, and now, please join me in welcoming Arien and Gillian for their opening remarks.

Stephen Murphy
Hi, sorry, this is Stephen Murphy. I just joined the call. Sorry to be late.

Michael Berry
Great. Thank you, Stephen.

Arien Malec
Thank you. Just tag yourself in the chat, and we will make sure to register your attendance. As people know, we moved up the start time for this meeting today because we are running a little bit behind in our ability to get through all of the content and wrap it up with a bow for the full HITAC and eventually for Micky and ONC, so we extended today's meeting, as well as next week's meeting, by a bit in order to give ourselves more time to do reviews, and then, today, we are very fortunate to have a vendor and industry panel to hear about certification from the perspective of technology developers for public health data systems, so we are going to do that panel and get the input from the developer side of the public health community, and then we will go deeply into the taskforce topic worksheet.

You all will have seen the draft of the transmittal that came through on homework. Today, I think we would like to tag and bag every single one of the comments in the worksheet so we can get it transferred over to the full transmittal, and then, subsequent to that, we will do an editing pass for readability of the transmittal, maybe put some purple prose around it, and then we will do a full review pass of the transmittal subsequent to that. We are going to ask everybody to do some homework and review offline and throw comments in so we can do an efficient review session next week. I think we have one more workgroup meeting scheduled right before the full HITAC. We do not like to use that because we like to be able to send the full transmittal to the HITAC, but if needs must and there are a few issues remaining, we have that to fall back on, and we can always add other meetings during the festivities.

So, we will get through it, and we will get a strong set of recommendations over to ONC, but with that, I am going to turn it over to my cochair Gillian for anything she wants to add to the agenda and also to turn it over to the panel.

Vendor/Industry Panel (00:05:31)

Gillian Haney
I think we are good to go. I just would like to thank everybody for extending their time with us so that we can get these recommendations through into good form. We all really appreciate it. So, without further ado, let's get to our panelists. So, first up, we have Jennifer Layden from CDC, who is going to walk us through and provide some comments on some of the CDC-developed system such as NHSN, NSSP, and, of course, NBS, among other things, and then we will move to Conduent, which is the developer for Maven disease surveillance and case management system, and lastly, we will hear from Kristina Crane from STC, who has engaged in development work for surveillance systems, as well as immunization registries. So, Jen, welcome, and you have the floor.

Jennifer Layden
Thanks, Gillian. It is good to be here. My name is Jen Layden. I serve as associate deputy director for public health science and surveillance. We oversee the data modernization efforts, and just to give some high-level comments, I think there has been significant progress made in public health data exchange, but I think there is a great opportunity to increase that and to promote interoperability, and I think leveraging standards in interoperability really can be beneficial.

Within CDC, certainly, there are a lot of systems that we have, and then, we work closely with our state and local partners that also have multiple systems, and many of those systems need to be able to talk to each

other and exchange data. We have been conducting a series of listening sessions within our agency and with partners just to understand some of the challenges, and where there might be gaps, and to identify priority areas and some various aspects. One theme that has come up consistently is are they all solvable? I think that is one thing we will have to figure out, but the concept of feeder systems, and particularly laboratory systems and the flow of lab data, continues to be a challenge, and any way to implement standards in that space could be of significant benefit.

I think the concept of the functionality or the use of that functionality and the ability not just to receive it, but then to process the data, use the data, integrate it with other systems within the health department is an area that we need to continue to promote and work on. Certainly, leveraging and incorporating USCDI in other data element standards as much as possible has great potential and significant support.

As far as functions and where there is potentially an opportunity to tighten existing standards or implement specifications, certainly, there have been great examples where standards have shown a significant benefit. Immunization systems are one of those consistently from the conversation around laboratory systems or lab data exchange, where they continue to come up, and the idea today is to try to identify how core functionality helps to integrate data across or within a health department. We have a lot of silos in a system, not just to and from different health departments, but also within health departments, and that is a challenge, so how should we leverage standards to promote that?

From a data modernization perspective, the core data sources continue to be case data, including ECR, labs, immunization, vital records, and hospital capacity, and those are areas that we are prioritizing from a data modernization effort and opportunities to introduce functional standards not only for the receipt of it, but to promote other core standards for these systems. I think that will help move the needle in public health. So, with that, I will stop and turn it back to you, Gillian. Thanks.

Gillian Haney
Thank you, Jen. I believe we are going to be hearing from Conduent next, so, Tarun, welcome.

Tarun Khatri
Thank you, Gillian. Hello, everyone. Thank you for giving me this opportunity to speak. I am Tarun, the business product owner for the Maven product at Conduent, and as far as the clear view of the current state or what the essential need is to standardize the data layout, like Jennifer mentioned, what we see continuously is that there is an inconsistency between the organizations, and the inconsistency at the level of value sets, the questions that arise, the electronic formats, and the data forms. As far as the current gaps that we see, one of the gaps that we have been seeing even in the private as well as the public sector is the workforce limitations. That has been a key issue for the organizations. In addition to that, there has been siloed work that has happened which has actually limited the collaboration across various key public agencies, and the last one is the data collection forms and the data collection requirements. That also varies from state to state, and even within the state, that really can complicate something.

So, a recommendation that I would definitely make in advancing these criteria would be to increase workforce in key areas. Another recommendation would be to incorporate the lessons learned. There have been many opportunities there. We learn an approach to solve a problem, which we share across the organizations. In addition to that, what we see as a gap is the training, so, training on HL7, how to get the

FHIR applications, and things like that are something that needs to be improved, improving on the base testing. That is the scope of the base testing, to incorporate as many more things as we can.

For larger agencies, we should have a plan of onboarding the relevant agency, and we should have a proper way to bring all of them up to speed. As far as the interfaces are concerned, we need to have the proper infrastructure in place that can ingest data ID and data ID standards, the relevant data, and compile them into one format, and that standard hallmark can be used across. As far as the options are concerned, all of the various…

Gillian Haney
Tarun, I think we are having a little trouble hearing you. You suddenly went soft.

Tarun Khatri
Oh, sorry, Gillian. Is this better?

Gillian Haney
I do not know. We will see.

Tarun Khatri
Okay. My apologies.

Gillian Haney
There we go.

Tarun Khatri
Okay, awesome. So, as far as the specific functions are concerned, sending data, ingestion of data, and the analysis, in my opinion, all these functions can definitely benefit from the standards and the implementing specifications, and the benefit can be the increasing quality of the data, the decreasing time of the ingestion, and the various tools that have actually been in the market that can be used to basically present those analyses.

As far as the recommended data flows are concerned, we should have an expectation of a consistent format, whether it be in an HL7 or FHIR format. In addition to that, like I said, that training and knowledge of these teams is something that needs to be supported, and once we have that, we will definitely have a standardization of the data and the key information, as well as the data sets. With that, I will give it back to you, Gillian.

Gillian Haney
Thank you very much. Next, we have Kristina from STC.

Kristina Crane
Thank you again for the invite, and to parlay off the other two speakers, as a way of introduction to address some of the questions, STC operates 14 state immunization registries as well as some disease surveillance applications, but we also operate the largest private/public health data exchange network, which has over 80,000 locations providing vaccine and reportable testing services, and we run about a billion vaccination

events through that health information network annually, and we share that data with all immunization registries that have HL7 capabilities. So, we see the impacts of the public health certification infrastructure, both from the pitcher and catcher perspective, and we will be speaking based on that perspective as well.

We also have completed the ONC MU3 certification process that was conducted by the ONC-HIMSS collaborative for our network, and so, we understand the way the certification and how important this work is to be able to move forward with the modernization and the other items that Conduent also alluded to.

We have three recommendations. The first one is to leverage the foundation of the IISes as the population management systems across public health. We feel that every health data domain is in a different maturity stage, so one size fits all for all the domains. Again, we see that both disease surveillance as well as ECRs going through our systems may not be feasible, so making sure we have a good stage approach based on where every entity is will be helpful. Also, IIS information systems are lifetime records, and they start with direct feeds from birth records in most cases, and so, there may be the ability to use IISes for data population for quality efforts across all public health domains to improve patient matching.

Any certification efforts that can focus on patient matching as well as being able to put that match record to the patient's health information and vaccine histories will be helpful as part of the certification process. We also recommend to utilize the tools in place that are already in the works by AIRA, ONC, and HIMSS. The NIST and AIRA ART tool, for example, is very helpful, and our recommendation there is that additional development happen around API endpoints so that vendor communities can utilize these test applications through their continual testing deployment process. That can help with the overall modernization pieces that CDC and others are looking for as well. And again, finally, use of the existing private health information networks are critical to be including as part of the conversations for the certification efforts as a whole.

The second recommendation is to decide the certification parameters based on an outcomes-first approach, and we know that data quality is king. What we mean by this is really focusing on the business and public health impact for every single thing that is part of the certification, whether it be any data element. This will benefit both the sender and receiver. As was mentioned earlier, the bidirectional sharing of that data is critical. So, for example, and this is why the data quality and outcome is really pivotable here, with the pandemic, we saw the flip for the first time in terms of receiving messages versus sending messages. So, basically, after the pandemic, across all of our data sets, 50-70% of all messages are query messages as well. That means data that is going out to the providers and back out to be able to help them make their decisions, and that use then starts to correlate, and the certification here is critical.

We also do not want to forget about the consumer. The individual should have the ability to access their record, and any certification that can look at some of those elements will be important. Our work there does show that when the consumer has access, data quality improves throughout because both the provider and public health are held more accountable.

And then, the final piece here and the final recommendation is that any certification that allows for continued innovation is critical. We need to raise the floor for the industry without creating an unintended ceiling for ongoing innovation. Some specific examples that we see across our network and customers are state and local health that may have specific needs. Specifically, today, race and ethnicity laws are being passed in certain states, such as Washington, we know insurance is required in New Mexico, there are different

consent laws in different states, and we also know that occupation may become more important, especially as we saw with the pandemic, and some of these data sets may not be standardized yet, but they can become best practices, so the ability for that innovation is very critical.

Another piece is the IIS applications have to capture reported disease in a lot of cases for vaccine recommendations, and likewise, surveillance applications will need vaccine history as well, and so, the ability for these applications to speak the language and work together across the certification is going to be an important element.

Finally, as we know, most of these systems were originally used for physicians. The shifting healthcare trends are changing who is providing care, both from pharmacies to other care providers, such as telehealth, occupational health, and home health, and any certification that occurs should also be looking at making sure that we are going to move forward with any new health innovations that occur in the industry as a whole. Thank you.

Discussion (00:20:11)

Gillian Haney
Okay. Thank you very much, Kristina. Do we have any questions for our panelists today? Les, go ahead.

Leslie Lenert
Sure. I have not heard too much about what you all think the burden of certification would be if the ONC came up with a set of standards for you to certify different systems for public health. How hard would it be for you to comply with those things, and would it move the needle forward, or would it be something that would just further reduce the number of vendors who are providing support to public health?

Kristina Crane
Great question. I do feel that certification will help, again, build that floor for the industry as a whole. As long as current work that is being utilized, such as the work that AIRA, NIST, and other certification efforts that been occurring or used as the basis, I feel that certification is achievable and also important, specifically as modernization efforts are starting to occur across the country, to help public health have a good baseline across the industry.

Tarun Khatri
Absolutely, and to piggyback on what Kristina said, it is going to be an issue of support at the start, but taking a view the long-term goal or long-term picture, I think it is going to be for the good of providing those certifications.

Gillian Haney
So, I have a question. From a public health perspective and my former role in Massachusetts, which was a Maven state, for example, for disease surveillance, I think it is important to look at certification of actual function, not systems themselves, because states have become extremely adept at being able to manipulate and to receive information and transform into usable, actionable data, and I would be reluctant to move away from certification of functionality as opposed to system-specific criteria, so I just want to put that out there as a comment.

Kristina Crane
From the vendor community, I also agree with that approach because that also allows the ability for additional innovation to occur within the overall community as a whole, so as you are looking at it from a programmatic standpoint, does a program meet these pieces based on what they are able to put together? Again, we went through the certification process on our private side and know that in some cases, you want to make sure you are really focusing on outcomes, and we also know that on the public health side, even though a system may be certified, they are still looking at seeing if that quality is really there or if there are other pieces in place, so making sure you are looking at it from, again, a very outcome/function space is very important.

Gillian Haney
Yes, and I think that also allows us not just innovation, but flexibility, and being able to respond very quickly when new emergencies arise to be able to look to standards to be able to receive and respond to information. Any other comments or questions for our panelists? I see Jen had to go offscreen, as there was a fire alarm. I hope everything is okay, Jen.

Jennifer Layden
I think so.

Gillian Haney
All right, well, then, thank you very much to our panelists, and we are going to move forward to spending the most of our time today on looking at the existing recommendations and comments and trying to move many of them. We hope to develop some consensus and move them into the tracker documents. So, Arien and Liz?

Task Force Topics Worksheet (00:24:19)

Arien Malec
Yes, let us do this thing. By the way, if you are a panelist and you love sausage making, you are absolutely free to stay on and watch the sausage being made, but if you have better things to do with your life, feel free to drop off and go catch up on email or engage in more productive activities than staring at us working through recommendations. I see Liz already has the worksheet up. What we would like to do is, as I said, tag and bag all the comments that we have not already passed on to the transmittal. At that point, we will have everything in the transmittal and we will have a single point of editing. I intend to take an editing pass and work with Gillian just to edit for readability and flow, not for content, and then put some surround around some of the recommendations.

Then, we will get it out to the full taskforce, and I would request that you all do an offline review and use the comment feature in the transmittal itself, and then we will get together, resolve the comments, and try to get to a clean draft. We do not have much time, and the November meeting is really the last meaningful meeting for us to get our recommendations in to ONC so that they can share it with CDC. We are not having a December meeting, so the next meeting would be January, and there is a lot of stuff going on, really, to prepare for public health data systems modernization, and so, our input into that process is incredibly critical, and it would be good for us to buckle down, do the work, and get the recommendations in. All right.

Liz Turi

I just want to give a quick status on what you are looking at. Everything we had worked on that had been yellow, except for a handful, have been transferred over to the disposition document, marked green, and transferred. I was not sure where to put these remaining ones because the recommendations were blank, so we still need to at least have something to transfer over. All of the rest that we will go through today are things that we have not looked at before, other than this handful of yellow ones.

Arien Malec
Okay. So, here, Steven and Hans, this was basically reflecting the recommendations that ONC already has. In your review, this was your existing standards revision workgroup, or whatever we called it, but for context for those who were not involved in that process, there was a taskforce whose job it was to go over all of the existing standards that are named in certification, and they put through as observations the existing recommendations here, and in this one, they are putting forward what they had recommended for immunization messaging implementation guide.

Here, I think we have already gotten the recommendations carried forward. I think the HITAC recommendations were to let it ride. I think our recommendations are that we should keep to the existing immunization content spec, we should add certification for transport, we should switch to the HIMSS-AIRA IIS testing method, and we are recommending that ONC convene to do a rev of the immunization content spec to address known diversions in handling of lots and inventory data, known diversions in terms of race/ethnicity data, and then, in terms of consent, which were the major sources of variation that AIRA had come up with. So, I think we are in good shape. Hans is not here. Steven, do you have a perspective on whether there is stuff in the existing HITAC recommendations that we need to re-carry forward and re-memorialize?

Steven Eichner
I think that is pretty consistent. What I would suggest, however, is including some language around the recommendation that links it back to the earlier report, but also provides the context of the earlier report, that that taskforce's charge was strictly to maintain or retire, and this taskforce had an opportunity for a little bit of a deeper dive.

Arien Malec
Great point, thank you. So, Liz, if you can take that note that we want to put into the transmittal a reflection that the previous taskforce had done a review of the F criteria and note that… So, we are not saying anything that is in divergence with those recommendations, but we know that those recommendations came out of a different frame. Bryant, you have your hand up.

Bryant Thomas Karras
Hi there. I am not sure if it makes more sense in this recommendation or in others, but I have some comments from work that I have done with the AIRA Immunization Registries Association that I want to try to reflect here. I am not sure, but are we as a taskforce going to check back in with some of our guest speakers before we finalize some of the recommendations that we are making on specific items that reflect their subject matter domains?

Arien Malec

Generally, no, just out of logistics and time. It is not that we do not want to hear the input, that is just a logistical item. Certainly, if you got feedback back from AIRA that we have missed something important, we absolutely want to hear that and make sure it is reflected in the recommendations.

Bryant Thomas Karras
I will try to double my effort to get in there to make comment. Is that better done in the spreadsheet or after it has made its way to transfer?

Arien Malec
After today, we would intend, as I jokingly said, to bag and tag every single one of these recommendations and transfer it over to the transmittal, so if you are in flight and you have a recommendation today, feel free to send it on to Liz, Gillian, and me. Otherwise, we will get you the full transmittal, and then it would be better to do comments on the full transmittal.

Bryant Thomas Karras
All right.

Arien Malec
Cool, thank you. All right, Les. Let me just give everyone some refresher. This is the point that current methods for immunization query/retrieve are oriented towards person-by-person query/retrieve. There are some cases that we heard in the COVID pandemic that it would be useful to take a whole panel and do query on a whole panel so that a large system could refresh asynchronously in the background its whole panel as opposed to looping record by record and querying the immunization registry individually.

I think Les has some comments on bulk query to address whole-population immunization status as opposed to individual immunization status. Les, if you are on, I think this would come out in the frame of recommending that ONC work with whatever our magic text is for "public health authorities" as well as standards organizations and HIT developers in order to develop a standard for bulk query. I do not think Les is on right now. All right. So, in the absence of Les, if anyone feels strongly about this one, feel free to raise your hand. Otherwise, we will move on. Okay. So, again, same context. This is Ike and Hans's work. Which Steven were we talking about, Ike or Dr. Lane?

Steven Eichner
Both, but mostly Dr. Lane.

Arien Malec
Okay, got it. Cool. All right. So, same context. This is a reflection of the syndromic surveillance. I do not know if we currently have recommendations that re-memorialize these HITAC recommendations, that we want to see the syndromic surveillance implementation guide that is named in certification revved.

Steven Eichner
One of the key pieces for this one was that syndromic surveillance is not a substitute for other submissions. One of the things we were talking about earlier was that you could use syndromic surveillance for other things, but a key point is that calling attention to it really is its own activity.

Arien Malec
Yeah, but for this one, I think the recommendation is that we intend… The HITAC has previously recommended that ONC rev the version, and that we have a named version that is a rev behind the currently existing version.

Steven Eichner
Agreed, but also re-emphasizing that it is a separate channel and should be maintained as a separate channel. That is also important because one of the things we do recognize is that there is a constant push for reducing the numbers or diversity of messages that are coming from providers, and there is not a goal to maximize the number of messages. The goal is focused on the right information at the right time, but it may not be achievable…

Arien Malec
Cool. So, we are not making recommendations that we reduce or eliminate use of syndromic surveillance. As everyone has noted, it was one of the shining stars in public health data systems in the sense that it just worked, and it gave signal very early on for what was happening. Maybe my scratchy throat is also a good syndromic surveillance signal. It gave signal very early on in the pandemic for what was happening without special effort. So, Liz, why don't we just carry forward the HITAC recommendations in this area?

Gillian Haney
I see Steve's hand up. Dr. Lane?

Arien Malec
Thank you.

Steven Lane
Arien, I just want to supplement Ike's comment. Absolutely, we want syndromic surveillance messaging to continue, and I appreciate the historic view that we have this up and running, and working, and expanding, and we should not upset that apple cart. I also think we have to keep in mind the longer-term view that we do want to standardize the outflows from the provider organizations so that they do not have to stand up and maintain multiple different outflows to support different use cases, and I am not quite sure how we strike that balance. We say yes, we want to keep this moving forward, we want to expand it in the short to medium term, but over time, we also do want to rationalize the outbound data flows so that it looks like more of a single feed from providers to APHL or whatever hub we are going to use, which then figures out how to sort and direct the appropriate messages for each of the use cases.

Arien Malec
Yeah, I get down to Ike's point on parsimony. We should have the smallest set of interfaces and the most consistent data possible, subject to addressing all of the data needs and data recency needs that public health has. I have a hard time memorializing that here specifically as a recommendation. I do believe we are going to make recommendations that we rev to the latest syndromic surveillance guide, that we expand settings of care so that we are getting syndromic surveillance signals from multiple settings of care other than EDs.

Steven Eichner

Sorry for interrupting. It may not be specifically in this item, then. It may be an overarching recommendation on an overarching guidance component because it really fits into getting high data quality in a timely manner, and that a risk of consolidating messages is that we have negative impacts on that data quality or data completeness, because adding a single message that is going to contain all of the required data for all of the diverse services that public health provides and uses data for would be **[inaudible] [00:40:07]** to having a single stream of data between hospitals to satisfy the needs of a radiology department, the needs of oncology, the needs of dermatology, and everything else so that…

Arien Malec
If I am being an advocate for Hans's position, which I think is the one that we are reacting to in absentia right now, I would say Hans's position is "I got it, now I understand the difference between syndromic surveillance and case reporting, then please, public health, do not use syndromic surveillance as a proxy for case reporting by using syndromic surveillance to carry non-PHI data by adding information to syndromic surveillance that is really case reporting data. Let's add ECR and then rest on ECR as our primary way of getting case data over to public health." So, that is my best advocate position for Hans. I think all of us in this taskforce are agreed that there is a need for voluminous, early, and noisy-by-design signal data that used for signal detection that is not used for case investigation, and that the firehose approach is indeed the correct one.

Steven Eichner
Right. I was not looking specifically at syndromic, I was writing large in terms of information flow that tries to do it all in one gulp. To me, that almost just becomes an impossible task of getting all of the required data efficiently in a timely manner.

Arien Malec
Let me surface a memorialization of that higher-order point, which is over time, and this is definitely an "over time," we should seek to build to align public health interoperability specifications to the latest content standards and structure standards that are used by healthcare broadly to overall reduce burden and ensure that public health is getting data collected at source that is sufficient to meet its needs. So, we do not have special domains of public health information flows and healthcare information flows, except to the point that public health has unique needs that are over and above, extra to healthcare interoperability.

Steven Eichner
But in the same context as healthcare having special needs that are maybe not as relevant to public health, again, looking at specialist information or specialist exchange about, say, cancer oncology data between oncologists. Now, maybe some of that data is relevant to a cancer registry and some of it may not be, but we have not really talked in any of the workgroup activities about specialist transmissions between hospitals or between providers for specialty services, so in many cases, that really is a parallel component as you start looking at podiatry data standards for HL7 or emergency care data exchange for HL7 that are out of scope for this conversation and looking at public health data, but it is still a relevant context of exchange that is going on between providers. If you think about all those specialty exchanges, which are real, really looking at public health exchange as a set of specialty exchanges, looking at the diverse set of public health services that are provided and needs to be viewed in that context, looking at message completeness and timeliness.

Arien Malec
Okay, good. I think I got it. Liz, if you can just put a note that we are going to…

Bryant Thomas Karras
Arien, I want to make sure that I correct a statement that you made. It is not just about a signal detection. This is about situational awareness, ongoing understanding of capacity, and impact on hospitals and healthcare providers. It is much more than the original first published version of syndromic surveillance. This is a different entity, perhaps, than you are describing, so I want to make sure we do not inadvertently edit it to not reflect is current public health use case. I do react to Hans's reaction. Public health by design and emergency response by design needs to be able to synthesize multiple different data streams together in a response. Your characterization that we keep syndromic surveillance and not integrate it with the knowledge we are receiving from electronic case reporting is just not correct. A synthesis or a fusion, as the emergency preparedness professionals refer to it, a fusion center understanding how all this information comes together is what public health does, and that is why syndromic was successful in our response.

Arien Malec
Okay. So, I am going to keep this moving along. When there is agreement or no clear recommendation, I think we are just going to default at this late stage to moving along. If there is something that people feel very strongly needs to be a recommendation, then we should engage on that and make sure that we have a clear recommendation at play. Let's move on to the next one. So, I think this point is the point that needs to be… Okay, I think we have actually got this one. I would propose that we punt this one unless there is a strong feeling that there is a recommendation here, and that we move on.

So, the next one is that we recommend a… So, I think we are already making a recommendation that we rev to the latest implementation guide for EICR, which I think is consistent with… Yes, you were there. Five. So, we should then modify Recommendation 2 to say that we recommend revving to… And, I think the issue here is that the versions that we want to certify to are currently wending their way through the HL7 process.

Steven Lane
Arien, is the language here clear? It says there has been a slowdown of onboarding to EICR. I think we mean ECR. That is the verb, and EICR is the actual noun for the document type. I was looking above. 47D is where I was stuck.

Arien Malec
I think we are going to kick that one and not carry it forward, and then, I am just trying to figure out what to do with 28. I think the point of 28 is that we want to certify to the latest implementation guide that is currently now working its way through the HL7 process. I do not actually believe it is Release 3. I think we are looking for Release 3, if I remember. Does anybody on the call know? Steven, you and I looked at this when we did the ISA update, and we did a pretty good…

Steven Lane
I can go look.

Arien Malec

That would be helpful.

Gillian Haney
So, we are moving that one forward. Is that correct?
Arien Malec
Yes.

Erin Holt Coyne
This is Erin. In regards to the EICR…is that what you are referring to when you say "Release 2," the first one?

Arien Malec
On 28, yes.

Erin Holt Coyne
Yes. So, there is a Release 1, which is back from 2009. Release 2 is the more recently released, starting in 2016, and it has had a series of STU releases, so that R.2 is in regards to the base guide project. The actual specification that we would likely use would be STU Release 1.1, which I think is in use, and it has gone all the way up to 3 or 3.1.

Arien Malec
Yes, 3 is what is stuck in my head, and I do not know if that is 2.3 or Release 3.

Erin Holt Coyne
So, it is Release 2, CDA R.2, then STU R.3 or 3.1. There is another recommendation elsewhere in this document that I think has that specificity.

Arien Malec
Okay, good. If we have something that is better, let's go ahead and carry that one, and then, Steven can also do the check in the background because we did this work previously. Okay, can somebody help me here? Are we making recommendations that there be a single registry for triggering, which we have? Somebody help me here in crafting a recommendation out of the observations.

Gillian Haney
I think this one was also supposed to be about both triggering and the distribution of those triggers, and the implementation with EHRs. Erin?

Erin Holt Coyne
Could you show the author on this one? Could you scroll to the left?

Arien Malec
Vivian.

Erin Holt Coyne

I think there is another duplicate, or at least getting at the same point, elsewhere later in the document. I think there is one that is specifically about the knowledge distribution, and then a separate one about the maintenance of the trigger codes to recommendations.

Arien Malec
Could you verify that, Erin, and make sure you have already got this covered?

Erin Holt Coyne
Yes.

Arien Malec
Okay, cool. 32. So, I believe the way that we are addressing this one, which is already covered, is that we will make recommendations that certification be modular, that it be inclusive to allow national organizations, such as APHL and state-based HIEs, or the IZ gateway, to be able to be certified to the standards, and that public health authorities would then be able, per policy, to select certified capabilities to assemble to address policy programmatics, so I think we are okay here.

Gillian Haney
So, this should be incorporated into overarching comments.

Arien Malec
I think we already have this one, so we are going to declare this one as duplicative, and we already have an overarching one that covers the basic points.

Steven Eichner
And that the technology only needs to be certified for the functions that it is being used for.

Arien Malec
Yes. So, the presumed certification would be attached to the programmatics that are…

Steven Eichner
You are talking above the audio, I think.

Arien Malec
Okay, let's move. So, I think we are going to punt this one because it is duplicative with our recommendation that we request that ONC coordinate the use of situational awareness. Gillian has now designed the language that we are going to use consistently, which is public health authorities and their partner organizations.

Joe Gibson
Arien, sorry, I am not understanding your terminology here. So, when you say "punt," does that mean we are not going to move this one forward?

Arien Malec

This particular recommendation is to extend syndromic surveillance systems to provide additional information on situational awareness, and we already have a recommendation elsewhere that we recommend that ONC pull forward standards-based approaches for situational awareness as well as for vitals reporting, and so, we are going to rest on that one as opposed to requesting that ONC overload syndromic surveillance with situational awareness.

Joe Gibson
Okay. So, there is a recommendation elsewhere for ONC to coordinate and advance the SANER standard.

Arien Malec
Correct. That is right. So, "public health authorities and their partner organizations" is now the term of art that we will use, and then we will put some preamble text where we say that "public health authorities" is inclusive of states, localities, tribal organizations, and territories so that we do not have to say "state/tribal/local/territorial public health authority" every time we re-memorialize the term.

Steven Eichner
Arien, when we come back around to SANER, we need to spend some time talking about it because there is a potentially significant load on healthcare providers because a lot of the data that is desired for situational awareness is not directly generated from certified electronic health record technology, so I want to make sure that we adequately address the gap on the provider side in terms of conflating what that might look like to a certain extent. If you are looking at things like the amount of medicines or specific medicines on hand, durable medical equipment on hand, like ventilators and the like, which vary, and not to try to eat the entire elephant here and now, but there is potentially some significant work on the provider side to get that data in the right format to get it included because you may no longer be looking strictly at EHRs as source data.

Arien Malec
Yes. So, just to be clear, the recommendation that currently exists recommends that ONC work with "broad, inclusive term," including standards development organizations and HIT developers in order to create and pilot test a situational awareness standard, and then contemplate it for future certification. I think there is a predictable step, as you note, that that future certification that will need to certify technology that is currently not certified. I do not know that we need to get into that right now and make recommendations that ONC certify things that are not currently certified.

Steven Eichner
Well, there has been a proof-of-concept pilot of SANER that has gone on in Texas. I am not saying that that necessarily makes it complete and ready to go at a national level across the board. It is a good early step, but by no means complete, trying to get some of the data collected from some of the non-EHR systems. To me, that is potentially more of the challenge in getting data in a timely manner rather than looking at interfacing with tools that already have standardized APIs and a well-developed set of data that might be available, such as through an EHR.

Arien Malec
Yes. All I am saying is I do not think we are at this stage, ready to make recommendations for broadening the certification criteria in this area, because the thrust of our recommendations is going to be for ONC to

work with a broad set of partners in order to advance the work in order to create a standard implementation guide, and then, at that point, contemplate certification. And so, I think that recommendation allows us to sidestep the particulars at this point of who gets certified, what they get certified to, and how we expand the EHR certification, etc.

Steven Eichner
Okay.

Arien Malec
Okay, so, if I memorialized No. 68, it would be that we recommend that ONC… I think this is a little bit out of our lane, but let me try this recommendation on for size. "We recommend that ONC coordinate with public health authorities and their partners, as well as CDC and other relevant agencies, in order to define and promulgate standard best practice policies that maximally enable interoperability to serve the public health commission."

John Kansky
Arien, John Kansky here. That was pretty good. Apologies, I am in an airport with a poorly timed announcement going on. I do not even know if it is an amendment, but the most focused thing I can think of would be for those groups to identify unintended policy barriers and share out those best practices, as you refer. I am just trying to be more focused. The bad thing that happens is that there are unintended policy barriers, and if those organizations could work to identify them and share best practices, that would be great. Thank you.

Arien Malec
Thank you. So, the revised recommendation would be "We recommend that ONC coordinate yada yada yada in order to identify current policy barriers **[audio cuts out] [01:02:07]** information sharing for public health, and where such policy barriers are identified, to identify policy best practices and promulgate them as best practices." Any objections? Hearing none, we will move on. Oh, are we done? We are not done.

Gillian Haney
No, it is filtered.

Arien Malec
Maybe clear your filter first. There you go, cool. "None" and "white" are different. Awesome. That is good. This is an observation. All right. I looked at this one over the weekend, and I was not quite sure what to do with it. Hans is not here. Is there anybody else who feels very strongly here? So, I think Hans's point is that there are data reporting and compliance expectations that differ across settings of care, and it would be cool to have common compliance expectations. If I have this right, the reporting compliance expectations are set by public health authorities, and this is an area where I am so firmly over my skis that it is crazy. Abby may be rescuing me.

Gillian Haney
Is this somewhere where AIRA could also be leveraged?

Arien Malec

It certainly could be a place where AIRA could also be leveraged.

Gillian Haney
So, we may want to name AIRA specifically.

Arien Malec
Yes. Just to be really clear, I am trying to figure out whether we punt this recommendation or it is important enough that we carry it forward, and if it is important enough that we carry it forward, I am trying to figure out… We agree on the end, which is that we should have some common reporting standards. I am unclear as to the mechanism and who we are making recommendations to in order to effect that end. Abby, go ahead.

Abby Sears
I do not know if I can answer the last part of what you just said. So, I think that we are in agreement. What we are seeing is different reporting requirements by federal agencies and public health authorities, and without those standards, that reporting is incredibly difficult to get everybody what they want. Knowing Hans and the work he does, I think he is seeing something very similar to us, but your question about who we ask to actually create those standards is the right question. I do not know that.

Arien Malec
Got it, cool. So, it is a problem. Bryant, you may have the solution for us.

Bryant Thomas Karras
I wish Hans was here, but focusing in on the compliance guidance, I think one of the things that public health is challenged by… We get pretty good data quality from hospitals and physicians, but for pharmacies, who are not covered by Meaningful Use, we have no lever to get them to stay in compliance with the guidelines. Perhaps in looking at HRSA being added in here, maybe it is CMS or some other government agency that has a payment lever. We can say, "You are not going to get reimbursed for that vaccine unless it includes all the required data elements."

Arien Malec
Perfect. Okay, this is super helpful. I think what we want to say is to recommend that ONC work with other federal agencies in order to establish common best practices for timeliness and accuracy of immunization data that is reported to public health authorities.

Bryant Thomas Karras
The incentives are the levers that can be introduced in a post-Meaningful Use…

Gillian Haney
Arien, do you want to add the state Medicaid agencies also because of immunizations, or are they implicit?

Arien Malec
Steven and I got ourselves into trouble a little while ago by being very…

Gillian Haney

Prescriptive?

Arien Malec
…very thoughtful about all of the policy levers that various federal agencies had, and I think we were told, somewhat indirectly, "Thanks for that, but we have the wheel."

Gillian Haney
"But no thanks."

Arien Malec
So, it is sometimes better to make recommendations that ONC work with other federal agencies, but I do think the point of programmatics and associated programmatics is important.

Bryant Thomas Karras
Could you add CMS between CDC and HRSA?

Arien Malec
This is where, if we are going to enumerate, it is better to just say "work with federal partners."

Gillian Haney
That is fine. We will get it.

Bryant Thomas Karras
Okay.

Arien Malec
Sometimes we are helpful when we provide very nuanced work, and sometimes that is unhelpful, and it is sometimes better to give degrees of freedom to ONC in our recommendations.

Gillian Haney
So, may I make a recommendation on wordsmithing? Let's not wordsmith to a critical degree here. But, what I am doing is putting notes on what the conversation is, and then we can wordsmith it, because it is very difficult in here to edit. It keeps jumping around.

Arien Malec
I am with you. That is good. I like it. Okay, next one: Immunization registries. There are at least three different recommendations or amendments, of which mine is one. I was a little clear about what we were recommending, and at the end of the day, I think what we are recommending is that ONC work with CDC to certify the immunization gateway via modular certification for immunization reporting and query/retrieve. Is that a helpful summary of Hans's and Erin's recommendations?

Gillian Haney
Again, I wonder here if it would be good to reference AIRA.

Arien Malec

We are already making recommendations that the AIRA test methods are the… So, we are separately making recommendations that the HIMSS/AIRA IIS or IIP, whatever it is called, test method is the one that should be certified to, so if there is another AIRA rule that we want to contemplate, that is good, but I think we have otherwise got the notion that the AIRA test method is the one that we are recommending moving forward with.

Bryant Thomas Karras
Aren't we actually recommending not the test method, but that AIRA, the organization, operate that certification process?

Arien Malec
We are not. So, let me back up and explain why.

Bryant Thomas Karras
"The accreditation vehicle." That is what I am saying. Why reinvent the wheel when they are 90% done?

Arien Malec
By design, the ONC test program allows for multiple accreditors.

Bryant Thomas Karras
That could be part of the problem.

Arien Malec
It absolutely could be part of the problem. I am happy to have a broader conversation on it, but my personal view is that we are on safer ground if we say not to have two methods, but one, and the one test method should be the AIRA test method, and then, it is an ONC conversation about whether it is valuable and helpful to have two accreditors or stick with the current one accreditor, which I think is Drummond, but we do not want to be in the position of saying that Drummond should be the only accrediting body.

If I have this right, AIRA has worked with one of the testing bodies, and I believe it is Drummond, as the approved accreditor for the AIRA test criteria, and I think we are on safer ground when we say the test method is the approved test method, and we should centralize on a test method, and that we punt on the question of who the accreditor is, and I think we can believe that there is a good accreditation program that is up and running and working, and that ONC is not going to disrupt that. So, back to this question. Do we have alignment that my revision to Erin's revision to Hans's recommendation is what we are actually saying in this point? I will wait two beats.

Steven Lane
But we are not writing it down, correct? We cannot read it.

Arien Malec
Oh, you cannot read it?

Steven Lane
Did it get incorporated there? Okay. That was me agreeing at the bottom there.

Arien Malec
Okay. So, let us carry that text forward. All right, 49. I am not sure where we have a certification angle in the responsibility… This is immunization…

Steven Lane
This was under immunization registries, but it looks like it is really about ECR, unless there is something called responsibility response that I have never heard on related to immunization registries.

Gillian Haney
I agree. I think this is ECR.

Steven Lane
Yes, and it is the reportability response.

Gillian Haney
Yes.

Steven Lane
Good. As I read this, I thought, "This does not sound right."

Arien Malec
And is this a recommendation that we want to carry forward?

Steven Lane
This is something that we have talked about before, that the reportability response is a great thing, it is a major step forward in bidirectional exchange between providers and public health that is, so far, poorly utilized and integrated into the closed-loop communication, so it is something that we want to see advancing.

Arien Malec
So, this is a recommendation that ONC work with CDC and public health authorities and their partners in order to advance the use and saliency of the ECR reportability response?

Steven Lane
That is what I think we are trying to recommend, yes, and it has been recommended before, and we should keep it up until **[inaudible – crosstalk] [01:15:34]**.

Arien Malec
Okay, sounds good. Can you do your friendly little bracket magic? We are recommending that ONC work to advance standardization and use of the reportability response.

Bryant Thomas Karras
Yes. I think I had a suggestion that it use CDS Hooks SMART on FHIR, but that may be too precise.

Arien Malec
Pity your poor cochairs, because we are going to be doing a fair amount of editing in the coming days. I am reading and trying to figure out how to turn this into recommendations that ONC is actually going to be able to carry forward. So, let me revise what I hear Hans saying. I think what we are saying is that as we standardize on ECR, we recommend that ONC coordinate with federal agencies in order to promote the use of ECR as the approved mechanism for case reporting.

Gillian Haney
I think this was also really about enhancing the test cases to improve the data quality so that paper reporting can be reduced.

Arien Malec
Yes. So, just to re-memorialize this, we desire a certification program for ECR, and then, "We recommend that ONC ensure the certification program and associated test methods are robust enough to materially reduce the amount of paper-based case reporting, and that ONC work with other federal agencies to attach certification to associated programmatics that materially translate current paper-based reporting to electronic reporting."

Gillian Haney
Yes. I think we may need to add something in there about use of more standardized data sets within EHR so that that can happen too, and test against those.

Arien Malec
Yes. I missed most of the healthcare survey implementation guide conversation. I think we crossed…okay.

Liz Turi
Can people not edit and move things around? I am missing things because things are moving around. I really appreciate it. Thank you.

Arien Malec
Yeah, please do not be in the spreadsheet right now. I think this text is good. So, this is a proposed recommendation by yours truly. "We recommend that ONC work with the RCE and appropriate" stakeholders, so this is where we want to put in "public health authorities and their partners," "to develop, publish, and test an implementation guide for secure and privacy-sensitive TEF queries for public health case investigation. We recommend that ONC establish certification criteria for public health TEF query, inclusive of the major actors who participate."

Steven Lane
Plus one, absolutely.

Bryant Thomas Karras
Sounds good.

Arien Malec
All right, let's move it. Let's go.

Gillian Haney
So, this is a little bit of a weird one, and this is not really for a concrete recommendation, it is language that I am proposing be included as part of a preamble for our transfer, and it is intended to recognize that these recommendations are supposed to be agnostic of funding; however, that we are assuming that funding will be available in order to implement these recommendations and move them forward.

Arien Malec
Yes, there is important preamble material and overarching material that says a couple of things. This is one of the really important things. We already do have language that I think got into a preamble or that we will move over to a preamble to say that we recommend that certification be phased and progressive so that we are not disrupting existing work that is in flight as we are moving to a certified approach, and the third thing that we want to say is that certification is intended to provide a floor, but that we recognize that public health authorities in a federal system of government are the authorities for public health reporting and that moving to a common floor in no way constrains public health authorities to use that floor, nor does it constrain public health authorities from raising the ceiling, but a properly designed certification floor should help public health authorities and their provider partners achieve the public health mission at lower overall cost.

And so, we are going to make sure that our preamble carries home the broader points that we support a certification program, we just need to ensure that the limits of that certification program are well understood and the need for that certification program to be accompanied by programmatics that attach dollars **[inaudible – crosstalk] [01:22:42]**.

Gillian Haney
New dollars, I think. Specifically, new dollars.

Arien Malec
Joe, you have something important to add on this point.

Joe Gibson
Yeah, it gets to the whole purpose of certification. A lot of what we have been talking about here are really state systems within public health. If we are talking about certifying all STLT systems, we are talking about some systems that are starting with paper, fully paper, starting with Excel files, places that are way behind, so I am going to say that we recommend that there be certification of systems. It is hard for me to support that without knowing what that means, what the implications for that are, when I am looking at a whole bunch of agencies who are not likely to have functionality that can be certified within five years, and what does that mean? We say we support certification, but we know not all these people will get certified, so will they get left behind?

Arien Malec
What I believe we are recommending certification for… This is also important to say in the preamble. We are not recommending that ONC establish a certification program for public health data systems. We are not recommending that ONC establish a functional certification program for what an immunization information system is. We are recommending that ONC establish certification programs for interoperability

of public health data that is important to address the public health mission, and that presumably, those certification criteria would be attached to programmatics that would generally be associated with funding and, to Gillian's point, also would require new funding for modernization for funding of the STLT operations for which those interoperability requirements would be used.

So, we are not recommending that anybody certify a case investigation system or case investigation processes, we are recommending that ONC certify to an EICR standard and that the use of certified technology for EICR would presumably… If we followed the way that the CMS program has worked, the use of a certified technology or technology that has been certified to that interoperability standard would be required in some future programmatic. I think that is a really important baseline point just to make sure that we are aware of. And then, Joe, I think your point is that in some cases, the modernization lift is significant.

Joe Gibson
It is when we use the word "required." The question is what is the consequence of not being certified? Everyone wants to improve, but…

Arien Malec
This is an area where…

Joe Gibson
And what is the incentive for an agency to be certified? That is sort of the same question.

Arien Malec
This is an area where we are uncomfortably not able to make recommendations in this area because we were not asked to make recommendations about programmatics. I think it is important in our preamble to make some assumptions about how certification criteria would be used in the way that Gillian is proposing in her preamble text. It is clearly an important point. It is not our job as a taskforce to make specific recommendations for programmatics. We would presume that certification would be attached to funding for public health systems modernization that would be sufficient to achieve the goals of certification, and that is the key point that Gillian is making here. Erin, go ahead.

Erin Holt Coyne
Hi. I think we are set to end this call in about 30 minutes, and this might be out of turn, but I wonder if it would be possible to spend a little bit of time on some of the additional laboratory-specific or ELR-specific items. I think there are some there that really need to be discussed before they are considered for moving over.

Arien Malec
Good. We do need to get through all the stuff. So, Liz, I think we have hit every recommendation that we have not yet addressed.

Gillian Haney
No, I do not think we have. To Erin's point, there are all of these ELR ones.

Erin Holt Coyne

Unless they have already been moved over, but I think there are some that this group likely needs to talk about.

Liz Turi
No, I agree. I am trying to…

Arien Malec
Trying to make the magic work?

Liz Turi
Yes.

Arien Malec
That clearly is not working.

Liz Turi
Things have been moved around, so, every time I hit "select all," that should work, and it is not, so give me one second. I think I got it. There we go. We had over 22, if I remember correctly, but to your point, maybe we focus on the lab pieces.

Gillian Haney
There we go.

Arien Malec
Okay. So, this one is mine. So, again, as a reminder, we made recommendations. The IS Workgroup made a pretty substantial set of recommendations for how to improve an ecosystem approach for lab interoperability. There is a subset of those recommendations that addresses many of the concerns that we have noted in the ELR reportability. In particular, and I know some of them, transmission and receipt of orderables and results sufficient to trigger reporting, transmission of minimal demographic and contact information with the order, and comprehensive use of normalization at source of key terminologies. ELR LOI/LOR are also part of those recommendations, and as Jim Jirjis notes, the intent of those recommendations is to address the upstream requirements.

And so, what I am proposing is that we re-memorialize that existing transmittal and recommend that ONC follow the relevant guidance that addresses the ecosystem approach for orders and results that are particular to public health mission relative to case reporting and lab reporting. As I said, the big ones are making sure that the orderable carries demographic and contact information, making sure that we normalize terminology at source, and making sure that that properly coded source information is available, not just for ELR reporting using the LRI spec, but also available for ECR triggering. Any objections to moving on? Let us move. I am not sure there is a recommendation here. I think we are already making a recommendation that certification be modular and, where consistent with STLT policy, that a state HIE would be one of the actors who could certify for recommendations or for interoperability. So, I would propose that we punt on this one unless there is strong objection.

Joe Gibson

Isn't John saying here that the functionality of those state HIEs is not there and is not…?

Arien Malec
I would be very surprised if John Kansky were saying that. I would imagine this is somebody else's comment.

Unidentified Speaker
I can imagine John might be saying that.

Gillian Haney
I propose we leave this, then.

Arien Malec
I propose we leave it. All right, Erin? Heck yes.

Erin Holt Coyne
So, these next series of items…

Gillian Haney
So, I just want to raise a nuance here that we referenced CLIA-certified laboratories, and we still need to address those that are CLIA-waived.

Arien Malec
Yes. So, let's give everybody the lay of the land right now, which is that ONC as a certification program, due to a variety of unintended consequences for how CMS topped out requirements, it used to be the case that hospital labs were captured under certification, but because CMS removed the topped-out electronic lab reporting criteria, hospital labs were actually removed, so there is no certification program for even hospital labs, but even…

Gillian Haney
I cannot hear Arien. Are other people having any…?

Joe Gibson
I am hearing Arien fine.

Erin Holt Coyne
I can hear him.

Arien Malec
Okay, good.

Gillian Haney
Maybe it is on my end. Everything seems to have gone.

Steven Eichner

I have been having periodic dropouts for about three seconds at a time.

Arien Malec
Okay. So, I am just giving the lay of the land, which is that in the past, there was a certification program for labs, and it only covered hospital labs that were attached to a hospital for which Meaningful Use was in effect. When CMS removed the topped-out electronic lab Meaningful Use criterion, ONC removed the corresponding certification criterion, and then, even when hospital labs were included in certification, non-hospital labs were not included in certification. CLIA is presumably the CMS agency that would have CMS…agency? CLIA is an act. I do not know what CLIA looks like functionally inside CMS.

CLIA is the sub-portion of CMS that presumably would have the ability to attach programmatics to a certification program. I do not think we need to say "CLIA-certified labs," although it is a natural place that we would note that ONC could attach a certification program. I think what we are recommending is that ONC establish a certification program for labs that is inclusive of the LOI and LRI guide, period. And then, it is presumably CMS in its payment policy and in its CLIA oversight, as well as CDC in any funding that it does for public health labs, to attach the programmatics that the certification programs would be attached to, but I think what we are recommending is that ONC actually create a certification program for lab, period, full stop.

Steven Eichner
I think there is good value in attaching, just as a friendly modifier, CLIA and CLIA-waived labs in that language to be absolutely clear that public health, at least, is interested in supporting exchange with both and not being carved out inadvertently at the programmatic level. I think we are already in a better place in getting data from CLIA-certified labs because they are larger and more traditional. Some of our challenges in particular have been in looking at the non-CLIA-certified popup labs that have emerged for things like COVID-19, and those have been really challenging because they have an awful lot of data that would be really valuable, but it is really difficult for us to bring it on board because they have not been using standards.

Arien Malec
Got it, understood.

Gillian Haney
Just for what it is worth, there is a series of these, and they are organized in a way where it is methodically going through maybe a sender or a receiver type of situation, and so, the first one here is specifically in regards to ELR. There are subsequent ones that are specifically addressing electronic lab orders and electronic laboratory results.

Arien Malec
Perfect, okay. And again, this is all consistent with the recommendation text that we previously noted above because these were exactly the same recommendations that we were calling for in our lengthy appendix on lab and order. Okay, cool.

Steven Eichner

It also calls attention that public health often provides laboratory services or does provide laboratory services. In many situations, there is an expectation that those same certification criteria would apply to public health labs performing as a laboratory.

Arien Malec
That is right, so we would anticipate that this as certification criteria would be applicable to CLIA labs, CLIA-waived labs, and public health labs.

Steven Eichner
Well, public health labs are mostly CLIA labs, so you would not have to put a special carve-out, but just as a note, we are not looking at a carve-out for public health labs. They will be treated just as any other laboratory, as they should be.

Arien Malec
Good, okay. All right, next one.

Joe Gibson
Just real quick on the lab side, would this also include onsite rapid tests?

Gillian Haney
It depends on where those rapid tests are happening. That is why we wanted to carve out CLIA-certified labs, and to the point where all of these popups happened, that is where things get into trouble.

Arien Malec
If the point is how do we get reportability of at-home tests, it is an important issue, and one that I think we are probably not likely to address in this workgroup.

Bryant Thomas Karras
Joe was talking about at home.

Joe Gibson
Right. I am thinking CMS had a program where they provided onsite testing for COVID into skilled nursing communities, and we had trouble obtaining the results from that.

Arien Malec
Got it, yeah. I do think we would intend those to be included.

Joe Gibson
Great.

John Kansky
Maybe it is a separate recommendation, but ONC could assist those non-CLIA labs with technical assistance or regional extension centers because those test kits were sent out to folks with no instruction on how to set them up or how to transmit HL7.

Arien Malec
As a reminder, our job is certification, not programmatics, and so, I think that would go into the general point that as we attach certification, we also attach appropriate funding for modernization and use of the standards. Erin, next one.

Erin Holt Coyne
This is just updating any existing certification program criteria to be in alignment with the previously stated one for ELR.

Arien Malec
Okay, next one.

Steven Eichner
One other component of certifying the popup labs is it benefits not only public health, but healthcare at large, because it will make it easier for healthcare at large to ingest test results as well, so there are multiple beneficiaries for that certification. It is not solely focused on public health as the beneficiary of certifying interfaces. Sorry, Erin.

Erin Holt Coyne
No worries.

Gillian Haney
So, here are the lab orders and receivers of lab results.

Arien Malec
So, "We are recommending that ONC establish a certification program for lab inclusive of ordering, resulting, and ELR."

Erin Holt Coyne
Yes, and I would say the references throughout these two LRI STU Release 3 should probably say Release 4, but that can probably happen later in the wordsmithing.

John Kansky
It just came out last week, Erin. Come on. Why aren't you updating this in real time?

Arien Malec
Exactly. This last one is…orders. Okay, cool. Done.

Erin Holt Coyne
One comment on those I would like to make, and there is going to be a separate comment that gets to this maybe in the overarching, is a lot of public health agencies who operate lab services and surveillance programs, and who I suspect are lab partners and others, heavily rely on the use of other technology within their environments, like EDI engines. We talked a little bit about this last week. I think in order for some of these things to actually go through and be practical for implementation and including in certification, that

needs to be accounted for. Otherwise, the expectation that everybody is going to go and public health labs are going to go and adopt new limbs…it is not going to happen.

Arien Malec
That is right. So, as we previously discussed, there needs to be a pathway for self-certification in areas where you are retrofitting existing technology to address certification.

Steven Eichner
Well, maybe even calling attention to certification as an opportunity, looking at the interface level, perhaps in the preamble language, that it is not necessarily software within the ultimate receiving system that has to be certified.

Arien Malec
Yes, I think that is consistent with our recommendations for modular certification, but we should underscore that point. Okay, in the interests of time, I am going to propose we punt on 62.

John Kansky
I think that is a different definition of modular certification than ONC uses.

Arien Malec
Yes, it is consistent with how modular certification is used in the EHR certification program, but we do not certify EHR systems. We are moving toward certifying interoperability, and that organizations adopt technology that incorporates the certification criteria. Oftentimes, that is an all-in-one system, but not always.

John Kansky
Okay, but I think that modular certification…

Arien Malec
Let me just see if I can memorialize the point. The point is that I might have a noncompliant back-end system, and I certify a gateway that addresses the interoperability requirements where there is extra to standard translation on the back end. It is a pretty typical pathway for use of certified interoperability, but we need to make sure that that pathway is clearly noted in our preamble text. Okay, I am going to propose that we punt on 62.

Leslie Lenert
Why? Why are you punting that one?

Arien Malec
It is out of our scope.

Bryant Thomas Karras
I disagree. I think that our taskforce is charged with making recommendations that advance public health's capacity in response to the presidential order to be better next time a pandemic comes around. So, I do not

think there should be anything that is out of scope in a recommendation. It is up to ONC to decide whether or not they take that recommendation, but there is nothing that prevents us…

Arien Malec
That is true. I have played fast and loose with taskforce charges before, and if the group feels very strongly that we want to carry this forward, that is fantastic. So, what is the recommendation? I think we talked about policy limitations and policy best practices. Are we saying the same thing for privacy policy, inadvertent obstacles, and promulgate best practices? Is that the same thing?

Leslie Lenert
I think beyond the best practices, since we are talking about modular certification, is defining some technical standard so that the data related to privacy transmits across the systems. I am not sure if we can slip that in here.

Arien Malec
So, with respect to immunization, we made recommendations that we rev the immunization guide to accommodate state variation in privacy and consent.

Leslie Lenert
Right, but when we did that, I was thinking it was more just the privacy going to the state, and I think here, we are talking about more… Until we have absolute national standardization, we need to have interoperability of this data so that as individuals access services across state lines, their privacy preferences go with them.

Arien Malec
Okay. Bryant?

Bryant Thomas Karras
Yeah, I think this is one of those recommendations that we need to make that ONC advances and makes investment in future capability. I agree with you, Arien, that this will not impact immediate **[audio cuts out] [01:47:57]** for us…

Arien Malec
Perfect, I got it.

Bryant Thomas Karras
[Inaudible – crosstalk] not there, but at the moment, there is no way to send information to CDC without unmasking identities because the technology does not exist. We are saying, “Trust us, we are not going to do anything nefarious.” That is not sufficient.

Gillian Haney
I am just going to confirm right now that we are moving it to “overarching” because this sounds like an overarching concern, not specific to immunization.

Arien Malec

It comes up often in immunization, but is not confined there. So, I hear the sentiment to keep it, and we will keep it, we will move it to "overarching," and we will wordsmith accordingly to this discussion. So, Joe, this is the recommendation that we include in the certification program the interagency transfer.

Joe Gibson
Right.

Arien Malec
So, I think at this point, rather than develop and test, we are making recommendations that ONC coordinate to develop standards. "Develop the pilot test," got it. Not "certify to" at this point. Good. Objections? We will move on.

Bryant Thomas Karras
Just some editing. We will have to get rid of the "stakeholders" in that one.

Gillian Haney
I am on it, Bryant. We will remove all reference accordingly.

Arien Malec
Yes. We note the lack of love for the "public health stakeholders" nomenclature.

Bryant Thomas Karras
Unless we reverse it and say that ONC is a stakeholder and public health authorities are the…

Arien Malec
Okay, I am going to propose, John, that we punt this one because it is already addressed. This one is just re-memorializing the HITAC recommendations, which I think we are going to carry in an overarching one.

Gillian Haney
Yes, I think this is out of scope.

Arien Malec
Out of scope, yes. John, I think we have already addressed that. I read this one, and I am not at all clear what Hans is saying, and to the extent that I understand what Hans is saying, I disagree with him.

Erin Holt Coyne
I read this as a duplicate.

Arien Malec
Yes, I read this as a duplicate. The place that I did not agree with is "Do not recommend to include the knowledge component for up-to-date trigger and content requirements. It should be considered an optional criteria." I think we would fight Hans on that one. Let's punt it.

Gillian Haney
Erin, is there anything you want to add to this one first, since you commented?

Erin Holt Coyne
Yes, there is another recommendation further down that is specific to the electronic reporting and surveillance distribution, so if we punt this one, I think we will have an opportunity to revisit the inclusion of it.

Arien Malec
Yes, that is what I am saying. We have already addressed this one. Erin continues to be our hero. Any objections to carrying this one forward? Oh, actually, in this case, we do have the right version, Version 3.1. This is aligned with what Steven helpfully looked up for us, so I think we are all talking about the same thing. This is one where, Erin, I think you are proposing that we use the 1.1 and call the 3.1 advanced. I believe the state of the art in this field to be that all the actors on the ground are actually using the things that are aligned with 3.1, and that we are not using the 1.1.

Steven Lane
That is what occurred from APHL, as I recall.

Bryant Thomas Karras
But it depends on how you define "actors." The top two EHRs? Yes, but we need to be all inclusive.

[Crosstalk] [01:53:11]

Arien Malec
Hold on. This is an area where there is no certification program. It is functional certification. We are proposing adding a certification program. If we follow Erin's text, we will add 1.1 as the required floor and allow variation above that. We also have the option of certifying to 3.1. I think in this case, this is the correct move, to certify to 3.1.

Erin Holt Coyne
So, others on the line who might have more information can correct me or send me an email if they are listening and unable to comment, but the reason why I did that is because there might be a difference between what is sent to AIMS and what is sent downstream to the public health agencies, and so, depending upon who the receiver is of the ECR, for example, there might be some differences there. What is sent in traffic might be the 3.1, but what is actually received at a PHA might be the 1.1. There might be some details there that are missing, but that was the thought behind it.

Arien Malec
Okay. We have to go to public comment.

Gillian Haney
But we will be coming back, correct?

Liz Turi
We do not go to public comment for another 20 minutes.

Arien Malec
Oh, good. Fantastic.

Liz Turi
We are going to 12:30.

Arien Malec
We are going until our brains collapse. Excellent. So, I would propose in this area that we adopt 3.1 and not 1.1 in this case. Generally, I am in agreement that if we have something that is currently deployed, we should certify to the floor and then raise the ceiling, but in this case, since we do not have a floor to certify, we probably should be certifying to the most used floor, which is 3.1, when it comes to most of the senders. As you know, we may have a place where there is local variation from APHL to state public health authorities, but again, we do not have a certification program to certify to, and so, it is kind of the right time to fix it.

Erin Holt Coyne
I would like to request that we confirm that.

Arien Malec
Okay. Why don't we move as noted, and then Erin can confirm to see whether we want to add an exception for the 1.1? I would propose we move 3.1 forward and that we have a note that we want to confirm whether we want to have some legacy certification for 1.1.

Bryant Thomas Karras
And perhaps we need to reflect on the terminology standards versus advanced. Maybe it is "optimal" versus "interim" or "intermediary," something that implies that they can do it for the short term, but they need to move on.

Arien Malec
Right. This is SVAP, so the way this works is that we have a floor level that is in the certification program and an SVAP level that is also acceptable for certification. And so, if we follow this, the floor level would be 1.1 and the SVAP version would be 3.1. I think I am proposing that the floor level should be 3.1, and then, Erin is going to go verify that.

Gillian Haney
Can I just call out a comment that we have been including in multiple recommendations that have been put forth by public health people on this taskforce specifically, which is the optional data elements comment, that optional data elements must be included in "the floor" to be sent, and then can be opted in if they are required by public health or not? Oftentimes, it is sort of the other way around, that the implementation guide looks to the required elements as sending those, and that "optional" is for them to be sent as optional.

Arien Malec
I would point out that is what "optional" means.

Bryant Thomas Karras

No, it does not.

Arien Malec
Okay. So, the adage is optional is required if optional is actually required. Let's not drain this topic. If something needs to be in certification, it needs to be certified to, and so, if something is optional but needs to be certified to, then it should be required if present…

Gillian Haney
No, that is another…

Bryant Thomas Karras
No, that is not how it works. I will let Gillian say it.

Gillian Haney
Go ahead, Bryant.

Bryant Thomas Karras
I was going to say what we are saying is that…

Gillian Haney
But we cannot hear you.

Bryant Thomas Karras
Can you hear me now?

Arien Malec
Yes, got it.

Bryant Thomas Karras
What we are saying is that "optional" should be an opt-out for jurisdictions, not as it has been traditionally, which is a requirement of customization to opt the optionals back in, and that is what leading to a misconception or a misidentification that states are different. States are not different. We are all working within the same implementation guide, it is just that some advanced states are working with a greater subset of data elements, but the EHR vendors and the certification program has hit the minimum floor and only tested against the required field, but we need to make those optional fields a requirement for testing.

Gillian Haney
A requirement for testing, and that is actually going to move us forward for getting rid of paper, so I think that is really important.

Arien Malec
I hear the plea. I will refrain from making comments on Postel's Law or other… again, what I think we are saying is if there is information that is optional that is important for use, it needs to be tested in the certification program.

Gillian Haney
Say that one more time. If it is optional for use…?

Arien Malec
If there are elements in an implementation guide that are optional but are critical for the functioning of public health, they need to be tested in the certification program so that they are available for use.

Steven Eichner
If it is included in the implementation guide, it should be tested because if it is included in the implementation guide, by default, it is of interest to public health, or we would not include it in the guide.

Arien Malec
Again, I will refrain from making additional comment. Important information for public health needs to be tested in a certification program.

Gillian Haney
The other practical real-world implementation is that we do not want the message to fail if the information is not there.

Arien Malec
That is the definition of "optional," is that if something is optional, the message should not fail if it is not sent. That is, in fact, the definition of "optional." With respect to interoperability specification, if you require something and it is marked optional, then you are the bad actor.

Gillian Haney
So, how do we get around this? I think we should have a recommendation…

Arien Malec
You have a different implementation guide where your optional is now required.

Bryant Thomas Karras
No, because if it is required, then it will fail, so we cannot do that, Arien.

Arien Malec
No, that is the very definition of "optional." Again, what I think we are saying is that if there are elements… So, there is a standard implementation guide. There may be local implementation guides that are required jurisdictionally. If there are elements that are important to be flipped from "optional" to "required" in a local implementation guide, they must be tested in a certification program. So, we should put that as preamble text somewhere.

Bryant Thomas Karras
I just have to clarify one more time. Our local implementation guides do not change them to required, they change them…

Arien Malec

That is right. So, definitionally, if you do not change your implementation guide to change an optional element to a required element, then you are the bad actor if a message fails.

Bryant Thomas Karras
Right. So, what we are saying is that those optional data elements in the HL7 definition are still optional, but in jurisdictions where those need to be sent, per the guidance, they should be sent, and they should therefore be tested. Semantics and definitions are important here, so let's not change the meaning of "required." We are authorizing providers to send those. Maybe we are defining what the minimum necessary is in our jurisdiction.

Arien Malec
Yes, so in that case, you are flipping "optional" to "required" in your local implementation guide.

Bryant Thomas Karras
No, we are not making it required, because then it would fail if it was not there.

Arien Malec
Okay, so if it does not fail and it is not there, I am with you that it is optional. If it is optional and it is important for public health, it needs to be tested in the certification program. I am good. My semantics are normalized. I am happy.

Bryant Thomas Karras
Thank you. Sorry to sound so obstinate.

Arien Malec
No, it is good. This is standards geek/public health geek clarifying terminology. We are good.

Gillian Haney
Point of order: Maybe we add it to the vocabulary just to make sure we are all on the same page. Okay, moving forward.

Arien Malec
"Add 'required' versus 'optional.'" Cool. This is reportability responses?

Gillian Haney
These are the trigger codes specifically. Sorry, Erin. Go ahead.

Erin Holt Coyne
Yes, this first one is reportability response, then the trigger codes, and then the next one, I think, is the generation, maintenance, and distribution of trigger codes.

Arien Malec
So, I thought we said in the previous discussion, where we just had a reportability response, that we recommend ONC advance the standard for reportability responses.

Bryant Thomas Karras
We did.

Erin Holt Coyne
So, one was for the sender of the reportability response, and then, this one is the receiver of the reportability response. You can go back up one.

Gillian Haney
Erin is correct.

Arien Malec
Hold on. I just want to be really clear about what we are recommending. So, I think we are recommending that we certify to EICR, and then, are we also recommending that we certify to the reportability response subcomponent of ECR for both sender and receiver?

Leslie Lenert
I agree with that.

Arien Malec
Okay. You all are the people who are closest to this. You have the most on-the-ground experience. Okay, cool.

Leslie Lenert
Now, the question becomes in the certification of the receiver, what do you expect them to do, simply catch it in their mitt or actually do something with it? That needs to be determined. Is it enough to file it away, does it need to be routed to appropriate recipients, etc. I think just catching it in your mitt is a good first step.

Arien Malec
There is an important definition in interoperability about whether you interoperate it and throw it away or whether you incorporate it.

Leslie Lenert
Well, I would set our bar at least at incorporation.

Arien Malec
Incorporate, yes.

Gillian Haney
As far as a specific standard reference, I was not sure if we should include the balloted draft or the continuous build, but I guess we can figure that out in the wordsmithing.

Arien Malec
Yes.

Leslie Lenert

I think that was included in the recommendations of our prior workgroup.

Arien Malec
Yes. This is both EHRs and public health authorities, Erin, 84 and 85.

Erin Holt Coyne
Yes, 84 is…

Arien Malec
Eighty-four is EHRs, 85 is public health systems?

Erin Holt Coyne
Yes.

Arien Malec
Got it, cool. Okay, 21 is re-memorialization of the previous HITAC recommendations. Unfortunately, this is one that Hans went deep on, and Hans is not here.

Gillian Haney
I propose we wait until he comes back because I think this is actually pretty critical.

Arien Malec
Okay. Liz, are we done?

Bryant Thomas Karras
So, we will wait until Hans comes back, but I think it is one of those situations where Hans is recommending we send to the national aggregator, the CDC, or NHSN in this case, but the problem is that national aggregator is not sharing back to the states all the elements. There are some nuanced problems with that centralized model.

Gillian Haney
The other problem is that there is some information that goes directly to states as well as some information that goes up to NHSN, and we might need to make sure that that is recognized.

Arien Malec
I think we got through everything.

Liz Turi
We got through everything, except for that one for Hans.

Arien Malec
Except for that one for Hans, fantastic.

Bryant Thomas Karras

I did reach out to AIRA. On a sidebar, I put it in the chat, but I wanted to make sure you were aware there are two separate certification or testing processes with AIRA. One of them does work with Drummond, and the other one does not, so we need to make sure that we are not inadvertently cutting off half of the process.

Arien Malec
Yes. So, as I said, right now, the current state is that there is a legacy immunization certification program that is the standard certification program, and there is an optional certification program that is the AIRA/HIMSS, and I think we are proposing that we make the AIRA/HIMSS IIP certification criteria test methods the standard test methods.

Bryant Thomas Karras
They apply to different organizations. One applies to the EHRs, and one applies to the IISes. They are not literally the same. They cannot be merged into being the same thing.

Arien Malec
Exactly. The way it works right now is on the EHR side, which is the only place where we have formal ONC certification criteria, technically, the default test method is the legacy test method, and the optional test method is the AIRA test method, and I think, in fact, we want the AIRA test method to be the default test method because it is the one that everybody is working on, it is the one that people are advancing, that takes into account work on the field, and the baseline expectations for interoperability if you test against the legacy one do not take into account all of that goodness.

Bryant Thomas Karras
Right, but you are missing my point, that there is a separate process as well. I think we should be making a recommendation that ONC help assist, fund, and work with CDC to make sure that AIRA has the resources it needs to keep advancing that process, and the way that recommendation currently reads is that ONC should keep working with its subcontractors, not invest in that…

Arien Malec
That is not actually what it says. We can go to the recommendation text. What it says is that we recommend deprecating…

Gillian Haney
I see that Liz has also pulled up the disposition document from which our final recommendations will be drafted. Liz, do you want to just walk us through the mechanics of how this is going to be edited?

Liz Turi
Yes.

Gillian Haney
The big thing that I also want to make sure everybody sees is there is text in there that says this document is current as of a specific date, and subject to change.

Liz Turi

Right. So, I update this whenever I transfer information over. At some point, when everything is transferred over, then we will probably want to remove this note, just so that everybody is aware, because we are going to be in there and editing pretty frequently over the next couple of weeks. So, what I have here are placeholders for sections that are in the transmittal report that will get transferred over. There is a section for introduction text and a section for background text. Also in the final transmittal is the charge, which I did not include here, only because the charge is the charge and we are not editing that, although I may put it in here just for reference.

And then, what we have are each of the sections that we have been tracking in the topics worksheet are here. If the name has changed, like "general recommendations" is the section for all of the overarching, I have put references back to the spreadsheet into brackets, so there is some traceability while we are going through editing. The reason why we have Recommendation 1, 2, etc. is that in the final disposition transmittal document, the recommendations are going to have a specific format and numbering scheme that are not important at this point, but will be important in the final transmittal. And so, I do not want everybody to get confused and say, "Wait, this is Item No. 5." So, the spreadsheet is the spreadsheet, the transmittal is the transmittal; this is where we are doing that linking, just for reference, when we are doing the drafting process.

Arien Malec
Liz, after you do an enormous amount of work to catch up with what we just did right now in the spreadsheet, we will move to the place where… And, in fact, I would actually recommend right now that we just lock and hold off. If you have stuff that you look at in the spreadsheet and you think that is just wrong, I would send a note to Gillian and myself and CC Liz and Mike to make sure that is part of the public record, just in the interim, because we do not want to be editing the spreadsheet while Liz is doing the transfer. Let's just stay out of the spreadsheet for the next little bit, and then, once Liz gets everything transferred over, we will move to the transmittal as our sole method of capturing comments and suggested edits.

Liz Turi
Yes. And in fact, I think on the next homework, we will remove the link to the topics worksheet to that extent, since we just finished going through everything.

Bryant Thomas Karras
Well, it could still be useful for people who have notes.

Arien Malec
That is right. It is a useful reference to remember what it was we are talking about.

Bryant Thomas Karras
Let's wait to remove that.

Arien Malec
Please do not edit it.

Liz Turi
We will change the text around it, saying, "Please use for review, not for editing."

Bryant Thomas Karras
Perfect, or make it a comment.

Liz Turi
Actually, I would recommend moving comments entirely over to this document because they are far more visible in this document than they are in the spreadsheet.

Arien Malec
We are going to look at the topics worksheet for reference to make sure we did not forget anything, but we are not going to keep current with any comments that go into that worksheet. If you make comments, make comments against the transmittal, and then we will have the mechanism for tracking for those comments.

Liz Turi
So, for your reference, most people in the taskforce only have access to suggesting mode. That is the equivalent to the Word version that is commenting mode. Even if you delete, suggesting mode will not actually delete it, it will show it as an edit, and you will be able to update your comment as to why you might want to remove a piece.

Arien Malec
Yeah, it is red-line mode. It works really well. It is basically red-line mode if you are used to Office products.

Liz Turi
Yes. Is there anything else? So, this will all be populated within the next couple of days, so you should see everything that we discussed today included in here.

Gillian Haney
And you will send a link out to everyone?

Liz Turi
Yes. So, we already did send a link in this week's homework. We will continue with including it in the homework, so you will see it. Just for helpful reference, I find that using outline mode is very, very helpful in skipping through and understanding where everything is. Unfortunately, you cannot expand it, but you can hover over to see the full comment if you need to. Any other questions on the working document?

Arien Malec
At this point, since we accomplished everything we set out to accomplish in the workgroup, I think we should go to public comment and give our brains a little bit of a rest. Liz and the taskforce chairs will be hard at work over the next couple of days just to make sure we get everything incorporated and do an editing pass just to make sure everything reads appropriately. Liz, just structurally, I have some time this afternoon after 3:00 my time, so if there is a way you can pass it on to me so I can do an editing pass, that would be fantastic. Should we move to public comment?

Public Comment (02:18:10)

Michael Berry
Yes. 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 raise function, which is located on the Zoom toolbar at the bottom of your screen. If you are on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. So, let's pause for a moment to see if anyone raises their hand. I am not seeing any hands raised, so I will turn it back to you, Arien and Gillian.

Arien Malec
All right. Is there anything more we want to discuss right now, or should we just give ourselves back 10 minutes? My brain, at least, is full at this point, and this cold or whatever respiratory infection that I got in Tennessee, and thank you, Erin, is whacking me pretty hard.

Gillian Haney
Well, I certainly hope you feel better. I just want to say wow, we go through a lot of stuff today and made huge amounts of progress. Thank you very much to everybody.

Next Steps (02:19:14)

Arien Malec
Indeed. We will land this plane, and we will land it well. I think we have a lot of really good input. It is going to take a bunch of drafting to make sure that input actually reads well for ONC, but with some hard work next week, we can walk away being confident that we are providing really, really amazing recommendations to the HITAC, and then, from there on to national coordinator. We will use that 11/9 date if we really, really have to, but let's try to see if we can get through to good final draft on 11/2 next week.

Gillian Haney
Okay. Thank you.

Arien Malec
Thank you, everybody.

Adjourn (02:20:06)