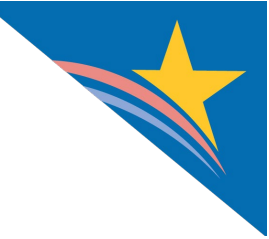


HITAC Annual Report for FY22

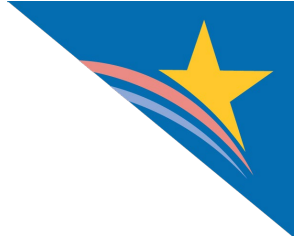
List of HITAC Members' Comments

The Annual Report Workgroup collected comments from HITAC members on the version of the draft annual report dated 1/19/23 and convened to propose solutions for each comment, as noted below.

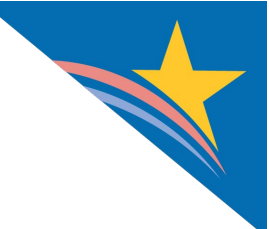
Section	Subsection	Page	HITAC Member(s)	Original Language	HITAC Member Suggestion	Proposed Solution
General						
			Deven McGraw		Written comment: "Overall, the recommendations address important issues and are all worthy pursuits for the HITAC to take on - and setting priorities is challenging."	n/a
Foreword						
Introduction						
Health IT Infrastructure Landscape						
Health IT Infrastructure Gaps, Opportunities, and Recommendations						
Target Area: Privacy and Security	Appropriate Exchange and Use of Data	10	Deven McGraw	Recommended HITAC Activity: "Track work underway in TECCA to adopt use cases that support the exchange of data for payment and healthcare operations."	Written comment: "The issue of data segmentation is not just a matter of assuring that minimum necessary can be met for the sharing use cases for which the minimum necessary standard applies - it is also critical to assuring that data can be shared in accordance with the wishes of the patient. This is relevant even for sharing of data for treatment purposes, due to application of sensitive data protections (for example, Part 2 and state sensitive data laws), as well as heightened concerns regarding the cross-border sharing of pregnancy-related data in the wake of the Supreme Court's opinion in Dobbs. Given the heightened concerns regarding the sharing of sensitive data in ways that could potentially harm patients and providers, the evolving legal landscape regarding the sharing of substance abuse treatment data, and the slow uptake of existing technologies for data	Change was made.



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					<p>segmentation, this issue should be elevated in priority for HITAC to address. While exchange of PHI for payment and operations use cases is important, both of those use cases have been deprioritized for TEFCFA, which suggests a great importance to dedicating resources now to resolving for treatment use cases involving sensitive health data.”</p> <p>Recommended HITAC Activity revised as: “Track work underway in TEFCFA to adopt use cases that support the exchange of data for treatment, payment, and healthcare operations.”</p>	
Target Area: Patient Access to Information	Alignment of Innovation and Regulation	10	Deven McGraw	<p>Gap: “Clinicians and hospital systems are adopting APIs but are concerned about unauthorized data exposure and added liability.”</p> <p>Recommended HITAC Activities:</p> <ol style="list-style-type: none"> 1. “Learn about federal regulatory activities affecting privacy and security for areas of health IT innovation, especially APIs. 2. Support awareness and education for providers, patients, and other interested parties about relevant federal regulatory activities. 3. Support the development of guidelines that assist provider organizations in more efficiently resolving concerns around data access.” 	<p>Written comment: “Clarification of liability for exchange of data is a genuine issue - and frankly one that is a real, current obstacle to the more widespread adoption and scaling of interoperability. Given that it is a current obstacle - and with TEFCFA only a voluntary network - I would recommend moving it up as an immediate need vs. long-term initiative.”</p>	<p>No change was made. Rationale: The landscape is changing and will be clearer after TEFCFA implementation.</p>
Target Area: Patient Access to Information	Patient Consolidation of Health Information from Multiple Sources	11	Deven McGraw	<p>Recommended HITAC Activity: “Propose a plan to monitor and assess the successes and challenges with the implementation of the 2015 Edition Cures Update API criteria.”</p>	<p>Written comment, also see below for same topic in the supplemental research document: “There are a number of obstacles to the ability of patients to access data from multiple sites of care - yet the draft report and recommendations focus on actions to improve access through FHIR APIs. Exploration of this challenge should also include exploration of the barriers that patients face in obtaining their complete health information by</p>	<p>No change was made. Rationale: The Recommended HITAC Activity is already prioritized as immediate.</p>

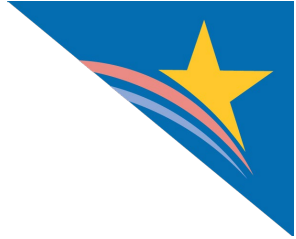


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					establishing and maintaining connections to multiple FHIR endpoints and how TEFCA could be leveraged to allow individuals, through a single onramp, to acquire all of their health information (at least from institutions/practices/networks participating in TEFCA) without having to connect, and maintain connections to, multiple endpoints. The "single onramp" is the ultimate promise of TEFCA - and individual access is one of the first two priority use cases for TEFCA; consequently, this should be a short term vs. longer term priority."	
HITAC Progress in FY22						
Conclusion						
Appendix						

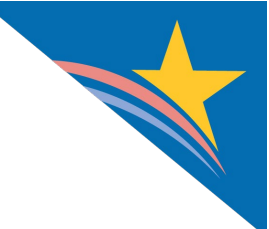


Supplemental Background Research Document

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Overview						
Health IT Infrastructure Landscape Analysis						
Target Area: Privacy and Security	Privacy of Sensitive Health Data	15	Medell Briggs-Malonson	<p>“The regulatory landscape of patient consent and rules for sharing sensitive health data continues to vary across the country.¹ For instance, many states have laws and regulations protecting the privacy of health information that are stricter than the HIPAA Privacy Rule. Since these laws and regulations vary from state to state, it causes confusion among interstate exchange partners and makes it more difficult and expensive to manage technology to ensure privacy compliance.² Notable examples include data indicating a patient’s HIV status or SUD (the former is sometimes more strictly protected in some states while the latter is governed by the federal 42 CFR Part 2 regulations).”</p>	<p>Revised as: “The regulatory landscape of patient consent and rules for sharing sensitive health data continues to vary across the country.³ For instance, many states have laws and regulations protecting the privacy of health information that are stricter than the HIPAA Privacy Rule. Since these laws and regulations vary from state to state, it not only increases risk to patients and providers but also causes confusion among interstate exchange partners and makes it more difficult and expensive to manage technology to ensure privacy compliance.⁴ Notable examples include data indicating a patient’s HIV status or SUD (the former is sometimes more strictly protected in some states while the latter is governed by the federal 42 CFR Part 2 regulations).”</p>	Change was made.
Target Area: Patient Access to Information	Patient Consolidation of Health Information from Multiple Sources	17	Deven McGraw	<p>“The ONC Cures Act Final Rule requires standards-based APIs to be used to provide data to apps to help patients access and consolidate their health information from across different portals. The preliminary results of an ongoing UCSF survey of digital health companies show that 84 percent of the respondents use FHIR® in their EHR integration. Half of the surveyed digital health companies rely on proprietary APIs, at least partially, while the other half rely on standards-based APIs. However, some barriers exist to using APIs for EHR integration, such as high fees, lack of realistic clinical testing data, lack of standards-based APIs, and lack of valuable data elements.”</p>	<p>Written comment, also see above for same topic in the report: “There are a number of obstacles to the ability of patients to access data from multiple sites of care - yet the draft report and recommendations focus on actions to improve access through FHIR APIs. Exploration of this challenge should also include exploration of the barriers that patients face in obtaining their complete health information by establishing and maintaining connections to multiple FHIR endpoints and how TEFCA could be leveraged to allow individuals, through a single onramp, to acquire all of their health information (at least from institutions/practices/networks participating in TEFCA) without having to connect, and maintain connections to, multiple endpoints. The "single onramp" is the ultimate promise of TEFCA - and individual access is one of the first two priority use cases for</p>	Change was made.



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					TEFCA; consequently, this should be a short term vs. longer term priority.” Proposed added text: “In addition, patients face burden due to the difficulty in accessing multiple API endpoints to aggregate their health information. ⁵ For example, the TEFCA proposes to reduce the burden of access on patients by providing them with one access point to request data from all organizations participating in the TEFCA. ⁶ ”	
Target Area: Patient Access to Information	Safety and Impact of Mobile Health Apps	18	Deven McGraw	“There are a few private sector efforts underway to vet apps. For instance, there is a collaboration between the American College of Physicians, the American Telemedicine Association, and the Organization for the Review of Care and Health Applications (ORCHA) called the Digital Health Assessment Framework. This framework assesses apps based on data and privacy, clinical assurance and safety, usability and accessibility, and technical security and stability. ^{7,8} ”	“The issue of lack of assurances for privacy and security, and reliability/validity, of patient-facing apps is a real issue - and yet the draft mentions only one private sector effort aimed at addressing these gaps, which suggests HITAC has already made a decision to recommend a single existing resource/initiative. While I agree it is valuable to look at existing private sector efforts, the record seems a bit thin to suggest landing on - or even just mentioning - one particular effort.” Proposed added text: “The CARIN Alliance offers a code of conduct with best practices that encourage better and safer apps to which app developers can attest. ⁹ ”	Change was made.
Health IT Infrastructure Gap Analysis						
Conclusion						
Appendices						



¹ Milken Institute of Public Health. (2012). *Health Information & the Law: States*. <http://www.healthinfolaw.org/state>

² McKeon, J. (2022, June 29). *How new federal, state laws impact healthcare data privacy*. HealthITSecurity. <https://healthitsecurity.com/features/how-new-federal-state-laws-impact-healthcare-data-privacy>

³ Milken Institute of Public Health. (2012). *Health Information & the Law: States*. <http://www.healthinfolaw.org/state>

⁴ McKeon, J. (2022, June 29). *How new federal, state laws impact healthcare data privacy*. HealthITSecurity. <https://healthitsecurity.com/features/how-new-federal-state-laws-impact-healthcare-data-privacy>

⁵ Nelson, H. (2022, November 16). *Federal Policy Drives Healthcare API Adoption, but EHR Data Barriers Persist*. EHRIntelligence. <https://ehrintelligence.com/features/federal-policy-drives-healthcare-api-adoption-but-ehr-data-barriers-persist>

⁶ Halstead, N., Tankle, V., Hayes, A., & Bartnick, W. (2022, July 13). *ONC's Trusted Exchange Framework and Common Agreement (TEFCA): Impacts on Health Information Networks and Health Care Organizations*. Reed Smith Health Industry Washington Watch. <https://www.healthindustrywashingtonwatch.com/2022/07/articles/other-health-policy-developments/other-hhs-developments/office-of-the-national-coordinator-for-health-information-technology/oncs-trusted-exchange-framework-and-common-agreement-tefca-impacts-on-health-information-networks-and-health-care-organizations/>

⁷ Connor, B. (2022, May 2). *American College of Physicians and the American Telemedicine Association Collaborate on New Digital Health Assessment Framework*. ATA. <https://www.americantelemed.org/press-releases/american-college-of-physicians-and-the-american-telemedicine-association-collaborate-on-new-digital-health-assessment-framework/>

⁸ Digital Health Assessment Framework. (n.d.). <https://dhealthframework.org/>

⁹ The CARIN Alliance. *Trust Framework and Code of Conduct*. (2020, May). <https://www.carinalliance.com/our-work/trust-framework-and-code-of-conduct/>