

# Health Information Technology Advisory Committee (HITAC)

**VIRTUAL**

**Meeting Notes | January 19, 2023, 11 AM – 3 PM ET**

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## **EXECUTIVE SUMMARY**

**Micky Tripathi**, the National Coordinator for Health IT, Office of National Coordinator (ONC), welcomed everyone to the January 19, 2023, virtual meeting of the HITAC, provided HITAC membership updates, and provided an overview of ONC's recent program updates. The co-chairs of the HITAC, **Medell Briggs-Malonson** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, initiated member introductions, and presented the minutes from the November 10, 2022, HITAC meeting, which were approved by voice vote. **Al Taylor** presented an overview of Draft USCDI v4. **Mike Berry** presented an overview of the HITAC 2023 Final Work Plan. **Larry Jessup, David Kendrick, Laura McCrary, Chris Guerrero, Mel Talley,** and **Bryna Stacey** presented STAR HIE Awardee Program Updates. **Elise Sweeney Anthony** and **Avinash Shanbhag** presented ONC updates. **Aaron Miri** and **Medell Briggs-Malonson** presented a HITAC Annual Report Workgroup Update. HITAC members held public discussion sessions following each presentation. There was a robust discussion in the public meeting chat via Zoom.


## **AGENDA**

11:00 AM	Call to Order/Roll Call
11:05 AM	Welcome Remarks
11:15 AM	Opening Remarks, Review of Agenda and November 10, 2022, Meeting Notes- HITAC Vote
11:20 AM	Introduction of HITAC Members and Federal Representatives
11:40 AM	Overview of Draft USCDI Version 4
12:10 PM	HITAC 2023 Final Work Plan
12:25 PM	Break
12:40 PM	STAR HIE Awardee Program Updates
1:50 PM	ONC Updates
2:20 PM	HITAC Annual Report Workgroup Update
2:50 PM	Public Comment
3:00 PM	Final Remarks and Adjourn

## **CALL TO ORDER/ROLL CALL**

**Mike Berry**, Designated Federal Officer, ONC, called the January 19, 2023, meeting to order at 11:02 AM and welcomed ONC's executive leadership team.

**Mike** asked HITAC members to voluntarily disclose any potential conflicts of interest during the roll call. **Sarah DeSilvey** disclosed she is the Director of Terminology for the Gravity Project which receives ONC funding as part of an ONC Cooperative Agreement. **Hannah Galvin** disclosed she is the Co-founder and Co-board Chair of Shift, an independent healthcare task force for equitable interoperability. ONC sits on Shift's



board in a non-voting capacity. **Hannah** does not receive financial compensation for her work on Shift. **Bryant Thomas Karras** has no conflicts but disclosed he is a member of CDC's advisory committee for the Data and Surveillance Workgroup. **Kensaku Kawamoto** disclosed he has sponsored consulting and co-development relations with Pfizer, Hitachi, RTI, and NORC. **Steven Lane** disclosed he serves on the board of The Sequoia Project, is the chair of the Steering Committee for Carequality and works for Health Gorilla with projects related to TEFCA. **Hung Luu** disclosed he is involved in several interoperability research projects, receives financial compensation from the FDA relating to these projects, and has been appointed to the Clinical Laboratory Improvement Advisory Committee by the CDC. **Deven McGraw** has no conflicts but disclosed she serves on the same CDC advisory committee as **Bryant**. **Aaron Neinstein** disclosed he has received research funding from Eli Lilly, Pfizer, Philips, and Cisco and has received consulting fees from Roche, Sanofi, Medtronic, Eli Lilly, and Intuity Medical. **Eliel Oliveira** disclosed he is the principal investigator of the ONC LEAP award and has an equity stake in a small health IT startup company. **Sheryl Turney** has no conflicts of interest but disclosed she has been voted into the Steering Committee for FAST and appointed to the Carequality Advisory Council.

## ROLL CALL

Medell Briggs-Malonson, UCLA Health, Co-Chair  
Aaron Miri, Baptist Health, Co-Chair  
Shila Blend, North Dakota Health Information Network  
Hans Buitendijk, Oracle Health  
Sarah DeSilvey, Larner College of Medicine, University of Vermont  
Steven (Ike) Eichner, Texas Department of State Health Services  
Cynthia A. Fisher, PatientRightsAdvocate.org  
Lisa Frey, St. Elizabeth Healthcare  
Hannah Galvin, Cambridge Health Alliance  
Rajesh Godavarthi, MCG Health, part of the Hearst Health network  
Valerie Grey, State University of New York  
Jim Jirjis, HCA Healthcare  
Bryant Thomas Karras, Washington State Department of Health  
Kensaku Kawamoto, University of Utah Health  
Steven Lane, Health Gorilla  
Hung S. Luu, Children's Health  
Arien Malec, Change Healthcare  
Anna McCollister, Individual  
Clem McDonald, National Library of Medicine  
Deven McGraw, Invitae Corporation  
Aaron Neinstein, UCSF Health  
Eliel Oliveira, Dell Medical School, University of Texas at Austin  
Kikelomo Adedayo Oshunkentan, Pegasystems  
Naresh Sundar Rajan, CyncHealth  
Alexis Snyder, Individual  
Fillipe Southerland, Yardi Systems, Inc.  
Sheryl Turney, Elevance Health

## HITAC MEMBERS NOT IN ATTENDANCE

Steven Hester, Norton Healthcare



## FEDERAL REPRESENTATIVES

Thomas Cantilina, Military Health System, Department of Defense (DoD) *(Absent)*  
Adi V. Gundlapalli, Centers for Disease Control and Prevention (CDC)  
Ram Iyer, Food and Drug Administration (FDA) *(Absent)*  
Meg Marshall, Department of Veterans Affairs  
Alex Mugge, Centers for Medicare and Medicaid Services *(attending on behalf of Michelle Schreiber)*  
Ram Sriram, National Institute of Standards and Technology  
Nara Um, Federal Electronic Health Record Modernization (FEHRM) Office *(Absent)*

## ONC STAFF

Micky Tripathi, National Coordinator for Health Information Technology  
Steven Posnack, Deputy National Coordinator for Health Information Technology  
Elise Sweeney Anthony, Executive Director, Office of Policy  
Avinash Shanbhag, Executive Director, Office of Technology  
Mike Berry, Designated Federal Officer

## WELCOME REMARKS

**Micky Tripathi**, the National Coordinator for Health IT, welcomed everyone and thanked HITAC members and federal representatives for their hard work over the years. **Micky** shared that ONC published a [blog post](#) which highlights the HITAC's 2022 work accomplished and 2023 planned activities. **Micky** welcomed the eight newly appointed members who will serve three-year terms on the HITAC: **Kikelomo Oshunkentan, Shila Blend, Sarah DeSilvey, Hannah Galvin, Bryant Thomas Karras, Anna McCollister, Deven McGraw, and Naresh Sundar Rajan**. Additionally, he welcomed **Meg Marshall**, who will represent the VA, and **Nara Um**, who will represent the FEHRM, on the HITAC, and he thanked **Jonathan Nebeker** for his years of service. **Micky** announced plans for two in-person HITAC meetings this year; dates and more information are pending.

**Micky** provided an overview of ONC's recent program updates, including:



- ONC release of draft USCDI v4. The Interoperability Standards Workgroup will be reconvening to review this draft release.
- ONC release of the 2023 Interoperability Standards Advisory (ISA) Reference Addition. Notable updates include new human services and pharmacy interoperability subsections. Comments are welcome year-round from all participants.
- Fall 2022 Unified Agenda. The Office of Management and Budget (OMB) has laid out rulemaking by different federal agencies over the next year. Notably, there are three upcoming ONC Notices of Proposed Rule Making (NPRM): the first is around ONC Health IT Certification program updates; the second is around the establishment of provider disincentives for healthcare providers who have committed information blocking; the third is around patient engagement, information sharing, and public health interoperability.
- The Sequoia Project. In Sept 2022, The Sequoia Project started the application process for networks to become a Qualified Health Information Network (QHIN). On Monday, Feb 13, 2023, ONC and The Sequoia Project will host an event in the Great Hall at the Humphrey building of Washington, DC, to announce the first group of candidates with approved QHIN applications.

## Opening Remarks, Review of Agenda and November 10, 2022 Meeting Notes – HITAC Vote

**Aaron Miri** and **Medell Briggs-Malonson**, HITAC co-chairs, welcomed members.

**Aaron Miri** reviewed the meeting agenda and invited members to examine the minutes from the November 10, 2022, HITAC meeting. **Steven Lane** made a motion to approve the minutes. The motion was seconded by **Jim Jirjis**.

**The HITAC approved the November 10, 2022, meeting minutes by voice vote. The following members abstained: Shila Blend, Sarah DeSilvey, Hannah Galvin, Bryant Thomas Karras, Anna McCollister, Deven McGraw, and Naresh Sundar Rajan. No members opposed.**

## Introduction of HITAC Members and Federal Representatives

**Aaron Miri** and **Medell Briggs-Malonson** invited HITAC members and Federal Representatives to introduce themselves.

- **Aaron Miri** is the Senior Vice President and Chief Digital Information Officer for Baptist Health.
- **Medell Briggs-Malonson** is the Chief of Health Equity, Diversity, and Inclusion for UCLA Health, as well as an Associate Professor of Emergency Medicine at the David Geffen School of Medicine.
- **Shila Blend** is the Health IT Director for North Dakota Health Information Network. In addition, **Shila** serves as a subject matter expert on an emergency medical services (EMS) committee and serves as adjunct faculty for the University of Mary.



- **Hans Buitendijk** is the Director of Interoperability Strategy for Oracle Health and participates in numerous industry groups, including The Sequoia Project, Carequality and CommonWell Health Alliance, to increase the adoption of standards-based interoperability.
- **Sarah DeSilvey**, a rural practitioner in Vermont, serves as the Directory of Terminology for the Gravity Project and consults with Yale regarding electronic clinical quality measures (eCQMs) and social determinants of health (SDOH) topics.
- **Steven (Ike) Eichner** is the Health IT Lead for the Texas Department of State Health Services, state and territorial epidemiologist, and is active in multiple HL7 Work Groups and national public health organizations. **Steven** has experience working with rare diseases and privacy of data exchange related to research and specialty care.
- **Cynthia A. Fisher** is the Founder and Chairman of PatientRightsAdvocate.org.
- **Lisa Frey** is the Executive Vice President for legal services and general counsel for St. Elizabeth Healthcare.
- **Hannah Galvin** is a pediatrician and serves as Chief Medical Information Officer for the Cambridge Health Alliance, an Associate Professor of Medicine at Tufts University School of Medicine, and the Co-founder and Co-Board Chair of Shift.
- **Rajesh Godavarthi** is the Associate Vice President of Technology and Interoperability for MCG Health and serves on multiple HL7 FHIR Accelerators.
- **Valerie Grey** is the Senior Vice Chancellor for Health and Hospitals at the State University of New York system.
- **Jim Jirjis** is the Chief Health Information Officer for HCA Healthcare.
- **Bryant Thomas Karras** is the Chief Medical Informatics Officer for the Washington State Department of Health and serves as an internal medicine doctor, biomedical engineer, and senior epidemiologist.
- **Kensaku Kawamoto** is the Professor of Biomedical Informatics at the University of Utah Health and is engaged in numerous HL7 initiatives.
- **Steven Lane** is a practicing family physician for Sutter Health, Chief Medical Officer for Health Gorilla, board member for The Sequoia Project, Chair of Carequality Steering Committee, and member of HL7 DaVinci Project Clinical Council. He also works alongside **Hannah Galvin** in Shift and **Deven McGraw** in multiple privacy-related efforts, including Civitas and California projects.
- **Hung S. Luu** is an Associate Professor at UT Southwestern Medical Center, Director of Clinical Pathology for Children's Health, and is involved in laboratory data interoperability work for Shield.
- **Arien Malec** is the Lead of Clinical Engineering at Change Healthcare which is part of Optum Insights, and has been involved in health informatics across numerous fields.
- **Anna McCollister** is an independent consultant focused on patient data use, access, and governance. **Anna** has worked at two health technology startups, has been active in advocating patient-centered health IT policies at the federal level, serves on numerous advisory committees, assisted in the creation of the Cares Act, and is the founder of a patient hacker movement in the Type I diabetes space.
- **Deven McGraw** is the Lead for Data Stewardship and Sharing at Invitae Corporation, serves on the IRB, and is a board member for CARIN Alliance and MedEx. **Deven** previously served as the Director of Health Information and Privacy at the HHS Office of Civil Rights and as the acting Chief Privacy Officer at ONC.
- **Aaron Neinstein** is Vice President of Digital Health for UCSF Health, Associate Professor of Medicine, and a practicing endocrinologist specializing in diabetes care.
- **Eliei Oliveira** is the Director of Research and Innovation for Dell Medical School, University of Texas at Austin, the Health Informatics Team Lead at the Department of Public Health,



and is the PI on projects relating to health technology. Through his projects, **Eliel** is involved with multiple organizations, including the Gravity Project and Civitas, and numerous HIEs.

- **Kikelomo Oshunkentan** is board certified in internal medicine with an MPH and MBA. She has experience in clinical health and working as Medical Director of Blue Cross Blue Shield. **Kikelomo** currently serves as Chief Medical Officer of Pegasystems.
- **Naresh Sundar Rajan** is the Chief Data Officer for CyncHealth.
- **Alexis Snyder** is a patient and stakeholder engagement specialist with a focus on health IT, patient-centered outcomes research, and family-centered care and engagement. **Alexis** is also a caregiver with lived experience in complex care, disability, and rare disease.
- **Fillipe Southerland** is the Director of Healthcare Solutions for Yardi Systems, Inc. focusing on the long-term care post-acute care space.
- **Sheryl Turney** is the Enterprise Lead for Interoperability and Data Use for Elevance Health.
- **Clem McDonald** is the Chief Health Data Standards Officer at the National Library of Medicine (NLM).
- **Adi V. Gundlapalli** is the Chief Public Health Informatics Officer at the Center for Surveillance, Epidemiology, and Lab Services for the CDC.
- **Meg Marshall** is the Director of Regulatory Affairs for the Department of Veterans Affairs.
- **Alex Mugge** is the Director and Deputy Chief Informatics Officer, Health Informatics and Interoperability Group at the Centers for Medicare & Medicaid Services. **Alex** is attending on behalf of Michelle Schreiber.
- **Ram Sriram** is the Chief of Software and Systems Division for the National Institute of Standards and Technology (NIST) and lead of the Health IT Program.

## Overview of Draft USCDI Version 4

**AI Taylor**, Medical Informatics Officer, ONC, serves as the lead for USCDI-related work. **AI** presented an [Overview of Draft USCDI Version 4 \(v4\)](#).

**AI** presented newly submitted data elements, comments received on previously submitted data elements at various levels of maturity, and rationale for the prioritization of data elements. He then presented proposed new elements for inclusion in the draft USCDI v4. Of note, a new data class has been added, facility information. **AI** described details and rationale for listed data elements within the proposed data classes.

**AI** presented a summary table of draft USCDI v4, detailed in presentation slides. New data classes and elements are indicated by stars and triangles indicate a new name. Assessment and Plan of Care data class and element have been renamed to the Patient Summary and Plan; this was not indicated in the summary table.

**AI** reviewed a timeline for public feedback and finalization of USCDI v4, detailed in presentation slides. Feedback is due on April 17<sup>th</sup> at midnight. ONC is seeking feedback on data elements in draft USCDI v4 as well as data elements of level 2+ maturity that were not included in draft USCDI v4. ONC is also seeking specific input on the following:

- ONC's approach to adding treatment intervention preference and care experience preference to the goals data class.
- ONC's approach to adding medication reconciliation data elements.
- ONC's approach to whether adding a single time and procedure data element does address the need for exchanging valuable time elements.

## Discussion:



- **Anna McCollister** inquired about the inclusion of outpatient data in USCDI. **AI** explained that USCDI's data elements address both inpatient and outpatient data elements equally. USCDI is a set of data elements that certified health IT must exchange. It is not limited to provider-collected data.
- **Alexis Snyder** noted that advance directives are not a goal; it is important to separate advance directives from goals. **AI** explained that the two proposed patient preference USCDI data elements inform the advance care planning process, but are not themselves advance directives. **Alexis** suggested that advance directives be included as a separate data element.
- **Rajesh Godavarthi** suggested order information data elements are included in USCDI as order information triggers many workflows. **AI** noted that ONC has considered adding data elements unique to orders and has received data element submissions.
- **Hans Buitendijk** clarified that USCDI is to be applied to any HIT that is certified, not just EHRs. **Hans** noted this perspective is important to consider moving forward. **AI** agreed with **Hans'** statement.
- **Kensaku Kawamoto** suggested the addition of smoking status data elements in USCDI v4.

## HITAC 2023 Final Work Plan

**Mike Berry** presented an overview of the [HITAC 2023 Final Work Plan](#).

**Mike** introduced the Interoperability Standards Workgroup (IS WG), detailed in the presentation slides. The IS WG will convene starting this month with a charge to review USCDI v4. Its co-chairs are **Sarah DeSilvey** and **Naresh Sundar Rajan**. HITAC members interested in joining this workgroup can contact **Mike** to be added to the roster.

**Mike** reviewed the HITAC meeting schedule, detailed in the presentation slides. Of note, **Steven Lane** and **Steven (Ike) Eichner** have been selected as co-chairs of the ONC NPRM Task Force. This task force is pending release of the NPRM but anticipates meeting on Tuesdays and Thursdays.

**Mike** reviewed topics for HITAC discussion in 2023, detailed in slides. Items in orange are newly incorporated topics suggested from the Nov 2022 HITAC meeting. HITAC members are invited to submit additional topics for consideration.

### Discussion:

- **Steven (Ike) Eichner** suggested a HITAC discussion on the definition of Health Equity.
- **Clem McDonald** inquired about the ONC NPRM Task Force. **Mike** explained this task force will convene in 2023; dates are pending.


## Break

**Mike Berry** reconvened the HITAC at 12:35 PM.

## STAR HIE Awardee Program Updates

**Larry Jessup**, ONC, welcomed HITAC members and introduced STAR HIE Awardee presenters. The STAR HIE program is a \$5 million dollar initiative launched in 2020 to improve HIE services that benefit public health





agencies and increase data sharing between immunization information systems and HIEs with a focus on reducing the impact of COVID-19.

**David Kendrick**, MyHealth Access Network, presented on STAR HIE Awardee program impacts on MyHealth Access Network, detailed in [presentation slides](#). The STAR HIE Awardee program has been used to normalize COVID-19 codes, support the Oklahoma State Department of Health, and connect with the Blue Cross Blue Shield of Oklahoma Healthcare Recovery Project. **David** presented COVID-19 data and its application in quantifying and comparing positivity, hospitalization, and associations in the populations across the state of Oklahoma.

**Laura McCrary**, KONZA National Network, presented an overview of KONZA National Network and STAR HIE Awardee program impacts, detailed in [presentation slides](#). KONZA was set up as a health exchange model expanding upon the structure of the Kansas Health Information Network (KHIN), a health exchange model limited to Kansas. The STAR HIE Awardee program has been utilized to develop TRANSLATE and immunization registries, COVID-19 Registry, and HQ insights dashboards. **Chris Guerrero**, KONZA National Network, presented on the development of TRANSLATE and immunization registries, detailed in presentation slides. **Mel Talley**, KHIN, presented on the COVID-19 Registry and HQ insights dashboards, detailed in presentation slides. **Bryna Stacey** and **Chris** explained how the STAR HIE allowed for an increased engagement with public health agencies, detailed in presentation slides.

### Discussion:

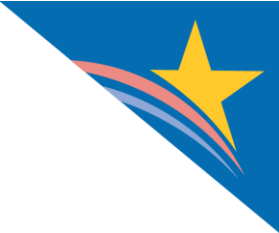
- **Medell Briggs-Malonson** inquired if MyHealth Access allows for differential incidental COVID-19 findings in data. **David** confirmed that his system does have this capability.
- **Bryant Thomas Karras** inquired if issues arose from case counts and positivity rates that differ from HIEs and the public health department. **Laura** noted there were issues in differing counts of positive cases attributed to hospitals failing to report all positive cases to public health agencies. **David** shared **Laura's** challenges and noted misalignment in data was also attributed to public state departments in his area utilizing a different method for calculating positivity that did not require negative test information.
- **Steven (Ike) Eichner** noted the Public Health **Surveillance** Data Project has developed COVID-19 terminology that may be of use. There is also work going on relating to national hospital surveys and data reporting improvements.

### ONC Updates

**Medell Briggs-Malonson** introduced **Elise Sweeney Anthony**, ONC, and **Avinash Shanbhag**, ONC, to present ONC updates.

**Elise** presented the [Overview and Updates of the Office of Policy](#) and highlighted the importance of coordination of ONC's multiple programs and focus areas. **Elise** presented on the following programs:





- STAR HIE Program was highlighted in earlier agenda items. **Elise** shared that ONC is in the process of developing and publishing blog content around this project.
- TEFCA was established in 2016 to support data exchange across networks. As of 2023, ONC has now put in place a common agreement moving toward the QHIN technical framework. As of January 2023, the Recognized Coordinating Entity (RCE) has received six applications from prospective QHINs. Additional information on TEFCA and its operational aspects can be found on ONC's website.
- The PHIT Workforce Program aims to increase and diversify the number of public health professionals in health informatics and technology. PHIT grantees aim to work in a consortium environment to shape the public health landscape.
- The SDOH Information Exchange Learning Forum will reconvene in 2023. This project aims to support SDOH information exchange through a variety of perspectives. To accompany the learning forum, an SDOH Toolkit will be released in early 2023.
- The Neonatal Abstinence Syndrome Informational Resource supports pediatric care and practice setting specific to neonatal abstinence syndrome.
- The Fall 2022 Unified Agenda details federal rules, including ONC-wide rules.

**Avinash** presented an [Overview and Updates of the Office of Technology](#). **Avinash** explained the divisions within the Office of Technology and highlighted the importance of ONC Certification as the foundation of Health IT. **Avinash** reviewed ONC's involvement in the HL7 FHIR specification with monitoring of FHIR APIs and support of FHIR through HL7 FHIR Accelerators, including FAST, Helios, and the Gravity Project.

#### Discussion:

- **Steven (Ike) Eichner** suggested that the factor of physical disability be included in the PHIT Workforce Program and other initiatives. Individuals with physical disabilities will be greatly impacted by public health in reporting measures and participation in related initiatives. **Medell** agreed with **Steven (Ike) Eichner's** comment.

## HITAC Annual Report Workgroup Update

**Aaron Miri** and **Medell Briggs-Malonson**, workgroup co-chairs, presented the [HITAC Annual Report Workgroup Update](#). **Aaron** reviewed the workgroup charge, membership, meeting schedule, and next steps detailed in the presentation slides. **Medell** and **Aaron Miri** reviewed the [Draft HITAC Annual Report](#) topics and outline, detailed in presentation slides.

Topics are grouped into five primary target areas permissible under the Cures Act:

- Design and Use of Technologies that Advance Health Equity
- Use of Technologies that Support Public Health
- Interoperability
- Privacy and Security
- Patient Access to Information

**Aaron Miri** invited HITAC members to share comments, revisions, and ideas for the “parking lot” list.

**Medell** reviewed the [Draft Supplemental Background Research Document](#) to accompany the Annual Report, detailed in presentation slides.



## Discussion:

- **Clem McDonald** inquired where HITAC members can find the Annual Report documents. **Aaron** noted documents are available on the HITAC website. **Deven McGraw** noted documents were shared via email.
- **Deven** inquired about what aspects of the Annual Report new HITAC members should review. **Aaron Miri** explained that all HITAC members are invited to comment on all aspects of the report.
- **Aaron Miri** and **Medell** noted the Annual Report is useful in catching new members up to speed with HITAC operations.

## PUBLIC COMMENT

**Mike Berry** opened the meeting for public comments.

## QUESTIONS AND COMMENTS RECEIVED VERBALLY

No public comments were received verbally.

## QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the January HITAC meeting. We will be starting soon. Please remember to tag "Everyone" in the Zoom chat feature if you want all to see your chat.

Susan Clark: So happy to see Shila as a new member to represent the rural health and state government domains!

Wendy Noboa: <https://www.healthit.gov/buzz-blog/health-it/oncs-health-information-technology-advisory-committee-2022-recap-and-a-look-ahead-to-2023>

Medell K. Briggs-Malonson: Wonderful news!

Kim Boyd: Great efforts! Thank you HITAC for continuing to progress these important initiatives.

Seth Pazinski: 2023 Interoperability Standards Advisory (ISA) Reference Edition  
<https://www.healthit.gov/buzz-blog/interoperability/2023-isa-reference-edition-is-here>

Seth Pazinski: Draft USCDI Version 4 <https://www.healthit.gov/sites/isa/files/2023-01/Draft-USCDI-Version-4-January-2023-Final.pdf>


Seth Pazinski: ONC Health IT Standards Bulletin [https://www.healthit.gov/sites/default/files/page/2023-01/Standards\\_Bulletin\\_2023-1.pdf](https://www.healthit.gov/sites/default/files/page/2023-01/Standards_Bulletin_2023-1.pdf)

Aaron Miri: Super exciting news on the QHIN candidate announcements on Monday Feb 13th !

Susan Clark: 😊

Valerie Grey: Congratulations on this national network milestone!

Accel Solutions: The recording for this meeting will be posted on HealthIT.gov (after the meeting has adjourned): <https://www.healthit.gov/hitac/events/health-it-advisory-committee-52>



Deven McGraw: Anna, are you referring to that data generated from patients/patient devices, because I think those categories are already included from clinical outpatient settings (or at least some of them - not BG meters or CGMs)

Hans Buitendijk: Can you clarify whether USCDI is specific to EHRs that wish to be certified, or any HIT that wishes to be certified?

Aaron Miri: Hopefully as an industry , we can accelerate adoption of newer USCDI versions

Steven Lane: Blood Glucose is a laboratory test result data element and Provenance allows the specification of the author's organization, so the USCDI includes elements that would support the transmission of patient-generated glucose measurements. Having said that, there is broad and persistent interest in supporting the discrete exchange of PGHD generally, home test results as a subset of this, and glucose data, either individually collected or continuously monitored as a specific result. This will surely be discussed again this year by the Interop Standards WG and can be supported through public comment.

Steve Posnack: @Hans, the USCDI at it's foundational level is about coordinating, prioritizing and focusing industry/health system wide consistency and standardization on US core data for interoperability - not just certified EHR interoperability. The USCDI stands alone as a stewarded/curated process and standard. It also happens to be "brought to life" through certain certification criteria as policy relevant.

Hans Buitendijk: @Steve: Thank you for confirming that it is not limited to EHRs wishing to be certified.

Steve Posnack: to note, also, our certification program applies to health IT, not necessarily limited to what are considering traditional EHRs

Hans Buitendijk: We indeed need to always be clear that the intended to address more HIT than EHRs only.

Clem McDonald: what is the status of the NPRM that had begun to emerge but then backed away

Susan Clark: I believe that NPRM you are talking about is now the current NPRM for interoperability and ePrior Auth.

Susan Clark: <https://www.federalregister.gov/documents/2022/12/13/2022-26479/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability>

Hung S. Luu: Provenance is important for the reasons Steven Lane articulated, but also needs information on the device (instrument IID and reagent kit ID) that generated the results so any issues with specific devices can be detected and addressed. Also important for generation of real world data for regulatory decision making.

Steven Lane: +1 @Hung. The ISWG and HITAC did recommend the inclusion of these additional data elements last year.

Clem McDonald: many of the elements apply to both outpatient and inpatient

Sarah DeSilvey: that seems wise, Aaron. and thank you, Anna!

Fil Southerland: Given the broad applicability of USCDI to Health IT, do we have the opportunity to look at expanding the certification program to encompass a similar scope of settings across the care continuum outside of acute/ambulatory environments e.g. LTPAC, Home and Community-Based Services, Behavioral Health to expand participation.



Steven Lane: Advance directives have been discussed as a needed data element every year that we have revisited the USCDI and has been recommended repeatedly for inclusion. These are currently “leveled” as Level 2, meaning that they are felt by ONC to be of sufficient maturity for inclusion in a published version of USCDI. As such, these could be added to Version 4 and can be supported through public comment and HITAC recommendation. <https://www.healthit.gov/isa/uscdi-data-class/advance-directives#level-2>

Steven Lane: Tobacco Use is levels as a Comment in the current USCDI web site:  
<https://www.healthit.gov/isa/uscdi-data-class/substance-use#comment>

Susan Clark: +1 Fil

Kensaku Kawamoto: We would need: 1) length of smoking and 2) average packs per day. Also if possible 3) when quit. I have already suggested these in the USCDI comments previously. CMS and AHRQ/USPSTF require these elements

Clem McDonald: I support Ken's suggestions strongly

Aaron Miri: @ken, if only there was the equivalent of a UDI for every pack of cigarettes sold.....

Sarah DeSilvey: +1 Ken

Medell K. Briggs-Malonson: Great suggestions, Ken.

Sarah DeSilvey: Honored to assist in this critical work.

Naresh Sundar Rajan: Thank you for the opportunity, again.

Steven Lane: @Ken - See the various data elements that are leveled as Comment:  
<https://www.healthit.gov/isa/uscdi-data-class/smoking-status#comment> including Consumption, pack-years, and quit date.

Pooja Babbrah: Great to see the focus on pharmacy interoperability task force and I'm excited to serve on the interoperability standards workgroup. Thank you for the opportunity

Steven Lane: Very excited and honored to serve as a co-chair of the NPRM TF with @Ike. Can't wait to get started.

Fil Southerland: +1 Shelly

Sarah DeSilvey: thank you!

Kim Boyd: Thank you - excited for the focus on the pharmacy interoperability task force - will be very beneficial to patients and the pharmacy community


Aaron Miri: This is a fascinating histogram. I wonder how many duplicates are also across those systems

Aaron Miri: Without a unique patient identifier, I fear we will never know

Susan Clark: +1 and amen Aaron

Aaron Miri: I notice Florida has no connecting HIE.... :-(

Medell K. Briggs-Malonson: I'm curious about how many of the inpatient admissions are incidental Covid vs Covid as the primary diagnosis? Does the database differentiate?



Aaron Miri: +1 Medell. And how many initial diagnosis that wasn't covid-19 has been normalized later on?  
e.g.: what data is missing due to incorrect initial assessment

Medell K. Briggs-Malonson: @Aaron, agree!

Hannah K. Galvin: @Medell and @Aaron one way some have done this is to look at inpatients with a COVID diagnosis who received dexamethasone during the hospitalization = primary COVID diagnosis.

Kikelomo (Dayo) Oshunkentan: I'm also curious about how the LOS has been impacted - at onset of COVID and now. I have seen a substantial decrease in LOS here. I wonder if I can extrapolate that as a widespread assumption.

David Kendrick: I have a LOS chart showing the trends of inpatient and ICU LOS from the beginning of the pandemic if you are interested @dayo

Kikelomo (Dayo) Oshunkentan: @David - I would love to see that!

Kikelomo (Dayo) Oshunkentan: Thank you

Aaron Miri: Three cheers to all of the regional HIE's / RHIO's who have been heroically doing their thing for years/decades.

Kikelomo (Dayo) Oshunkentan: +1 - agreed! Strong work (and much needed), indeed

Deven McGraw: It is a testament to the hard work of these HIEs and their dedication to serving their communities. It also underscores the contributions that the existing health information infrastructure have made - and can make - as we expand the purposes and expectations of electronic health information sharing under TEFCA.

Hannah K. Galvin: I'm interested in learning more about the patient matching algorithms used by these state immunization registries; patient matching has remained a major barrier in my state, and I echo Aaron's previous comment about the need for a national patient identifier.

Medell K. Briggs-Malonson: Konza, amazing improvement of the race/ethnicity data. Was that patient self-reported data or observer reported data?

David Kendrick: Our experience is that patient matching in the vaccination registry is somewhat primitive, primarily because of the limited data elements available to them for matching. Once we began receiving the vaccination data from the state and processing it into our HIE master patient index, we were able to significantly enrich the identities with additional demographics and clean up many of the duplicated and overlaid identities. Feeding this information back to the immunization registry is a project we have proposed to do.

Hannah K. Galvin: @David - great to hear! I'd look forward to hearing more about this project and your successes in feeding this info back.

Julie Maas: Agree with concerns about patient matching & am looking forward to following this group's work on Unique Patient Identifier. The HL7 Interoperable Identity and Patient Matching IG and its hl7\_identifier goes a long way to address this and is almost finished with ballot; should be published as STU in next couple of months. <https://build.fhir.org/ig/HL7/fhir-identity-matching-ig/digital-identity.html>



Deven McGraw: HIPAA expressly permits disclosures to public health authorities acting in the bounds of their authority. So not an “exemption” but an express permission. Agree lots of misunderstanding of this on the part of HIPAA covered entities and business associates.

Aaron Miri: Pro Tip: Good FAQ that the OCR put out regarding HIPAA and HIE's:  
<https://www.hhs.gov/sites/default/files/hie-faqs.pdf>

Melissa Talley: @Medell

Melissa Talley: @ Medell-The race and ethnicity data comes in from the EHR, and could be variable, but most often is self reported at the point of entry at registration.

Aaron Miri: @Melissa - I've found the native default options generally available under race / sex / etc. to be very limited compared to the 21st century melting pot that our wonderful country is

Medell K. Briggs-Malonson: @Melissa, thank you. Patient self-reported demographic data is the gold standard, but many of our provider and public health systems continue to run into logistical challenges collecting it.

Aaron Miri: +1 David Kendrick for the ChatGPT shout out

Bryna Stacey: Thank you @Deven McGraw for clarifying that point. I knew that its not exactly an exemption, though that is the way a lot of the epidemiologists here use to describe to people because I think it gets to the point and many don't understand all the intricacies of the CFR rules. But again thank you for the information because I was hoping someone could speak to the more technical terms of the situation 😊

Deven McGraw: @Bryna, yes the outcome is the same - and I hear it articulated that way frequently! Just wanted to add some additional info to help others understand 😊

Steven Lane: As provider actors subject to Information Blocking prohibitions, it is sad to hear that Reference Labs presented challenges to data access.

Steven Lane: The ONC web portal at <https://inquiry.healthit.gov/support/plugins/servlet/desk/portal/6> can be used to report concerns about possible Information Blocking. It seems that this may be necessary when labs do not make data available “without special effort” upon valid request.

Zahid Ali Ashraf: Great to hear fantastic works 🙌

Zahid Ali Ashraf: there are startups working on solving patient navigation and matching using AI.

Seth Pazinski: Unified Agenda


[https://www.reginfo.gov/public/do/eAgendaMain?operation=OPERATION\\_GET\\_AGENCY\\_RULE\\_LIST&currentPub=true&agencyCode=&showStage=active&agencyCd=0900&csrf\\_token=E732C2AFDE56787D11ED7B7625EA29F5799459768D0662F1E498C4972E74BE3A825D12E13B283BFCA0384FF8B784E63532F2](https://www.reginfo.gov/public/do/eAgendaMain?operation=OPERATION_GET_AGENCY_RULE_LIST&currentPub=true&agencyCode=&showStage=active&agencyCd=0900&csrf_token=E732C2AFDE56787D11ED7B7625EA29F5799459768D0662F1E498C4972E74BE3A825D12E13B283BFCA0384FF8B784E63532F2)

Zhan Caplan: if you don't receive ONC's weekly eblast on Tuesdays, visit healthit.gov, scroll to the bottom of the homepage, and enter you email address next to "Stay Connected with ONC."

Sarah DeSilvey: thank you for this!

Bryant T Karras: +1 Steve (IKE) we need Equity to be fully inclusive

Sheryl Turney: Steve, so true We need to always be sure to represent these conditions with small numbers.



Steven Lane: Medell and Aaron have done a wonderful job leading the Annual Report Workgroup. New HITAC members should strongly consider volunteering to serve on this workgroup, which provides an unique opportunity to contribute to the recommendations that HITAC sends to ONC each year.

Hannah K. Galvin: So glad we are looking at our work through this lens - it is so critical!

Steven Lane: Medell and I had the opportunity to discuss equity for an hour recently:  
<https://www.youtube.com/watch?v=VnMFWjo0ZKI>

Medell K. Briggs-Malonson: Thanks Hannah, that is key for us.

Medell K. Briggs-Malonson: Thanks Steven for the opportunity! It was so much fun!

Clem McDonald: thank you

Clem McDonald: where can one find the currnt draft supplemental background research document

Steven Lane: Any word on the dates for our in person meetings?

## QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

## FINAL REMARKS

**Mike Berry** reminded members that the next meeting of the HITAC will be held on February 8, 2023. All materials and testimony from today's meeting will be made available at <https://www.healthit.gov/hitac/events/health-it-advisory-committee-52>.

**Aaron Miri** and **Medell Briggs-Malonson** thanked everyone for their participation, presentations, and discussion. **Steven Lane** inquired about upcoming dates for in-person HITAC meetings. **Mike** explained the in-person meeting dates are being finalized. There will be two in-person meetings, one in the spring and another in the fall.

## ADJOURN

The meeting was adjourned at 2:48 PM.