HITAC Annual Report for FY23

List of HITAC Members' Comments

The Annual Report Workgroup collected comments from HITAC members on the version of the draft annual report dated 1/18/24 and convened to propose solutions for each comment, as noted below.

Section	Subsection	Page	HITAC Member	Original Language	HITAC Member Suggestion	Proposed Solution
General						
None						
Forward						
None						
Introduction						
None						
Health IT Infrastructure Landscape						
All Target Areas	Illustrative Stories	4-7	Michael Chiang, Steven (Ike) Eichner	"Illustrative Story of What the Recommended HITAC Activities Will Enable"	Spoken comment: It should be further clarified that the illustrative stories describe future state scenarios. Revised as: "Illustrative Story of What the Recommended HITAC Activities Will Enable in the Future"	Change was made.
Target Area: Design and Use of Technologies that Advance Health Equity	Illustrative Story	4	Michael Chiang	"An older adult with worsening vision needs to see a specialist."	Written comment: "The retinal scan doesn't directly address the decreased vision (which might require measurement of visual acuity). Would you consider replacing the first sentence with something like 'an older adult with diabetes is worried about not having had an eye exam for several years?' " Revised as: "An older adult with diabetes has not had an eye exam for several years. The patient is experiencing worsening vision and needs to see a specialist."	Change was made.

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Target Area: Use of Technologies that Support Public Health	Illustrative Story	5	Steven (Ike) Eichner	"By analyzing clinical and laboratory data obtained through TEFCA, the department is able to quickly determine that all the cases are clustered in an area where residents live in overcrowded housing and have limited access to healthcare."	Spoken comment: It should be noted that syndromic surveillance already occurs today via other mechanisms. Revised as: "By analyzing the real-time clinical and laboratory data obtained through TEFCA in addition to data received through syndromic surveillance feeds, the department is able to quickly determine that all the cases are clustered in an area where residents live in overcrowded housing and have limited access to healthcare."	Change was made.
Health IT Infrastructure Gaps, Opportunities, and Recommendations						
Target Area: Design and Use of Technologies that Advance Health Equity	Artificial Intelligence – Algorithmic Bias and Transparency	9	Katrina Miller Parrish	Opportunity: "Assist in the implementation of existing and upcoming federal policies to address algorithmic bias, improve transparency, and support coordination across public and private initiatives." Recommended HITAC Activity: "In collaboration with relevant HHS agencies, support the development of guidance to assist providers, certified health IT developers, and other health IT developers with the implementation of the HTI-1 final rule's algorithm bias policies, including their evaluation of FAVES and the implications for specific patient populations."	Spoken comment: Algorithmic bias discussion seems focused on implementation but could also mention monitoring.	No change was made to the annual report but change was made in the supplemental report; please see below. Rationale: This suggestion has been placed on the list of potential topics for more in-depth consideration for the FY24 annual report.

Section	Subsection	Page	HITAC Member	Original Language	HITAC Member Suggestion	Proposed Solution
Target Area: Design and Use of Technologies that Advance Health Equity	Missing Health IT Infrastructure for Health Equity and SDOH Data	10	Michael Chiang	Recommended HITAC Activity: "Hold a listening session to identify gaps in SDOH standards, including those that have been developed and are under development."	Spoken comment: Identify additional opportunities to collaborate with other parts of HHS for some of the recommended listening sessions. Revised as: "In collaboration with relevant HHS agencies, hold a listening session to identify gaps in SDOH standards, including those that have been developed and are under development."	Change was made.
Target Area: Use of Technologies that Support Public Health	Gaps in Infrastructure and Standards to Support Data Sharing for Public Health Purposes	10	Steven Eichner	Recommended HITAC Activity: "Invite the TEFCA RCE to provide periodic updates to the HITAC and to seek input on the identification and adoption of a public health use case."	Spoken comment: Ensure that state, territorial, local, and tribal (STLT) perspectives are included as well as those of the RCE. Recommended Activity revised as: "Invite the TEFCA RCE and state, territorial, local, and tribal (STLT) organizations to provide periodic updates to the HITAC and to seek input on the identification and adoption of a public health use case."	Change was made.
Target Area: Privacy and Security	Cybersecurity Events Across the Healthcare Infrastructure	12	Michael Chiang	Recommended HITAC Activity: "Hold a listening session to explore best practices across healthcare (with a focus on organizations that have experienced a cybersecurity event) and other industries and amplify existing federal and industry initiatives to improve cybersecurity."	Spoken comment: Identify additional opportunities to collaborate with other parts of HHS for some of the recommended listening sessions. Recommended Activity revised as: "In collaboration with relevant HHS agencies, hold a listening session to explore best practices across healthcare (with a focus on organizations that have experienced a cybersecurity event) and other industries and amplify existing federal and industry initiatives to improve cybersecurity."	Change was made.

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Target Area: Patient Access to Information	Patient-Generated Health Data (PGHD) — Lacking Standards and Interoperability among Platforms	12	Aaron Neinstein	Topic name: "Patient-Generated Health Data (PGHD) — Lacking Standards and Interoperability among Platforms"	Written comment suggesting edits: "Patient-Generated Health Data (PGHD) — Lacking Interoperability Standards and ~~Interoperability~~ Data Access among Devices and Platforms"	Change was made.
Target Area: Patient Access to Information	Patient-Generated Health Data (PGHD) — Lacking Standards and Interoperability among Platforms	12	Aaron Neinstein	Gap: "PGHD can be challenging to transfer into EHRs and time-consuming for providers and patients to access, requiring special effort."	Written comment suggesting edits: ""~~PGHD can be challenging to transfer into EHRs and time-consuming for providers and patients to access, requiring special effort.~~ Accessing PGHD requires special effort for providers and patients to access, including challenges in uploading to EHRs and controlling and directing one's personal data."	Change was made.
Target Area: Patient Access to Information	Patient-Generated Health Data (PGHD) — Lacking Standards and Interoperability among Platforms	12	Aaron Neinstein	Gap: "PGHD device and software developers are not subject to health IT certification but play a critical role in the ecosystem."	Written comment suggesting edits: "PGHD device (consumer and medical) and software developers are not subject to health IT certification despite playing a critical role in the ecosystem." Also, move this gap to be first in the order of the two gaps.	Changes were made.
Target Area: Patient Access to Information	Patient-Generated Health Data (PGHD) — Lacking Standards and Interoperability among Platforms	12	Aaron Neinstein	Opportunity: "Improve standards and metadata to support the incorporation of clinically relevant PGHD collected from health apps, wearable devices, and other sources."	Written comment suggesting edits: "Improve standards and metadata to support the incorporation and personal access and control of clinically relevant PGHD collected from health apps, wearable devices (both consumer and medical), and other sources."	Change was made.

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Target Area: Patient Access to Information	Patient-Generated Health Data (PGHD) — Lacking Standards and Interoperability among Platforms	12	Aaron Neinstein	Recommended HITAC Activity: "Explore collaboration with other relevant federal agencies to define clinically relevant PGHD that could be incorporated into provider clinical workflows."	Written comment suggesting edits: "~~Explore collaboration~~ Collaborate with other relevant federal agencies to define PGHD that ~~could be incorporated into provider clinical workflows.~~ should be available to patients and providers without special effort and for personal and direct control." For consistency, revised as: "In collaboration with relevant HHS agencies, review policy considerations and define PGHD that should be available to providers and patients without special effort and for personal and direct control."	Change was made.
Target Area: Patient Access to Information	Patient-Generated Health Data (PGHD) — Lacking Standards and Interoperability among Platforms	12	Aaron Neinstein	Recommended HITAC Activity: "Explore best practices for where PGHD data is stored securely and for the metadata that is required to improve the usability of PGHD including improved data visualization in the provider workflow."	Written comment suggesting edits: "Explore best practices and policy considerations for ~~where PGHD data is stored securely and for the metadata that is required to~~ improve~~e~~ing the usability of PGHD ~~including improved data visualization in the provider workflow~~ in clinical workflows, including data visualization and other authentication and data access workflows."	Change was made.
HITAC Progress in FY23						
None						
Conclusion						
None						
Appendix						
None						

Supplemental Background Research Document

Section	Subsection	Page	HITAC Member	Original Language	HITAC Member Suggestion	Proposed Solution
Overview						
None						
Health IT Infrastructure Landscape						
Target Area: Design and Use of Technologies that Advance Health Equity	Artificial Intelligence – Algorithmic Bias and Transparency	7-8	Katrina Miller Parrish	"…Federal agencies, states, and the private sector are increasingly undertaking efforts to reduce bias in AI and machine learning." "…Combined with federal efforts, the information and best practices from these state initiatives will be useful for other states to address the impact of clinical algorithms on health disparities and inequities."	Spoken comment: Algorithmic bias discussion seems focused on implementation but could also mention monitoring. Revised as: "Federal agencies, states, and the private sector are increasingly undertaking efforts to reduce bias in AI and machine learning. These efforts are comprised of the implementation of principles and guidelines to build trust as well as initiatives to better monitor the use and impact of AI in healthcare." Revised as: "Combined with federal efforts, the information and best practices from these state initiatives will be useful for other states to address the impact of clinical algorithms on health disparities and inequities. These state initiatives are examples of monitoring to examine how AI is used in healthcare currently and to better understand the impact of biases on patient care."	Changes were made. These suggestions have also been placed on the list of potential topics for more in-depth consideration for the FY24 annual report.

Section	Subsection	Page	HITAC Member	Original Language	HITAC Member Suggestion	Proposed Solution
Target Area: Interoperability	Supporting Interoperability Standards – Laboratories and Pharmacies	13	Hung Luu	N/A	Spoken comment: Data models should contain information about methodology to make it easier for pharmacies and laboratories to adopt the recommended data elements and to share them, as well as for AI training to use accurate data models. A future recommended activity could be to assess whether the current data elements are sufficient for this purpose or if additional data elements are needed to ensure increased data quality.	No change was made. Rationale: This suggestion has been placed on the list of potential topics for more in-depth consideration for the FY24 annual report.
Target Area: Interoperability	Supporting Interoperability Standards – Laboratories and Pharmacies	13	Keith Campbell	"Laboratory results influence a majority of medical decisions. Increasing the interoperability of laboratory data can improve the timely delivery and use of test results by healthcare providers and public health authorities. USCDI is promoting the increased standardization of laboratory data."	Spoken comment: Assuring data quality is a necessary part of building the trust needed for interoperability. Revised as: "Laboratory results influence a majority of medical decisions. Increasing the interoperability of laboratory data can improve the timely delivery and use of test results by healthcare providers and public health authorities. Medical centers, test manufacturers, and other organizations involved in laboratory testing vary in the methods used to organize, categorize, and store laboratory information systems, which can impact data quality and interoperability. Improving data quality is important to establishing trust in the data delivered through interoperability. USCDI is promoting the increased standardization of laboratory data."	Change was made. This suggestion has also been placed on the list of potential topics for more in-depth consideration for the FY24 annual report.

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Target Area: Interoperability	Supporting Interoperability Standards – Laboratories and Pharmacies	13	Michael Chiang, Sarah DeSilvey	N/A	Spoken comment: Interoperability of radiological images is increasingly important in medical care, but does not always fall under the purview of ONC. Has this been considered as a HITAC activity? Imaging standards should also be included in this conversation.	No change was made. Rationale: This suggestion has been placed on the list of potential topics for more in-depth consideration for the FY24 annual report.
Target Area: Interoperability	Standards to Support Data Linking and Patient Matching	14	Steven (Ike) Eichner	N/A	Spoken comment: The Public Health sector is an important contributor to this topic and needs to be engaged in the discussion. STLT organizations should be included, not only the CDC. Revised to add: "STLT public health authorities are increasingly leveraging PPRL to report data to the CDC and other federal agencies while protecting personally identifying information. For example, the reporting of STLT vaccination records enables the CDC and HHS to track vaccinated populations by status and associated outcomes for populations with HIV and viral hepatitis. This information allows the CDC to better understand vaccination coverage, identify communities at risk of vaccine-preventable disease outbreaks, and target STLT resources to improve the health of communities."	Change was made.

Section	Subsection	Page	HITAC Member	Original Language	HITAC Member Suggestion	Proposed Solution
Target Area: Privacy and Security	Privacy of Sensitive Health Data – Consent	17	Michael Chiang, Steven (Ike) Eichner	"Now that more sensitive health data exist in the digital realm, studies show that patients would like more control over who sees this data and how it is shared. However, EHRs cannot finely segment parts of a digital health record at scale. However, EHRs cannot finely segment parts of a digital health record at scale. Other challenges in modernizing the digital consent process are the changing landscape of privacy laws at the state level, the lack of uniform standards for sharing consent between different systems, ensuring consent is meaningful, and the difficulty in discovering which systems have a patient's data so the patient can manage it."	Spoken comments: • Acknowledge the variability in how privacy and security practices are currently carried out and how they "should" be implemented. • Increased privacy and control for patients over their health data are important concepts that could be added to the recommended activities. Revised as: "Now that more sensitive health data exist in the digital realm, studies show that patients would like more control over who sees this data and how it is shared. Efforts are underway to mature granular data segmentation and put patients at the center of their own data sharing, advancing interoperability and informed consent more consistently across states. However, EHRs cannot finely segment parts of a digital health record at scale. However, EHRs cannot finely segment parts of a digital health record at scale. Other challenges in modernizing the digital consent process are the changing landscape of privacy laws at the state level, the lack of infrastructure and uniform standards for sharing consent between different systems, ensuring consent is meaningful, and the difficulty in discovering which systems have a patient's data so the patient can manage it."	Change was made to the landscape text. These suggestions have also been placed on the list of potential topics for more in-depth consideration for the FY24 annual report.
Target Area: Patient Access to Information	Patient-Generated Health Data Standards and Interoperability	19	Aaron Neinstein	Topic name: "Patient-Generated Health Data Standards and Interoperability"	Revised as: "Patient-Generated Health Data Interoperability Standards and ~~Interoperability~~ Data Access	Change was made.

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Target Area: Patient Access to Information	Patient-Generated Health Data Standards and Interoperability	19	Aaron Neinstein	"…data collected from digital health technologies are sometimes incomplete due to user error or device limitations, creating inaccurate data. In some cases, patients lack adequate access to internet service which is a barrier for under-resourced populations."	Spoken comment: There is an ongoing need for for more open and standards-based access to data from these medical devices. These data are critical for the provision of modern healthcare yet it continues to be difficult for patients and physicians across the country to access these PGHD from medical devices for their care. Revised as: "…data collected from digital health technologies are sometimes incomplete due to user error or device limitations, creating inaccurate data. To achieve better data access for providers and patients, more medical devices would need to employ open API- and standards-based technology. In some cases, patients also lack adequate access to internet service which is a barrier for under-resourced populations."	Change was made. This suggestion has also been placed on the list of potential topics for more in-depth consideration for the FY24 annual report.
Health IT Infrastructure Gaps						
None						
Conclusion						
None						
Appendix						
None						