

Health Information Technology Advisory Committee (HITAC)

IN-PERSON AND VIRTUAL

Meeting Notes | June 15, 2023, 9:30 AM – 4 PM ET

EXECUTIVE SUMMARY

The HITAC Co-Chairs, **Medell Briggs-Malonson** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, and presented the minutes from the May 17, 2023, HITAC meeting, which were approved by voice vote. **Steve Posnack**, Deputy National Coordinator for Health IT, Office of the National Coordinator (ONC), thanked the Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule Task Force for their recommendations and invited HITAC attendees to participate in the numerous upcoming ONC events. **Eliel Oliveira**, Director, Research and Innovation, Dell Medical School at the University of Texas at Austin (UT Austin), reviewed UT Austin's Leading Edge Acceleration Project (LEAP) focused on a FHIR-enabled Social and Health Information Platform (FHIR-Red-SHIP). **Lisa Wagner**, Senior Advisor, Office of Policy, ONC, and **Ashley Hain**, Public Health Analyst, Office of Technology, ONC, recapped the United States Core Data for Interoperability+ (USCDI+) Quality Updates. **Tricia Lee Rolle**, Senior Advisor, ONC, detailed the new Pharmacy Interoperability and Emerging Therapeutics Task Force Charge, Goals, and Workplan. **Micky Tripathi**, National Coordinator for Health IT, ONC, introduced **Andrea Palm**, Deputy Secretary, US Department of Health and Human Services (HHS). The Deputy Secretary thanked the HITAC for their contributions to advance the interoperability of health data and expressed the importance of efficient data sharing. **Elise Sweeney Anthony**, Executive Director, Office of Policy, ONC, **Mariann Yeager**, Chief Executive Officer, The Sequoia Project; Recognized Coordinating Entity (RCE) Lead, and **Alan Swenson**, Executive Director, Carequality; RCE Program Operations, provided an update on the Trusted Exchange Framework and Common Agreement (TEFCA) program.

After the lunch break, the HITAC reconvened and **Sherilyn Pruitt**, Senior Advisor, Office of Technology, ONC, **Maggie Wanis**, Care Continuum Branch Chief, Office of Policy, ONC, **Charletta Washington**, PHIT4DC Program Director, University of the District of Columbia, and **Kimberly Baker**, Assistant Dean of Practice, School of Public Health, University of Texas Health Science Center provided updates on the Public Health Informatics & Technology (PHIT) Workforce Development Program. **Steven Lane**, HTI-1 Proposed Rule Task Force Co-Chair and Group 1 Lead, **Steven Eichner**, HTI-1 Proposed Rule Task Force Co-Chair and Group 2 Lead, and **Hung Luu**, HTI-1 Proposed Rule Group 3 Lead, led a detailed review of each HTI-1 Proposed Rule Recommendation. **The HITAC approved the recommendations by voice vote.** **Aaron** and **Medell**, Annual Report Workgroup Co-Chairs, reviewed the Annual Report Workgroup Membership, Meeting Schedules, and Next Steps. Lastly, **Mike Berry**, Designated Federal Officer, ONC, **Aaron**, and **Medell** provided final remarks and closed the meeting. The next HITAC meeting is scheduled for August 17, 2023.

AGENDA

9:30 AM Call to Order/Roll Call
9:35 AM Welcome Remarks




9:45 AM	Opening Remarks, Review of the Agenda and May 17, 2023, Meeting Notes – HITAC Vote
9:55 AM	FHIR-enabled Social and Health Information Platform (FHIRed-SHIP): Integrating a closed-loop social services referral system into electronic health records in Federally Qualified Health Centers using FHIR
10:25 AM	USCDI+ Quality Update
10:55 AM	Pharmacy Interoperability and Emerging Therapeutics Task Force 2023
11:10 AM	Break
11:20 AM	Welcome Remarks
11:35 AM	Trusted Exchange Framework and Common Agreement Updates
12:00 PM	Lunch Break
1:00 PM	Public Health Informatics & Technology (PHIT) Workforce Development Program – Update
1:40 PM	Break
1:50 PM	Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing Proposed Rule Task Force Recommendations – HITAC Vote
3:20 PM	Annual Report Workgroup Update
3:50 PM	Public Comment
4:00 PM	Final Remarks and Adjourn

CALL TO ORDER/ROLL CALL

Mike Berry, Designated Federal Officer, ONC, called the June 15, 2023, meeting to order at 9:37 AM and welcomed ONC's Executive Leadership team to the meeting. The June 15 HITAC meeting was held both in-person at the Mary E. Switzer Federal Building in Washington, DC, and virtually on Zoom.

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 Eichner, Texas Department of State Health Services
Hannah Galvin, Cambridge Health Alliance
Valerie Grey, State University of New York
Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Jim Jirjis, HCA Healthcare
Bryant Thomas Karras, Washington State Department of Health
Kensaku (Ken) Kawamoto, University of Utah Health
Steven Lane, Health Gorilla
Hung S. Luu, Children's Health
Arien Malec, Individual
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 (Fil) Southerland, Yardi Systems, Inc.



Sheryl Turney, Elevance Health

HITAC MEMBERS NOT IN ATTENDANCE

Cynthia Fisher, Patient Rights Advocate
Lisa Frey, St. Elizabeth Healthcare
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
Michelle Schreiber, Centers for Medicare and Medicaid Services
John Garguilo, National Institute of Standards and Technology (*attending on behalf of Ram Sriram*)


ONC STAFF

Micky Tripathi, National Coordinator for Health Information Technology
Steve Posnack, Deputy National Coordinator for Health Information Technology
Elise Sweeney Anthony, Executive Director, Office of Policy
Elisabeth Myers, Deputy Director, Office of Policy
Seth Pazinski, Director, Strategic Planning and Coordination Division
Mike Berry, Designated Federal Officer
Ashley Hain, Public Health Analyst, Office of Technology
Anastasia Perchem, Strategic Initiatives Branch Chief, Office of Technology
Sherilyn Pruitt, Senior Advisor, Office of Technology
Tricia Lee Rolle, Senior Advisor, Immediate Office of the National Coordinator
Lisa Wagner, Senior Advisor, Office of Policy
Maggie Wanis, Care Continuum Branch Chief, Office of Policy
Kyle Cobb, Tools and Testing Branch Chief, Office of Technology

WELCOME REMARKS

Steve Posnack, Deputy National Coordinator for Health Information Technology, welcomed in-person and virtual attendees. He noted the HTI-1 Proposed Rule was released in April 2023, and the public comment period ends on June 20, 2023. He also thanked **Steven Lane** and **Steven Eichner** for their service as the HTI-1 Proposed Rule Task Force Co-Chairs and the task force members, who convened 22 times over seven weeks to develop recommendations. He noted the comment submission deadline for the USCDI+ Quality data element list has been extended to June 30. Additionally, there will be an ONC Tech Forum focused on Fast Healthcare Interoperability Resources (FHIR) API Implementation later this summer. The ONC and Health Level 7 (HL7) teams will host a 2-day session on FHIR security. There will be two tracks: one for developers and engineers and another for organizational leadership and clinicians. Lastly, the 2023 ONC Annual Meeting will be in-person in Washington, DC on December 14 and 15, 2023. To register, interested parties can visit the healthit.gov Event Page.

Opening Remarks, Review of Agenda and May 17, 2023, Meeting Notes – HITAC Vote



Medell Briggs-Malonson and **Aaron Miri**, HITAC Co-Chairs, welcomed attendees. **Aaron** reviewed the May 17 HITAC meeting notes and thanked the ONC team for organizing the in-person meeting. **Medell** called for a motion to approve the May 17 meeting notes.

Jim Jirjis motioned to approve the notes. This motion was seconded by **Deven McGraw**. The HITAC approved the May 17 meeting notes by voice vote. No members abstained and no members opposed.

FHIR-enabled Social and Health Information Platform (FHIRed-SHIP): Integrating a closed-loop social services referral system into electronic health records in Federally Qualified Health Centers using FHIR

Anastasia Percham, Strategic Initiatives Branch Chief, Office of Technology, ONC, introduced **Eliei Oliveira**, Director, Research and Innovation, Dell Medical School at UT Austin. **Eliei** provided an overview of [FHIRed-SHIP](#). The platform is part of an ONC LEAP grant and integrates closed-loop social services referral system into electronic health records in Federally Qualified Health Centers using FHIR. He reviewed UT Austin's Partners, Project Aims, intersections with the Gravity Project and United States Core Data for Interoperability (USCDI) and the standards used. **Eliei** reviewed how FHIRed-SHIP was built off of UT Austin's previous LEAP project titled FHIRedApp. The FHIRed-SHIP project integrates the Patient Engagement Technology from FHIRedApp and a new Social and Health Information Platform (SHIP) to allow for real-time care coordination between social and healthcare providers and patients. **Eliei** demonstrated the FHIRed-SHIP Workflow and reviewed how it integrates with Patients, Central Texas Food Bank Staff, and Community Health Workers at the clinic.

Discussion:

- **Medell Briggs-Malonson** asked what type of financial and health information support community-based organizations (CBOs) need to support FHIR APIs.
 - **Eliei** said incentives are important to drive CBOs' technological support forward. CBOs do not have the data infrastructure to effectively demonstrate social determinants of health (SDOH) outcomes.
- **Hannah Galvin** asked if there is data on the questionnaire completion rate.
 - **Eliei** mentioned in 2022, a new state-wide legal provision passed in Texas that impacted the recruitment rate of CBOs. His team was anticipating having that data by now, but the project timeline has been adjusted since the new law was implemented.
- **Michelle Schreiber** asked if UT Austin's solution is proprietary.
 - **Eliei** said the app itself is open source. It does integrate with proprietary repositories, but the app is open source.

USCDI+ Quality Update

Lisa Wagner, Senior Advisor, Office of Policy, ONC, provided background on [USCDI+](#) and its purpose. **Lisa** reviewed the USCDI+ Quality Domain, how the Quality Data Element List is created, Quality Data Activities, and USCDI+ uses. **Ashley Hain**, Public Health Analyst, Office of Technology, ONC, reviewed the USCDI+ Quality Data Element List, provided a snapshot draft of the USCDI+ Quality Data Element List, and summarized New Data Classes/Data Elements in USCDI+ Quality. **Ashley** also provided an update on the next steps and timeframes.

Discussion:



- **Steven Eichner** said several proposed elements are also on the USCDI Core roadmap. He is concerned about the relationship between USCDI Core and USCDI+.
 - **Lisa** said USCDI+ is inclusive of USCDI Core. Even if data elements are not specified on the + Quality List, it is possible those data elements are in USCDI Core.
- **Elisabeth Myers** noted USCDI Core has limitations on how quickly it can expand. It is likely some USCDI+ elements are on deck to be incorporated into USCDI Core. ONC views USCDI Core and USCDI+ as the interplay and not as a silo. The goal is to expand and accelerate the movement toward broader data element sets.
- **Anna McCollister** expressed frustration that home-based data cannot be incorporated into quality measures.
 - **Lisa** said ONC is open to all data element class ideas. ONC has been working with the National Quality Forum (NQF), so there may be opportunities to tap into different perspectives on this issue.
- **Steven Lane** said it is important that USCDI+ utilize similar standards and timelines to USCDI Core when incorporating new data elements. It will make it easier to shift USCDI+ data elements into USCDI Core.
- **Clem McDonald** noted quality rules are different than standard data elements. It is not as simple as other data elements.
- **Michelle Schreiber** noted there are many USCDI+ elements, with more being developed. How do those progress in the timeline and funnel to USCDI Core?
 - **Kyle Cobb** said ONC will be launching a USCDI+-specific website. It will start with Public Health and Quality, but other domains will be added. There will be metadata for each data element as well.
- **Elisabeth** said USCDI+ is not yet part of certification, but cross-over elements are part of a standard version advancement process.

Pharmacy Interoperability and Emerging Therapeutics Task Force 2023

Tricia Lee Rolle, Senior Advisor, ONC, shared the current roster of the [Pharmacy Interoperability and Emerging Therapeutics Task Force 2023](#). **Tricia Lee** reviewed the Task Force Charge, Goals, and Workplan. The Task Force Recommendations will be due November 9, 2023.

Discussion:

- **Hannah Galvin** asked if pricing transparency is in scope for this Task Force.
 - **Tricia Lee** said it is currently out of scope. There are opportunities to comment on pricing transparency in the HTI-1 Proposed Rule.
- **Clem McDonald** asked to clarify direct-to-consumer medications.
 - **Tricia Lee** said that refers to online or mobile app services with medication request capabilities. Direct-to-consumer medications may or may not require a conversation with a prescriber.

WELCOME REMARKS

Micky Tripathi, National Coordinator for Health Information Technology, ONC, introduced **Andrea Palm**, Deputy Secretary, HHS. **Deputy Secretary Palm** thanked the HITAC for their engagement and guidance. She spotlighted how crucial data sharing and data collection is; especially as a lesson learned from the COVID-19 pandemic.



Trusted Exchange Framework and Common Agreement Updates

Elise Sweeney Anthony, Executive Director, Office of Policy, ONC, provided an overview of [TEFCA](#)'s importance to advancing interoperability. **Elise** said she anticipates seven Qualified Health Information Networks (QHINs) to be onboarded. **Mariann Yeager**, ONC TEFCA Recognized Coordinating Entity (RCE) Lead, reviewed the QHIN Applications, Onboarding, and Designation Timeline. **Alan Swenson**, ONC TEFCA RCE Program Operations, reviewed the FHIR Pilot Testing Updates.

Discussion:

- **Steven Eichner** noted standard operating procedures (SOPs) are typically beyond public health agency's technical capabilities. He asked how public health agencies are engaged in this work.
 - **Mariann** said in collaboration with ONC, the RCE convened a diverse group of industry partners and hosted extensive discussions to determine public health use cases. Candidate QHINs and public health participants are part of the initial drafting. Industry partners will be encouraged to provide feedback before it is finalized.
- **Jim Jirjis** said the data sent out is typically the last collected at the institution. He suggested TEFCA implement use cases that better outline data sharing.
 - **Mariann** agreed and said a robust industry partner engagement strategy is being developed, but there is much more work to do.
 - **Steven Lane** voiced the importance of flexibility in data sharing.
 - **Mariann** said candidate QHINs are starting to line up commitments to participate in TEFCA. QHIN candidates must support both push and query out of the gate.

Public Health Informatics & Technology (PHIT) Workforce Development Program - Update

Sherilyn Pruitt, Senior Advisor, Office of Technology, ONC, welcomed the group, and **Maggie Wanis**, Care Continuum Branch Chief, Office of Policy, ONC, provided an overview of the [PHIT Workforce Development Program](#). **Sherilyn** reviewed the Program's Recipients and the PHIT Program Implementation Outline.

Charletta Washington, PHIT4DC Program Director, University of the District of Columbia, recapped the Public Health Information Technology for DC (PHIT4DC) Program Background, the educational institutions involved, Goals and Objectives, and Community Statistics. She also reviewed the Program Pathways and Program Statistics. **Kimberly Baker**, Assistant Dean of Practice, School of Public Health, University of Texas Health Science Center, provided background on the UT Health Houston Academic Partnerships, PHIT Consortium Partners, and the GET PHIT Internship.

Discussion:

- **Bryant Thomas Karras** asked if additional stimulus dollars will be allocated to grow this program.
 - **Steve Posnack** explained that the PHIT funding came from a one-time stimulus package. Partnerships with other HHS agencies may provide an opportunity to continue, but it is currently just a one-time funding opportunity.
- **Eliel Oliveira** asked if there is visibility on scaling the efforts in Texas to other parts of the country.
 - **Maggie** explained the goal of PHIT is to be scalable. UT Houston is working at the state level on sustainability to support public health informatics.
 - **Elise Sweeney Anthony** said evaluation is a key part of the program. PHIT grantees are meeting next week to share learnings on curriculum development.




- **Shila Blend** noted nurses are intimidated to go into nursing informatics because they think it is for developers and engineers. She asked for an update on recruiting nursing students.
 - **Charletta** said the PHIT Program integrates learnings from the classroom into real-world settings. The 16-week Introduction PHIT Bootcamp provides a foundational understanding of informatics and lures interest.
 - **Kimberly** also noted there are student ambassadors that promote health informatics. These ambassadors have been successful in recruitment efforts.
- **Kikelomo Oshunkentan** reflected on the gender gap in health informatics. She asked if the PHIT Program addresses that gap.
 - **Charletta** noted that many applicants are women, and healthcare has been female-driven in the past decade. They are focusing on recruiting more men into the program.

Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule Task Force Recommendations – HITAC Vote

Steven Lane, HTI-1 Proposed Rule Task Force Co-Chair, recapped the [Task Force Roster, Charge, and Approach](#). **Hung Luu**, HTI-1 Proposed Rule Task Force Group 3 Lead, recapped the topics the Task Force reviewed. **Steven Lane** reviewed the Task Force's Key Takeaways and then **Steven Eichner**, HTI-1 Proposed Rule Task Force Co-Chair, moved to the Task Force's Recommendations. **Steven Eichner**, **Hung**, and **Steven Lane** reviewed each of the 68 HTI-1 Proposed Rule Recommendations and the Referrals to the Annual Report Workgroup for Consideration.

Discussion:

- **Sheryl Turney** asked if the wording needs to be strengthened as part of the certification criteria in Recommendation 16. She added there needs to be an overarching recommendation regarding patient burden. Decision support interventions (DSI) provide generalized recommendations, but if a patient has a rare condition, DSI models can burden them more.
 - **Steven Lane** noted Recommendation 17 touches on special clinical cases where DSI is not applicable.
 - **Sheryl** thought that Recommendation 17 focused more on updating DSI rather than the patient impact.
 - **Steven Eichner** said the DSI warning encompasses Sheryl's concerns.
- **Eliei Oliveira** noted Recommendations 22 and 63 both focus on consent. He explained there has been limited progress in electronic consent. Eliei suggested a strategic plan be developed to make tangible advancements towards granular consent. He added CDS Hooks are not used as much in the real world due to resource and technological constraints.
- **Jim Jirjis** noted in Recommendation 22 that electronic health records (EHRs) are allowed to restrict elements, and it may impact the diagnosis. He voiced concern over the unintended consequences to the patient.
 - **Anna McCollister** said patient data restriction was heavily discussed in the Task Force meetings. It is crucial patients understand who accesses their data, what they do with the data, and the consequences of restricting data.
- After reviewing all 68 recommendations, **Steven Lane** noted the only Recommendation that required an edit is Recommendation 16, which was incorporated into the final report. The rest of the discussion was great commentary that aligns with the current Recommendations.



Eliei Oliveira motioned to approve the HTI-1 Proposed Rule Task Force Recommendations with the additional amendment. This motion was seconded by **Sheryl Turney**. **The HITAC approved the HTI-1 Proposed Rule Task Force Recommendations by voice vote. No members abstained, and no members opposed.**

Annual Report Workgroup Update

Medell Briggs-Malonson, Annual Report Workgroup Co-Chair, reviewed the [Annual Report Workgroup Membership, Meeting Schedules, and Next Steps](#). **Aaron Miri**, Annual Report Workgroup Co-Chair, reviewed the Potential Topics for the HITAC Annual Report for Fiscal Year 2023 (FY23).

Discussion:

- **Anna McCollister** underlined the transparency recommendations. Currently, there is no transparency on how different institutions use patient data. She noted it would be beneficial to have de-identified patient information use cases to demonstrate how data is being used.
- **Alexis Synder** noted interoperability is only as good as the accuracy of health records. Each care system has its own rights and regulations regarding how health records are documented. Until there are universal practices on inaccuracies and adjustments to health records, there will be errors perpetuated through interoperability.
- **Sheryl Turney** suggested that HITAC and the Workgroup investigate supply chain data that support the healthcare industry, such as potential baby formula or chemotherapy shortages.
- **Fil Southerland** noted many technologies that support health equity are specialty EHRs or non-EHR health information technology. There should be a certification infrastructure for these systems to increase care across the continuum.
- **Aaron Neinstein** noted one area of health data that continually falls off the radar is patient device data, such as pacemakers or continuous glucose monitors. That data is difficult to harness due to inconsistent APIs.
 - **Steven Eichner** agreed and noted third-party tools not provided by healthcare providers may impact who has access to patient information.

PUBLIC COMMENT

Mike Berry opened the meeting for public comments.

QUESTIONS AND COMMENTS RECEIVED VERBALLY


Shelly Spiro thanked the HITAC members and ONC for prioritizing the Pharmacy Interoperability and Emerging Therapeutics Task Force. She is eager to get started as a Co-Chair.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the June 2023 HITAC meeting. Please remember to tag "Everyone" when using Zoom chat. Thank you!

Mike Berry (ONC): Meeting materials can be found at: <https://www.healthit.gov/hitac/events/health-it-advisory-committee-57>

Mike Berry (ONC): Yes, the meeting is being recorded and the video/recording will be uploaded at the link above later today.



Sheryl Turney: It seems we need a middle solution that can support Community Health Organizations where they are and bridge the gap to an IO framework. So many of these CHO use systems that vary by geographic area creating solutions will be highly expensive unless we can provide this "gap" to support.

Sarah DeSilvey: As Gravity Project Terminology Director a thank you to Eliel and the UT Austin team for your collaboration. We agree on the work to harmonize local tools with national standards. A note that many of the lack of matches in instruments were due to Gravity not yet addressing the critical community level domains of neighborhood safety, access to green space, and food access. Neighborhood assessments were of note in the local instruments in this pilot. We have these on our roadmap for next work aligned with national priorities and we look forward to filling these gaps with national standards.

Holly Miller: ONC's 360Xproject group is working on developing a Closed Loop SDOH Referrals protocol from Clinicians to CBOs and CBO hubs.

Steven Lane: Question to Eliel: Did the closed loop referral component of the FHIRed-SHIP pilot leverage the standards developed under the 360X Project?

Eliel Oliveira: No Steven. It may be a great next step besides integrating with Medicaid

Elisabeth Myers: It's here: <https://ecqi.healthit.gov/uscdi-quality>

Elisabeth Myers: On the eCQI Resource Center - This is open for comment until June 30 (we extended the deadline)

Eliel Oliveira: @Adi, when FHIRedApp was built the project was hosted by the medical school and we could not have demographics data to do the matching. So, we used PPRL between the HIE and when patients were consented. For FHIRed-SHIP we deployed the App within the HIE itself and that allows us to leverage the clinical MRN (medical record number) and the EMPI (master patient index) of the HIE to link individuals to their records.

Elisabeth Myers: Please note, in addition to the draft data list, we included an overview of the mapping that was done for the CMS dQMs (FHIR specified eQMs) including the IG review and analysis.

Eliel Oliveira: Also, PPRL after address some challenges matched 100% of the patient recruited, the key reason was that the MRN was one of the pieces of the data hashed as part of PPRL.

Hans Buitendijk: @Eliel - PPRL still would include demographic data to enable matching across providers with different MRNs, correct?

Eliel Oliveira: @Adi, most definitely. Will email you a note now.


Eliel Oliveira: @Hans, yes that is correct, name, email, phone, etc. But, the MRN is a key one and where once there is a match we get to the results more efficiently. SSN served the purposes previously as yo know, but very few people share SSN anymore.

Elisabeth Myers: Thank you, that is helpful feedback Steven.

Sheryl Turney: I agree with Steven.

Kim Boyd: Congratulations to ONC on moving forward with the Pharmacy TF - such an important endeavor.

Steven Lane: I suggest some key goals to include in this effort: (1) the ability to integrate and reconcile ALL available medication data for individuals so as to provide access to an accurate Current Medication List as well as a Lifelong Medication History for individuals and their care team. Individuals and care partners could then have the ability to verify the accuracy of these lists so all providers can be on the same page and working off the most accurate and up to date information.



Steven Lane: +1 to the idea of eventually incorporating pricing/cost/coverage data in this effort to support cost-effective care decisions.

Pooja Babbrah: Thank you ONC leadership and the HITAC members who will be joining this task force. We are looking forward to digging into this important initiative

Alexis Snyder: +1 to Steven Lane comments about medicine reconciliation

Sarah DeSilvey: + 1 to Steven Lane on integration and reconciliation. This was a key topic within our work this year in the ISWG

Julie Maas: To clarify, the UDAP standard includes specifics for Authentication in addition to Dynamic Registration of FHIR clients (the part an app store usually takes care of) using trusted digital certificates, and has also been cross tested by a variety of organizations at other HL7-sponsored events for several years now.

Sheryl Turney: PHIT - great presentations today by all and very informative.

Sarah DeSilvey: So crucial! Excellent presentations and progress.

Alexis Snyder: Yes. A lot of great work setting this up

Kimberly Baker: Thanks everyone!

Kimberly Baker: Awesome Francine! So glad you're here!

Medell K. Briggs-Malonson: Wonderful PHIT program and presentations! I recommend also tracking long term outcomes (types of positions, promotions to leadership roles, etc,) of the students to demonstrate impact and support for future funding. Also, support/mentoring structures for program graduates have been proven to increase the retention of under-represented individuals in their new chosen fields.

Alexis Snyder: The question I was wanting to ask is about the job availability. Training 5K people...do we have good evidence that there will be positions in the public health field that will be available to them?

Deven McGraw: +1 to Sheryl

Grace Cordovano: Thank you Sheryl!

Lisa Moon: Thanks Sheryl for raising data is first for patient care and then for all the other use cases!

Deven McGraw: High praise from the health data Jedi, Dr. Clem McDonald! Awesome.


Steven Waldren: I don't see how you can "certify" or "mandate" clinically relevant. So the options are either (1) mandate push of ALL info or (2) it must be query based where the query defines data need. We saw with Meaningful Use without semantically structuring the data, "ALL" will add burden on clinicians. Now with LLM there is hope that ALL data in non-semantically defined states could be usable at the point of care (but not yet).

Steven Waldren: Focusing on an equivalent of a Structured Product Label (as FDA has for drugs) for DSI is more tangible and actionable than "Nutritional Label" and likely a prerequisite for such a label.

Deven McGraw: Apologies to my fellow HITAC members, but I will need to leave a bit early. Will listen to the recording to hear what I have missed, including the public comments.

Eliel Oliveira: +1 @Steven W. Recommend all to check the HHS Trustworthy AI Framework: <https://www.hhs.gov/sites/default/files/hhs-trustworthy-ai-playbook.pdf>

Eliel Oliveira: So much to be addressed and "labeled"/certified before advancing on DSI/AI/Predictive systems



Grace Cordovano: Thank you Alexis for emphasizing the need to have processes in place to have errors in our medical records corrected.

Steven Waldren: +1 and +1 Eliel agree and thanks for the Trustworthy link.

Steven Waldren: Thanks to all Committee members for all their time, effort, and work!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

FINAL REMARKS

Mike Berry reminded HITAC members and the public that the next HITAC meeting is scheduled for August 17, 2023. Meeting materials will be published on the ONC HITAC [June 15 meeting site](#).

Aaron Miri and **Medell Briggs-Malonson** thanked attendees for their participation.

ADJOURN

The meeting adjourned at 3:36 PM.