

Transcript

HTI-2 PROPOSED RULE TASK FORCE 2024 MEETING

GROUP 1: PUBLIC HEALTH

July 23, 2024, 11 AM – 12:30 PM ET

VIRTUAL



MEMBERS IN ATTENDANCE

Bryant Thomas Karras, Washington State Department of Health, Co-Chair
Shila Blend, North Dakota Health Information Network
Hans Buitendijk, Oracle Health
Steven (Ike) Eichner, Texas Department of State Health Services
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Joel Hartsell, Association of Public Health Laboratories (APHL)
Erin Holt Coyne, Tennessee Department of Health, Office of Informatics and Analytics
Jim Jirjis, Centers for Disease Control and Prevention
Mary Beth Kurilo, American Immunization Registry Association (AIRA)
Kikelomo Oshunkentan, Pegasystems
Zeynep Sumer-King, NewYork-Presbyterian
Naresh Sundar Rajan, CyncHealth
Thomas M. Wilkinson, U.S. Department of Homeland Security

MEMBERS NOT IN ATTENDANCE

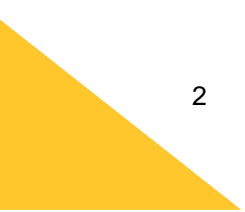
Gillian Haney, Council of State and Territorial Epidemiologists (CSTE)
Lee Fleisher, University of Pennsylvania Perelman School of Medicine
Steven Hester, Norton Healthcare

ONC STAFF

Peter Karras, Acting Designated Federal Officer
Maggie Zeng, Staff Lead
Molly Prieto, Group 1 Co-Lead
Rachel Abbey, Group 1 Co-Lead
Sarah McGhee, Overall Task Force Program Lead & Group 2 Lead

PRESENTERS

Jeffery Smith, ONC (Discussant)





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

Peter Karras

Good morning, everyone, and welcome to the Health Data Technology and Interoperability Patient Engagement, Information Sharing, and Public Health Interoperability, or HTI-2 for short, Proposed Rule Task Force meeting. Today's Task Force subgroup meeting is the public health subgroup. I am Peter Karras with ONC, and I would like to thank you for joining us today. I will be serving as the designated federal officer for today's call on behalf of Seth Pazinski, and this is just a reminder that all workgroup meetings are open to the public, and public feedback is welcomed and encouraged. There are two avenues for public comments. Members of the public can type comments in the Zoom chat feature throughout the meeting or make verbal comments during the public comment period that is scheduled towards the end of today's agenda. I will now begin with roll call of the workgroup members. When I call your name, please do indicate that you are present. We will start first with our co-chair. Bryant Thomas Karras?

Bryant Thomas Karras

Present.

Peter Karras

Shila Blend?

Shila Blend

Good morning.

Peter Karras

Good morning. Hans Buitendijk?

Hans Buitendijk

Good morning.

Peter Karras

Good morning. Steve Eichner?

Steven Eichner

Good morning.

Peter Karras

Good morning. Lee Fleisher? Raj Godavarthi?

Rajesh Godavarthi

Present.

Peter Karras

Gillian Haney has noted that she will be absent for today's meeting. Steven Hester? Joel Hartsell?

Joel Hartsell





Good morning.

Peter Karras

Good morning. Erin Holt Coyne?

Erin Holt Coyne

Good morning.

Peter Karras

Good morning. Jim Jirjis?

Jim Jirjis

Good morning.

Peter Karras

Good morning. Mary Beth Kurilo?

Mary Beth Kurilo

Good morning.

Peter Karras

Good morning. Kikelomo Oshunkentan?

Kikelomo Oshunkentan

Good morning.

Peter Karras

Good morning. Zeynep Sumer-King? Naresh Sundar Rajan?

Naresh Sundar Rajan

Good morning.

Peter Karras

Good morning. Thomas Wilkinson?

Thomas Wilkinson

Good morning.

Peter Karras

Good morning. Thank you, everyone. Are there any Task Force members who I missed or anyone who just joined that would like to indicate their presence? All right, great. I will turn it over to our co-chair, Bryant Thomas Karras, for his opening remarks.

Opening Remarks (00:02:41)

Bryant Thomas Karras





So, thank you, everybody, for volunteering or voluntolding to participate. I really, really appreciate, especially during the summer months, people signing up for weeks and weeks of hard work. My hope is to keep this fun, and it will be something that you all look forward to each week. I think many of you were able to join on Friday, but it bears repeating that we are building on the shoulders of what came before us, and we would not have these public health mentions in HTI-2 had there not been tremendous work in our field of public health informatics pushing forward standards and recommendations for advancing the way we connect with our clinical partners and our federal partners. So, again, I will thank Janet Hamilton and Carolyn Petersen, who chaired the 2021 Task Force, and Gillian Haney and Arien Malec, who chaired the 2022 Task Force. I think they set us up really well. Not all, but many of the items that were mentioned in those recommendations and transmittals were heard loud and clear, and the ONC staff have assembled those into the notice of proposed rulemaking on which we will be making recommendations.

There is one other thing that we will talk about when we go through the procedural stuff. I know everyone has day jobs, but I hope you can prioritize this work, come prepared to the meetings, do the homework, which means reading the 1,067 pages, or at least the ones pertaining to public health or the sections that we are going to commenting on, and also perhaps reread the recommendations from the Task Forces in '21 and '22 so that we can see the origin story of where these things came from and perhaps read in some of the intent. I will pause there and turn it around to you all. Any questions for me as your chair? Okay, hearing none, Peter, let's advance.

Peter Karras

Bryan, is this something that you want to walk through on the charge?

Bryant Thomas Karras

Sure. Feel free to interrupt or correct me. So, those of you who attended on Friday know that the way the HITAC works, and the way Task Forces work in particular are that a particular charge is handed down, and it does provide swim lanes or scope restrictions on what we as a Task Force are commenting on. So, for our task in particular, the overall tasks for all the workgroups are around HTI-2, the proposed rule. During the public comment period, because we are elevated, but part of the public nonetheless, we are to put forward recommendations and edits that we think should be taken into the rule before it is finalized. I have not checked if the 60-day comment period has hit the *Federal Register* yet.

Molly Prieto

It has not yet. We will certainly keep this group updated on when it does, but it is not up as of today.

Bryant Thomas Karras

So, it is not going to happen today? All right. So, there are no surprises during the middle of the meeting, but we are actually on a slightly accelerated time clock as a group. We will not be leveraging the full 60 days. We will likely want to complete our transmittal for vote of the full HITAC during the September full HITAC meeting. Those of you who will want to submit your own public comment may do so all the way up to the end of the 60-day time period. Next slide.

Okay, here is our agenda for today. With the next slide, will I switch over to you, Molly, or do we go into the public health specific task? Next slide. There it is. So, I will cover this a little bit, and then, Molly, Rachel, and team, feel free to jump in. Within the tasks for our Task Force, these are the ones specific to the public





health criteria. Probably not by accident, this marches it out in a series where each of the weeks of our assembling of the Task Force has a different focus and rolling through what used to be the F criteria, now the F and G criteria, we have our work cut out for us. In previous Task Forces, we had enough time to just roll through the seven F criteria that already existed. We are going to have to work faster and mash things up a bit in order to make it to the finish line. I think we have one session where we can do some housekeeping and cleaning toward the end, but it is going to be fast. I will turn it over to Rachel and Molly for comments on our tasks.

Rachel Abbey

Great, thanks, Bryant. I think we are just going to go ahead and move forward and let Molly provide a high-level overview of the public health data exchange part of HTI-2. I think it will kind of set the stage, so I encourage you all to pay particular attention, and then we will begin some brief discussion afterwards. Molly, take it away.

Health IT Modules Supporting Public Health Data Exchange Overview & Discussion (00:11:39)

Molly Prieto

Absolutely. Thanks, everyone. Bryant already stole all the talking points to kick us off by saying that we really appreciate the work that has come before us. The recommendations that came from the Public Health Data Task Force in 2021 and '22 were instrumental and hugely helpful, and I know quite a few folks on this particular committee were part of those recommendations or work in places where others were part of those recommendations. So, our intention was to really build upon those, as I am sure you have printed and bound this rule to keep by your bedside table to read every night, and we do reference in a few places the recommendations made from that particular Task Force that helped inform the prioritization that we took into account for this rule, so I really echo that thanks.

Secondly, I echo the thanks to all of you for being willing to spend your summer days with us for the last few weeks of summer. We know that this is quite the time commitment, like Bryant mentioned, and it is not just the meetings, but it is also the in-between work, so I truly thank you for your time and your commitment on this topic that I hold near and dear to my heart. I know that is the same for everyone on the line. We can move on to the next slide, and right into the next one.

Just as some logistical information, like we mentioned already, the rule is not yet published on Office of the Federal Register (OFR), and as soon as it is, we will be able to say that that 60-day comment period officially starts, so we have been granted a few extra days in our reading time before the comment period officially kicks off. Just as a few notes, I know some of you heard in our Friday meeting and perhaps in the webinar that we hosted last Wednesday, but due to the rulemaking process and the Administrative Procedures Act (APA), we can only present the information that is within the proposed rule as it is written in that proposed rule, so we are not able to interpret, clarify, or provide any further guidance than what is actually written in the Notice of Proposed Rulemaking (NPRM), so while it may seem like some of our answers are perhaps short or frustrating, we are bound by that particular APA rule. I know that we have some additional ONC folks on the line who can help make sure that we are all staying within those guardrails. We can move to the next slide. I think we have a few overviews before we start digging into the particular criteria that Bryant mentioned. Yes, Bryant, go for it.



**Bryant Thomas Karras**

Molly, does that restriction on federal limitations to just provide the as-written guidance pertain only to United States Department of Health and Human Services (HHS) employees, or are other federal employees allowed to interpret?

Molly Prieto

To pontificate? I think that I saw that Beth was on the line. Beth, not to put you on the spot, but I am going to put you on the spot, if you are able.

Beth Myers

No, no federal employee may pontificate on it. The APA applies to the entire federal government for all federal rulemaking, and HHS is one agency, so our friends at Centers for Disease Control and Prevention (CDC) will also be responding with the same sorts of comments that we are if there is something that is traveling too far into opining. Now, that said, Task Force members who are not federal employees are more than welcome to pontificate, opine, and provide that feedback as their recommendations on directions we should take.

Bryant Thomas Karras

Be careful. Those who know me know we have time limitations on these meetings.

Beth Myers

I know...

Steven Eichner

To put forward a supportive comment, can you remind us about when the public health session is for ONC presenting on the rule?

Molly Prieto

Yes, absolutely. I can answer that one clearly. That will be July 30th at 2:00 p.m. Eastern, so I can put that in the chat too, and I know that we have a link for that up on our website, so that will be a week from today, and it is the same day as our next committee meeting, so you will have a day full of me in your ears, and you have my apologies in advance, but that will be a week from today.

Bryant Thomas Karras

Tuesday is public health day, apparently.

Molly Prieto

Tuesday is public health day. So, Hans, in response to your question in the chat about clarifying what the intent is for Letter of Intent (LOI) to not only be a create for an electronic health record (EHR), but also whether a receipt would be out of bounds, that would be within bounds because we do have a component in the rule for receipt adhering to LOI as well. So, since that is part of the NPRM, we do have that corresponding requirement between, and we will get to that in a minute, sorry to jump into letters, but between A2, F3, and F23 criteria, we do cover both the creation and transmission adhering to an LOI and





the receipt adhering to that same implementation guide. Okay, I was just making sure there was nothing else coming in through the chat.

So, to keep plugging away, the purpose of the HTI-2 proposed rule public health components were certainly a large chunk of that rule, but not the entire thing, so there were lots of components with the intention of continuing to implement the 21st Century Cures Act. Even beyond the application programming interface (API) for public health, there were quite a few updates to Fast Healthcare Interoperability Resources (FHIR)-based APIs throughout the rule, and I do believe we have some folks on the line if any questions come up related to those criteria. Those fall within our G criteria. And then, a new subset that we reference is J. Further achieving the goals of the Biden-Harris administration executive orders, there are quite a few that we have listed on the screen, but advancing racial equity and support for underserved community, there are quite a few components of the rule that are working to achieve that, and leveraging health IT to further advance interoperability, which I know all of you are immersed in on a daily basis. Next slide.

This goes a bit further into the components of the rule. There are additional deep dives on HTI-2 beyond public health that are scheduled for the next few weeks. One of those includes information blocking, which will go over those bottom bullets on this screen here, and there is another deep dive as well that is escaping me at the moment, but those are all listed on our website and will be scheduled similarly to the public health one, where we do a deeper dive into each component.

And now for what we have all been waiting for, I think we can move ahead two slides to get to those public health data exchange revisions and new criteria. So, like Bryant mentioned, traditionally, many of you are likely familiar with the certification criteria that were F1 through 7. Those all cover the transmission of public health data to a public health agency, so they cover sending systems, likely EHRs, though other certified health IT modules could also achieve those particular functions, and in this rule, we propose to update not only those existing certification criteria, but also to add some additional new ones, and we will get to them on a new slide, but not only did we update the current ones, we also added new ones for those sending systems, and in concert, we also added receipt-based criteria.

What we were attempting to do there was to have corresponding criteria that married with what is now those F1 through 9 to ensure that we have the function on both ends of the spectrum to send and to receive. In addition, we also proposed a new standards-based API that would help advance public health data exchange. We did build that particular API off of the current API that has been in the certification program for some time after 21st Century Cures. For the wonky folks on the phone, we took the G10 criteria and created G20, and again, I do have some folks on the call who can help support any detailed questions on that particular one.

So, to really pull from a lot of the public health Task Force recommendations from the last few years, our goals there were to be able to advance tools, systems, and standards in tandem. So, instead of having the senders being held to specific requirements or their systems be able to do certain functions, we wanted to be sure that those were corresponding across that whole workflow. Many of you have likely heard Micky give the analogy of pitching and catching and making sure that we were certifying both the pitchers and the catchers. That is about as far as my baseball analogies can go, so I cannot take that one any further, but that was the intent of creating the new set of F criteria that we will see are in the 20s. We can go to the next





slide, since I think I have already started to give away the details there as we have been talking through the F criteria. Bryant?

Bryant Thomas Karras

Before we transition to go into the laundry list, I want not to opine, but challenge our committee here to think about breaking down Micky's analogy of the catchers and pitchers because I think that to be successful in the intent of what we are trying to do, it is not just certifying the catchers and the pitchers, it is making sure that we have enough detail in certification of the actual pitch of the ball that is being thrown. No matter how well you certify a catcher, if the pitcher throws a wild pitch, they cannot catch it, and I think part of what we are dealing with in this country is that there is different intolerance of wild pitches from one jurisdiction to another, or there are appropriate requests from certain jurisdictions that only want fastballs or only want curveballs, and that has led to problems, so we will need to be careful that we do not overregulate to a point where those states are not able to do what is in state regulation, but document what kind of pitches we are allowing for.

Molly Prieto

You took that analogy much better than I could have, so, kudos.

Bryant Thomas Karras

Yes, and I think I won an award for being the oldest, lankiest, and least coordinated player on my Little League team.

Molly Prieto

Well, my pitch would not make it off the mound. That is why we were referencing standards in a terrible way of furthering that analogy to make sure we are all throwing the same ball. I will stop with that now, but as we can see on the screen, these are the sending side of our criteria. Like I mentioned earlier, F1 to F7 should look familiar to those who have been immersed in the certification program in the past. Those existing criteria have all been updated with the most recent version of the standard that has been referenced in the past, and so, that is on our agenda for next week. We will dig into F1 through F7 in good detail, take a look at those standards in the implementation guides (IGs) that are currently being referenced, and go through the committee's recommendation based on those particular ones. I will flag in advance for folks, not to add to homework, but to think about some of the F1 through F7. We did also do some functional updates in addition to standards updates.

So, I would ask that folks take a particular look at F1, so F1 is transmission to immunization registries, which, in the prior program, we proposed that the name update be "immunization registries bidirectional exchange." That F1 criteria did have some additional functional requirements in addition to an updated standard, and so, those additional functional requirements that we proposed include receiving incoming patient-level immunization-specific queries or requesting from external systems. So, this is just to flag within these that there are some functional updates, just to give a little bit of a deeper dive within those particular criteria.

F2 is a standards update only. F3 gets a bit more complicated, so I imagine we will spend a good amount of time next week digging into F3 and the corresponding A2 criteria. So, F3 is transmission to public health laboratories for reportable laboratory results. We are now updating F3 with some additional functions, and





in addition to the transmission of reportable laboratory results, like Hans alluded to in the chat, we are also including receive and validate for laboratory orders within F3, so that is a new functional criterion there. That receive and validate for laboratory orders is pointing to the LOI implementation guide. In addition to F3, we do update to the newer standards of Electronic Laboratory Reporting (ELR) for the transmission of reportable laboratory results and values. We propose a shift to Laboratory Results Interface (LRI) implementation guide from ELR with a 2028 proposed date for that. So, again, I imagine that we will spend a fair amount of time digging into those particular functions, since those are new functions in addition to new standards within F3.

Also, I know that on one of our earlier slides, we put A2 on there. Now, I know A2 is not part of traditional public health criteria, but A2 is one of our computerized physician order entry requirements, or CPOE, and in HTI-2, we propose expanding CPOE for laboratory orders to point to the laboratory orders' implementation guide, so, the LOI IG. Sorry, all the acronyms start blending together in my mouth here. So, that is the kind of corresponding component to F3, so A2 is the creation and transmission of laboratory orders adhering to that LOI implementation guide. A2 also includes the receiving of laboratory results adhering to the LRI implementation guide. So, A2 and F3 are components that work together.

We will also talk in a later week about F23. Laboratory reporting is more complicated than some of the other requirements, so I promise that not all of the Fs will be quite as in depth as this, but the way that we wrote A2 is not proposed to be limited to reportable laboratory orders and results. Within those actual components, F3 and F23 are explicit about reportable laboratory orders and reportable laboratory results, but A2 is not, and so, that distinction there is just important from a public health perspective think about certainly reportable orders and results are what are coming into public health agencies and public health authorities. Without the reportable indicator, it could certainly go beyond that reportable conditions list. I know that was a lot. We will have lots of time to talk about that next week. I am going to pause there to see what questions folks have, just from those first few.

Bryant Thomas Karras

Good job, Molly. I was thinking to myself it bears a whole expansion in the laundry list here because I agree with you, although it is perhaps the oldest and most bread-and-butter of what we do in public health, we want to keep it in alignment with what is happening on the clinical side, so I think it is a really good integration. Steve, you had your hand up first.

Steven Eichner

This may be a parking lot issue, but when we get to the F20 pieces, as we are thinking about how we are going to do our work over the next few weeks, I am thinking about whether we want to look at combining the material so that we are looking at the early Fs and the corresponding 20X or whether we want to walk through this set and then come back around to the 20s. That is kind of a placeholder, but just keep that in mind as we are going through the rest of the information.

Molly Prieto

That is a really interesting suggestion, Steve. I was thinking of that too, that especially for laboratory, it might make sense to do the A2, F3, and F23 all at once, and that is feedback that Bryant, Rachel, and I can definitely take offline and think about the best way to present. Hans, I see your hand up too.



**Hans Buitendijk**

I want to follow up a little bit on the comment in the chat. I think as part of the deeper dive as we get into A2, F3, and F23, a little between providers, public health labs, and public health authorities, are really meant to be the catcher or the pitcher for the respective guides. As an example, all three seem to be talking about receiving orders, and for some of those, that is very clear, and for some of it, the intent is not clear why that particular actor should use that. There might be good reasons, but that clarification will be helpful for the details. That kind of theme is across a number of the variety of F criteria. To contrast, with the payer or provider, there is more clarity as to what the provider and the payer are supposed to do according to the naming, client, or server. There are still some questions there as well, but with that analogy, to really understand the focus of the criteria would be helpful to understand the intent. Comments will come later, and I have a couple there, but it would be helpful to understand the intent to make the comments a little easier to make.

Molly Prieto

That is great feedback. Thank you. I have a visual percolating in my mind that I hope might help with the lab conversation, and I will work on it before our next conversation as well.

Bryant Thomas Karras

I think we are going to have to be very deliberate in differentiating clinical labs and national labs transmitting to public health versus the public health laboratory lab and its interaction with clinical providers. There may be potential crossover between those two. We will have to keep our language straight. In some cases, we are the pitcher in public health, so I am looking forward to coming up with a new analogy that makes more sense.

Molly Prieto

Yes, there are lots of different hats being worn. I think the others will be hopefully slightly less complicated than laboratory reporting. I know that I have already exceeded my allotted time, so I will do my best to continue through the next two slides. So, as we are continuing to think about the existing F criteria that did have additional functions added to them, F4, our cancer registry reporting, was one of those components that had additional functions added to it in addition to a standard update, and so, within cancer registry reporting, or F4, we also proposed including support for the cancer pathology reporting, adhering to the Health Level 7 (HL7) FHIR implementation guide, so that is another functional update to think about as we are thinking about comments for those first few F criteria. I promise the next few are a much lower lift.

Case reporting, Antimicrobial Use and Resistance (AUR), and healthcare surveys were standard updates, so we can hopefully have a relatively short conversation in terms of questions or recommendations relating to those standards updates. I will flag that thanks to coordination with our friends at CDC, we are able to have some folks from the CDC programs on the line next week who will be able to answer any specific questions about their programs and about the implementation guides as well, if needed.

So, chugging along to those last two criteria, birth reporting and prescription drug monitoring program, those two criteria are net new criteria, and birth reporting is also pointing to a FHIR implementation guide for vital records for birth reporting. The prescription drug monitoring program criteria is a functional requirement, and it does not point to a specific standard. So, if you are looking through the rule, the Prescription Drug Monitoring Programs (PDMPs) or F9 component is a bit longer than some of the other updates because it





is a functional requirement, and so, there is lots of descriptive language about what those requirements and functions are within that without having to point to an implementation guide. Next slide.

And so, these are all of the corresponding requirements from that first set of the page. It is not a one-to-one set, since this is kind of the first time we are proposing the receipt criteria, and so, in working with CDC, these were the priority ones that we proposed for this first foray into this world. You will see here that we have immunizations, syndromic surveillance, electronic lab reporting, cancer pathology reporting, electronic case reporting, birth reporting, and PDMP. And so, all of those components are pointing to the same implementation guide that was discussed and referenced in the corresponding F1 through 9 criteria, and all of these are looking for receipt, validation, parsing, and filtering. We can go into greater detail on those regulatory definitions when we dive into each of these criteria in future committee meetings. That will give more detailed definitions of what it is when we say “receipt,” “validate,” “parse,” “filter,” etc. Given time, let’s pause here and see what questions or clarifications folks need on any of this before we move into more comment and discussion. Hans?

Hans Buitendijk

Thank you. I have another general question that can be clarified in the details. With some of the dates and the date alignments, because we are introducing both sides, one question that is going to come up is when we can expect the other side, whenever that is ready or supposed to be ready and when we can expect that will be helpful to understand in our discussions as well what concerns, considerations, or opportunities we have.

Molly Prieto

Yes, that is a really excellent question. I know that for many of our expiration dates, we have either January 1st, 2027, or January 1st, 2028, as the expiration date for those particular standards. Beth, I am going to put you on the spot again and ask. I think you can do a better job than I in terms of discussing the net new requirements and the role in which we play, or do not play, in terms of those enforcement or compliance dates for the F20s. You may be double muted.

Beth Myers

I am double muted. Sorry, I wanted to make sure I was covering the right net new because some of the Fs have net new as well. So, we will start with the F20s. Some of the Fs also have a similar model for them. All of these pieces are for the technology itself. That is a really, really important piece to keep in mind. When we are talking about pitchers and catchers, we are talking about systems, so they are robot pitchers and catchers, not the entities controlling them behind the scenes with a remote control. So, the requirements from a technical perspective will be available for certification, essentially, as soon as we finalize the rule. So, once there is a final rule, on the effective date of the final rule, we would have certification available for any of the 20s, 22s, 23s, etc. that are finalized to be able to test and certify to those criteria. So, remember, the program itself is optional. That is for developers who choose to participate and choose to have their technology certified. So, in that way, it is not actually a deadline timing requirement, it is an availability option, but the requirements would be in the program effective from that date.

So, for those things that may be updates or modifications of the early F suite and things within this one, like case reporting, for example, that has similar constructs, there is a timeline by which that update and provide must be made, and the way that that works is essentially saying technology that is currently certified must





update to the new standard, or the new functionality, and roll it out to customers by that compliance date. So then, that gives you the scoping for the technology. It is really the first end of an availability date, and, for those things where there is a revision or an update, an end date. In terms of a use of such things, all of those types of pieces are not within the scope of this rule. So, in other words, the requirement to use one of these functionalities or implement one of these functionalities by the entity controlling the robot is done by our federal partners, so that would be Centers for Medicare & Medicaid Services (CMS) programs, for instance, CMS programs for the new PDMP, the other end of it, the F9 version. That would be defined by CMS requiring providers to use it within their programs, or there might be CDC grants that would reference things, or Health Resources and Services Administration (HRSA) might do something.

So, all of those requirements for the use of these criteria are outside the scope of this particular rule, and would be things that entities that are other parts of HHS, or states, or whoever from a health system point of view, if an alternate payment model decided to implement them for their purposes, that would be the defining time for the use of them to actually be in place. I saw some things going off in the chat. I will try and catch them really quickly to see if I need to add anything further.

Bryant Thomas Karras

Hans, do you want to...?

Hans Buitendijk

No, I think Beth clarified it, and I think what I stated in the chat is my understanding of what I think Beth indicated. There are truly a lot of programs, and Noam made a similar comment, so I think we have an understanding.

Beth Myers

Correct.

Bryant Thomas Karras

I do not see Jim Jirjis on camera, but I am imagining for the catcher's mitts, there could be CDC incentives that come down, analogous to the CMS incentives that already exist, future alignment between federal rules and federal funding. Federal folks do not need to comment on that. That is an opinion.

Beth Myers

I will not answer for CDC because I know that some of the CDC folks are on, but I do think it is a good question, and we do actually have some comments and questions in the rule about things like that to consider places where adopting the standard itself may be beneficial because there is the requirement under 13.111 and 13.112 of the Health Information Technology for Economic and Clinical Health Act (HITECH) Act that federally funded initiatives should align to consistent adoptive standards wherever feasible, so we do ask questions about that in the rule itself, and so, we welcome specific comments about the applicability or usefulness of the standards. In addition to the criteria, we specifically do ask those questions within the rule.

Hans Buitendijk

Of course, there also needs to be recognition of state laws and regulations where there may be a difference of perspective between federal and state positions.



**Bryant Thomas Karras**

That often is the case. When criteria and rules have come down in the past, there is always that tagline “applicable local and state laws still apply,” so I imagine that will be peppered throughout our comments. We are probably behind schedule. I had a comment on the weeds about the birth reporting new criteria, but I will wait until we get to that in our weekly series.

Molly Prieto

Perfect. Sorry, I went so fast in the overview webinar last week that I told myself I could slow down today, but then I slowed it down too much. Sorry, but I think we are good on this side. We can move to the next one, which is my last, and then we can move into the rest of the content and going through the spreadsheet. So, I do have folks who are a lot smarter than me on this topic on the line who can help with any questions on this one, but the third tier of our stool, just to put a new analogy in there, is the standardized API for public health data exchange, and this is what we have been referring to as G20 and is in the rule as G20 if you are looking for a control-find shortcut. So, this G20 criteria is in the HL7 FHIR-based API meant for public health data exchange, and it really is building and expanding on the capabilities that were included in the patient and population services API in G20.

So, this criteria is meant to be able to support the development of additional public health FHIR implementation guides in the future and really be looking at developing a set of core modular extensible capabilities and standards that will ideally be able to be used in the long term in a variety of different particular public health reporting use cases. Just given time, I will cut myself off there and just ask, Jeff, if you have anything to add to that. I think we have some details in terms of the benefits on the slide here, and again, I think we will have a meeting where we will be able to really do a deep dive into these particular criteria. Bryant?

Bryant Thomas Karras

Well, Jeff, go first.

Jeffery Smith

No, I have nothing to add. Go ahead and ask your question.

Bryant Thomas Karras

So, I asked this in our prep meeting with the other co-chairs, but I am envisioning that this could be one of those situations where the subcommittee focusing on certification and standards, who I imagine will be spending a lot of time in the G10 space, could make changes that we need to be aware of on the public health side so that our G20 stays aligned, so I am hoping that there are significant crosschecks between the Task Force subcommittees to make sure that we do not get to that final week and go, “Oh my gosh, the recommendation that they are making totally negates what we are trying to do on the public health side.”

Jeffery Smith

Yes, I think that is an important thing to keep in mind as you develop your recommendations, and we can facilitate to make sure that your comments are parallel or aligned. I think otherwise, we are very cognizant of the interdependencies and cross-references that exist between G10 and G20, and we will get into the new J criteria for modular API capabilities in a different workgroup. This is very deliberate, although it does





make for a little bit tougher read, but I think a lot of the proposal in G20 is very much aligned with G10, and so, the intent here is to really build off of and extend the capabilities of G10, but to have something in G20 that would be more fit for purpose for public health, and hence, we do reference the US Public Health Profiles Library IG, and we ask for comment on that.

And then, I would just underscore one other thing that we put there in the benefits and that we opine about in the preamble regarding the intention to really support current and future development of public health implementation guides. So, really, what we have proposed at G20 is a set of functionalities and capabilities, again, aligned with G10, that would support future development of implementation guides for public health use cases.

Bryant Thomas Karras

Thank you. So, in the spirit of keeping alignment, could I see a quick show of hands from people on this Task Force who are also participating in the standards? Perfect. Steve, Hans...anyone else? Oh, Naresh. I am deputizing you three to keep your public health hat on while you are in that committee and warn us if there are things that are going sideways.

Molly Prieto

That is a really excellent flag, and from Jeff and my perspective too, that can be something that we also keep in the back of our mind as well, and Peter can ask you and your team for help on that as well if there are specific meetings that we should be attending as flies on the wall. All right, I took significantly more time than allotted, so, my apologies. I think that cut a little bit of our spreadsheet time to go through the Google sheet that we will be using for the group to come up with their recommendations, but please, as you have questions or thoughts between now and then, definitely feel free to reach out to me, Rachel, or Bryant.

Task Force Recommendation Worksheet (00:50:43)

Bryant Thomas Karras

All right. So, now for the detailed work, how we actually are going to get our work done.

Molly Prieto

And I do have that spreadsheet up, Bryant, if you want me to share my screen, just so folks can see it if they are not already in it.

Bryant Thomas Karras

That would be great, Molly. Do you want to share that? Not everybody on the call today was on the Friday kickoff meeting, so, at the risk of repeating, I will share a process that I found really useful in the previous Task Force's work, which was to make sure that there is good courtesy in how the spreadsheet is used. It is a Google sheet. Be careful how you say that. So, if you have not already, the Accel or ONC folks will be asking you for your Google ID to invite you to participate in the spreadsheet. For those of you who work in government agencies, that can sometimes be tricky. I ended up having to use a personal device rather than an agency-issued device to get it to work properly, but I trust that people will be able to figure it out.

If you could scroll a little bit over to one thing in the recommendations, justification, and comments, because of limitations of the technology, it is super important that people attribute comments, as indicated here, putting your initials or putting your name and then spelling out your comments so there is the ability for





everybody's comments to all be heard as opposed to deleting something if you do not agree with it, because then it just disappears and there is no record of that comment ever existing. So, use it wisely and be kind and considerate of colleagues' opinions.

Hans Buitendijk

Can I make a suggestion, Bryant and Molly? I have it open right now, and a couple of the rows that are in here cover multiple criteria. For example, Row 3 covers F1 through 7 and A2, and the other ones are A21 through 29. It actually would be very helpful if those could be split because there are going to be comments that are specific to F23, not F23 plus 3 plus A2, so there should be a little bit more breakdown, because otherwise the comments are going to be very difficult to follow in the subsequent columns.

Bryant Thomas Karras

I totally agree.

Rachel Abbey

Hans, we are totally going to do that. We are going to break it out more. We just have not had a chance yet, but before next week, where we are beginning to talk about the specific F criteria, we will break it out.

Hans Buitendijk

Can I ask a favor in that regard? I am going to be on paid time off (PTO) next week, so I do not think the chances that I can attend are high. If I am already starting to put in comments later today and tomorrow and you have not done it yet, is it okay if I put my name and the specific criterion in the column so that you can help shuffle it into the right spot?

Molly Prieto

Absolutely.

Hans Buitendijk

Or should I create a new row?

Rachel Abbey

We will move it. Just make sure you attribute it where you want it, and we will make sure to move it into that spot. Not a problem.

Molly Prieto

I do not encourage attending while you are on PTO, so we will separate out whatever you can do before then.

Bryant Thomas Karras

I may or may not be planning to call into one of our sessions from a campground on Orcas Island, just so you are aware.

Molly Prieto

I do not support that behavior.



**Hans Buitendijk**

Bryant is trying to coerce me into participating as well.

Molly Prieto

No, no. Do as I say, not as I do. You are not the chair, Hans. I just felt a little bit of extra responsibility, but I super appreciate your comments. Actually, we did not do a round of introductions, and now I am regretting that. We will see if we can get to the end, and if we still have time, maybe we can use any remaining time after public comment to let people introduce themselves and get to know each other. But Hans, I really appreciate Oracle's perspective on the picture for these criteria.

Hans Buitendijk

In full disclosure, I will be blending in the Electronic Health Record Association (EHRA) membership [inaudible – crosstalk] [00:57:02].

Bryant Thomas Karras

Perfect. That is a great reminder. If people can try to wear the best hat possible rather than representing what is beneficial to just your organization or you as an individual, try to empathize with the larger organizational structure that you are here trying to represent. Be a voice for neighboring states and be a voice for neighboring technologies so that we come up with recommendations that help elevate everyone. All right, what is next on our agenda?

Molly Prieto

I think that we might actually be able to do some intros now before public comment.

Rachel Abbey

I was just about to say that.

Peter Karras

We are tracking a little bit early. Public comment is scheduled for 12:20. So, I can give a couple directions. I guess we can pause to see if folks have other questions on the recommendations tracker, process questions, and how that is going to move forward throughout the Task Force meetings over the next couple weeks. I also wanted to echo what Bryant said. Flag the ONC team if you are a member and do not have access. You should have received access to the tracker, but if you do have any issues with access, just let us know, so we can pause there to see if there are any questions on the process or how we are going to go through consensus building as one family here for the next couple weeks, and if not, we can use some of the time to do some introductions.

Rachel Abbey

Peter, can you address how the public could have access to this Google sheet? How does that happen?

Peter Karras

So, this is a working document. This is specifically for HITAC members. It will be shared publicly during public meetings. However, the public will not have access to the Google doc. The public will obviously have access to our agenda and our slides, they will be able to participate publicly through the course of the Task Force meetings, but this is a working document for members. It will be displayed, as I mentioned, during





Task Force meetings as we are rolling up our sleeves and doing the work, but it is not something that is shared publicly or accessed by the public.

Bryant Thomas Karras

From past Task Forces, as we approach the finish line, there will be transformation of the language that is in the tracking spreadsheet into a draft document. Once we reach a stage of consensus after discussion on any given topic, that consensus recommendation will make its way into a separate document, if the past is a good indication of how this one will proceed.

Peter Karras

Yes, it will follow a similar process. The group meetings are pieces of the pie that all come together as one pie towards the end, and in the last week of Task Force meetings, which is the first week of September, we will have the full Task Force come together, but it will be one recommendation set as proposed by HITAC Task Force members.

Bryant Thomas Karras

My understanding is that even members of the subcommittee, Group 1, will be able to comment anywhere in the document before it becomes final and transmitted. It will be a great opportunity. Reserve some time in that final week to look at what is happening in our other sister sections. I am looking forward to getting to that phase. So, Molly, you did go faster than you needed to if we have 15 minutes here before we need to open up to public comment. How should we proceed with the introductions? Should we just go through the roster that is displayed and let people say a little bit about themselves, what organization they are coming from, or what perspective they are bringing to the Task Force?

Molly Prieto

That would be great.

Bryant Thomas Karras

Okay. So, I will go first and try to lead by example by going as fast as possible. I am Dr. Bryant Thomas Karras. I am the Chief Medical Informatics Officer, CMIO, for Washington State Department of Health, but although I am approved for participation by our state government, I am not here representing my agency, but bringing my own expertise to the HITAC. I am a physician, a biomedical engineer, an informatician, and a senior medical epidemiologist serving the State of Washington for almost 25 years, so I have a lot of perspective on the road that we have taken. Let's move down the list to Shila.

Shila Blend

Good morning, everybody. I am Dr. Shila Blend. I currently serve as the Health IT Director at North Dakota Health Information Network. I also serve on HITAC from my personal expertise, and previous to my role, which I have been in for over five years, I had worked at our state department of health and in the private sector, and also, during the COVID pandemic, I was assisting as deputy chief of staff for that. So, I am bringing that expertise and working closely with our state on our DMI project into this workgroup. I guess I pass it off to Hans.

Hans Buitendijk





Okeydoke. I get that one to work. My name is Hans Buitendijk. I am representing and providing a perspective mostly from the EHR HIT world. In that space, depending on the time of day, I will work for Oracle, who is my employer, as a Senior Director of Interoperability Strategy, but most of my time is spent in the industry outside of Oracle, working with everybody that has an interest to advance interoperability, so I am participating in HL7 in a leadership role. Actually, I am one of the editors of the LOI/LRI guides that are being discussed and a co-chair of the workgroup that owns those guides. They also own a variety of the FHIR capabilities that we talk about as well.

I am involved with EHRA, which is a group of various EHR vendors that work together on how to advance a number of areas, including public health interoperability. I am the chair of the Public Health Workgroup, and those three are public domain perspectives that you will hear me speak from, but other than that, I am involved in a variety of national networks like CommonWell, Carequality, Trusted Exchange Framework and Common Agreement (TEFCA), etc. to help keep them moving forward, and I have been at it for a number of decades. I am losing track of how many.

Bryant Thomas Karras

Great, Hans. Let me cut off the handoff to see if Naresh wants to do his introduction before he has to drop.

Naresh Sundar Rajan

Oh, I was just typing in, Bryant, but I can just go ahead really quickly. Thanks for accommodating me. This is Naresh, and I am currently serving as Chief Data Officer for CyncHealth. CyncHealth is a statewide health information exchange for the State of Nebraska and State of Iowa. My work spans across data democratization, interoperability, and innovative solutions for upcoming challenges and FHIR-based interoperability between providers, payers, and policymakers altogether. I have a background in medical informatics, and I have been in this domain for a few decades. I started with the Utah Department of Health and eventually worked on multiple CDC projects, which led into perspectives of bringing interoperability into opioid data with pharmacy drug monitoring programs. I really look forward to sharing insights and collaborating with the team here. Thanks.

Bryant Thomas Karras

Great. Go ahead, Steve. I was going to check in. If anybody else has to drop early, raise your hand. Ike, we do not have more than one Steve, so you can go by your real name if you want.

Steven Eichner

I flip between Steve and Ike, depending on how many Steves are in the room. I will answer to either. I am Steve Eichner, the Health IT Lead for the Texas Department of State Health Services. I have the pleasure of serving on HITAC with my personal expertise. I have been working on health IT for 20-some-odd years, or almost 20 years. I have been involved in HL7 in different workgroups over about 17 of those years. I also have significant expertise in disability needs and services. I have been involved with TEFCA since its inception and am aware of a bunch of different projects, like PULTS and other activities, and it is my pleasure to serve on this workgroup.

Peter Karras

Bryant, I think we can skip down to Joel. Lee, Rajesh, and Gillian are not on.



**Bryant Thomas Karras**

We are making great time, then. Joel?

Joel Hartsell

I am Dr. Joel Hartsell. I am the Chief Informatics Officer for Electronic Case Reporting at the Association of Public Health Laboratories. I am an epidemiologist and informatician by training, but have been working in public health surveillance at the federal, state, and local level pretty much the entirety of my career. I have been working in electronic case reporting for a very long time. I was involved in the early implementations back in 2014 at Utah Department of Health, so I have a lot of knowledge on electronic case reporting, and I think that is what I bring to the table here. But yes, I am excited to work with you all on this effort.

Bryant Thomas Karras

Joel before you hand it off, can you go a little deeper for those of you who are not familiar with what APHL is?

Joel Hartsell

Electronic case reporting is kind of jointly led by CDC, APHL, and CSTE. APHL is really serving as the technical arm of electronic case reporting and serves as the intermediary for delivering all the documents to public health, the reportable condition knowledge management system, really determining if it is reportable and to which jurisdictions, and I am also involved in a lot of direct support activities with public health agencies to help scale their capabilities to receive and utilize the data once they receive it. And so, I work really closely with electronic health record vendors and healthcare organizations, onboard them, and bring them on, so, really, we are involved from start to finish in the range of technical implementations for electronic case reporting.

Bryant Thomas Karras

Great, and we may want other colleagues in APHL to help assist when we get to those sections. So, I stand corrected, there is another Steve on our committee, but I do not think they are on today. Is that correct, Peter?

Peter Karras

Correct, yes. We can move on to Erin.

Erin Holt Coyne

Hi, everybody. This is Erin Holt Coyne. I am the Chief Public Health Informatics Officer at the Tennessee Department of Health. I am also a co-chair of the Public Health Workgroup at HL7 and have been participating in public health-related standards development for probably close to 15 years, and I also served on the last Public Health Data Systems Task Force. The hats that I will be wearing here are obviously in support of the interests of the Tennessee Department of Health, but also public health at large. I am just really glad to be here and looking forward to working with everybody on this.

Peter Karras

Thanks, Erin. We can skip down to Mary.

Bryant Thomas Karras



Mary Beth?

Mary Beth Kurilo

Hi, everybody. I am Mary Beth Kurilo, the Senior Director for Health Informatics at AIRA, or the American Immunization Registry Association. Unlike Steve and Ike, I will not answer to “Mary,” so I am going to make you say “Mary Beth.” I am really happy to be here, and the hat that I will primarily be wearing is to represent our members. So, we work very closely with the immunization information system community, which includes the Immunization Information Systems (IIS) folks on the ground who are running systems, as well as the vendors and technology partners who support them as well. So, this is my first HITAC Task Force, and I feel honored to be here, and I am learning a lot from all of you. I am happy to represent the immunization community where I can.

I will also just mention that, in my background, I have been with AIRA for about 10 years, and prior to that, I was working as the director of the state IIS in Oregon for several years. The last piece I will mention is that within AIRA, I oversee several informatics programs, one of which is the Measurement Improvement Project that we have been doing for about nine years now, where we work with IIS and measure them against standards-based criteria. So, I am really interested and excited to look at how all this dovetails with HTI-2.

Bryant Thomas Karras

I am going to put you on the spot, Mary Beth, to probably hold that up as an exemplar that we can model for the other F criteria.

Mary Beth Kurilo

You know I love talking about it, Bryant, so that is all good.

Bryant Thomas Karras

Dayo, you are up. Did Dayo drop? Okay, I guess we are on to Zeynep. Is my audio working?

Molly Prieto

Your audio is working.

Peter Karras

Yes, we can hear you. Zeynep, if you are talking, you might be on mute.

Bryant Thomas Karras

Or double mute.

Peter Karras

We can circle back to Zeynep.

Bryant Thomas Karras

So, Tom?

Thomas Wilkinson





Good afternoon, everybody. I am Tom Wilkinson. I am coming to you from Detroit, from the National Association of County and City Health Officials (NACCHO) conference here. I am a family doctor by training and have been practicing medicine and informatics for 30 years. Currently, I am the Chief Medical Information Officer for the US Department of Homeland Security, where I am also the Deputy Assistant Secretary for Health Information Systems and Decision Support. I heard you loud and clear, Beth, that I cannot opine as one of the family of feds, but I can provide context, and among my keen interests are the national security considerations of public health infrastructure.

Bryant Thomas Karras

Thank you. All right, circling back, is there anyone who was not able to introduce themselves from the committee? In the last two minutes before public comment, maybe we could go through in the ONC staff.

Molly Prieto

Yes, I am happy to. I feel like everyone knows Rachel, so I will have her go second, but my name is Molly Prieto. You may have known me under a previous name, which was Molly Murray. I am the Deputy Director for the Standards Division at the Office of the National Coordinator. I have been at ONC for a few years, but prior to that position, I worked with the US Digital Service and CDC to work on some public health data informatics projects, and so, I am excited to hopefully bring some of those even further down the road. It is really great to work with many of you again and meet many of you for the first time. I am excited to spend my Tuesdays with you all for the next few weeks.

Rachel Abbey

Thanks, Molly. Hi, everyone, I am Rachel Abbey with the Office of Policy here at ONC. I know many of you. I have been around this space for over 10 years or so. Sorry I am not on camera. I am getting over COVID. I promise I will be on camera next week. So, thanks, guys. I really appreciate everyone's willingness to participate in this. It is great to see you. I cannot believe how far we have come.

Molly Prieto

Look at that! It is exactly 12:20, so we planned it perfectly.

Public Comment (01:17:16)

Peter Karras

All right, great. We would like to open the meeting for public comment. If you are on Zoom and would like to make a comment, please use the hand raise function, which is located on the Zoom toolbar at the bottom of your screen. If you are on the phone only, press *9 to raise your hand. Once called upon, press *6 to mute and unmute your line. We will pause for a moment to see if we have any members of the public with raised hands. Let me see if there are any comments coming in through the chat. While we are waiting, this is just a reminder to everyone that the next subgroup meeting for this group will be next week on July 30th, same time, same place. I just wanted to remind folks that all HITAC meeting materials can be found on HealthIT.gov and are publicly available there on our site. I am not seeing any raised hands or comments coming in through the chat.

Next Steps (01:18:23)

Bryant Thomas Karras





I had a motion to make, Peter. I am not sure if this is permissible or not. Given how many topics we need to cover in a couple of the sessions, I was curious if people would be willing to go a half an hour over time if needed, if we give people enough advance notice that we expect the discussion to go deeper than an hour and a half would permit. Is there anybody who would be unavailable for that additional half an hour? You do not have to answer now, but maybe give feedback to the ONC staff if that would be a hardship. For East Coasters, I know we are cutting into your lunch break. Feel free to grab lunch and eat it off camera if necessary.

Peter Karras

Bryant, we can follow up with a message as well to the subgroup after this meeting, and for folks that are otherwise not on this call, if you just want to share your agreement for extending, that is fine.

Bryant Thomas Karras

I will motion it. We can have somebody second it and put it to vote. Does anybody second the motion to extend, when necessary, an extra half hour for sessions that necessitate it?

Erin Holt Coyne

This is Erin Holt. I will second.

Steven Eichner

Bryant, this is Steve. I think we need to give people an opportunity to look at their calendars before there is a vote. I appreciate your interest in having some urgency, but I think people do need a moment to review schedules.

Bryant Thomas Karras

All right. Please try to block out an additional half an hour. Let us know if there is any tremendous hardship, as long as we can keep some semblance of a quorum.

Steven Eichner

Just to amend my comment, I think you might be able to take a position where we would like to schedule and plan to extend meetings by a half hour, with the holdout that if somebody has an issue that they cannot make it and need to go back to the current schedule, they can raise that as an issue. Is that a happy compromise?

Bryant Thomas Karras

Yes, and I will make every effort for us to finish on time at 12:30 Eastern, when possible, but I know that some of the discussions are going to get very weedy and wonky.

Steven Eichner

For the purposes of this being a public meeting, if we are looking to make the change, we need to make it for a longer meeting, but then end early if we can.

Bryant Thomas Karras

Yes, but we may still need to take a break for public comment in the original proposed time, rather than ending early and not giving people who are expecting to do public comment after we have ended.



**Steven Eichner**

Oh, absolutely. I was not at all suggesting removing a public comment period. I was thinking if we shifted the time period to the longer period so that the public were aware that the meeting would be running longer, it would be easier to give time back than to run late and have the public have a conflict.

Peter Karras

Bryant, just as a question for clarification, are you proposing this for specifically the 7/30 meeting, or for all meetings moving forward?

Bryant Thomas Karras

Hans has his hand up. I do not know if that is as a vote or a question, but I think there are some that we can predictably know that they are going to definitely go over, but I think it could be useful to have it available for any that are necessary, and just have people block it out if possible. I have it blocked out because of our debrief time period already, but I am open to hearing other people's thoughts on that.

Mary Beth Kurilo

I think the 7/30 one is probably the one where we could easily do 90 minutes, and the others would be more likely to be two hours, but that is more my gut sense. Sorry, Hans.

Hans Buitendijk

That is okay. This was not a hand to vote since we are still in discussion and the question has not been called yet. But as part of the approach, if it is going to get difficult at some times, if not more times, then there could be a poll for issues or topics that are scheduled at the beginning of the meeting to understand if there are certain topics that should be done before end of the regular hour, if you will, so that those that want to contribute to that can do so and those that can say longer can work on other topics at that point in time. That is always a challenge, but this can help manage it because it is going to get tricky with conflict and meetings that have also been scheduled for a while.

Peter Karras

I do want to be cognizant of time now because it is 12:27, so we have three minutes until we wrap up.

Bryant Thomas Karras

All right. Is there any other further public comment?

Peter Karras

I am not seeing any other public comments at this time, so I think we can turn it back to you, Bryant, for the next steps and closing remarks.

Bryant Thomas Karras

All right. Well, stand by for homework assignments, and be sure and test your ability to log into the Google sheet and work with the ONC and Accel staff to fix any problems you have. Oftentimes, we are doing live updates to the Google sheet as we are having discussions, so you may want to have more than one screen available for the next session. I cannot tell you how excited I am to be making this progress. I think this is an accumulation of work that we have all been moving towards in our various capacities, and seeing this





level of capability put forth really puts us in a great spot in public health. As expectation management, I do not think we are all going to get everything we want. We will need to compromise and come to a consensus, but incrementally, everything we do during this Task Force will get us one step closer to our goal and our view of advancing our public health capabilities, so I really appreciate everybody's time and attention to this. All right, I think we are at time.

Molly Prieto

Thanks so much, everyone. See you next week.

Adjourn (01:26:56)

QUESTIONS AND COMMENTS RECEIVED DURING PUBLIC COMMENT

No comments were received during public comment.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Hans Buitendijk: So, as an example, clarifying what the intent is for LOI to not only be a create for an EHR, but also a receipt, would be out of bounds, correct?

Hans Buitendijk: That's why we have chat too!

Sara McGhee: Here is a link to the HTI-2 website: <https://www.healthit.gov/topic/laws-regulation-and-policy/health-data-technology-and-interoperability-patient-engagement>

Hans Buitendijk: Addressing both catchers and pitchers is very helpful. In the details some of the questions will be clarity who/what is supposed to fill either the catcher and/or pitcher roles, thus who is supposed to actually support what.

Noam Arzt: As long as the catchers are funded at an appropriate level to be "in the majors."

Hans Buitendijk: It would be helpful to clarify across a2, f3, and f23 who the intended pitchers and catchers are for LOI and LRI and particularly why.

Noam Arzt: I agree, Hans. I find the language in the NPRM less than clear that we are even talking about catchers. I had to read it several times to understand what the oblique "public health" reference really meant since it does not talk much about public health *systems*.

Steven Eichner: Public health can serve different roles simultaneously, such as providing immunization services and operating a statewide immunization information service (IIS).

Hans Buitendijk: Agreed with Bryant that we have to consider providers, commercial labs, public health labs, and PHAs doing the analytics, etc.

Hans Buitendijk: What are the target dates for net-new? The preamble and proposed language does not appear to indicate that. Similarly for the a number of the f21 and up. Date alignments will be important.





Dan Chaput: And keep the concept of "lab orders and results to public health labs" separate from the mandated reporting of infectious organisms to infectious disease programs. The mandated reporting appears to be a profile in the LOI IG. But we have time to figure that out.

Hans Buitendijk: So no availability dates for new criteria (only for existing criteria that one has certified to), until another program, e.g., CMS establishes one. Correct?

Noam Arzt: Until AND IF another program establishes one.

Noam Arzt: And of course many of these standards are already well promulgated and adopted by PH systems.

Steven Eichner: There are also some people that are participating in multiple groups that can help bridge information between groups.

Dan Chaput: (g)(20) (and (g)(10)) - very hard to tell who is the client (pitcher) and server (catcher) in the absence of an IG that implements something specific. It appears that the actors (e.g. EHR & PHA) may be a client or a server based on a particular scenario.

Steven Eichner: One of my bigger concerns is how aggregate data requests may be handled at the end of the day, especially with regards to the potential loads on responding systems.

Hans Buitendijk: g10 is definitely provider as the source (CEHRT already includes that). g20 is a Base EHR proposed criterion, so would be on the provider side. Question would be whether a PHA is intended to be certified to g20 and possibly g10 as well to the extent they have that data.

Noam Arzt: As a member of the "public" I have found it quite limiting in the past that these spreadsheets were not available in read only mode until the very end. It is very hard to see what the committee is thinking and working on without this access.

Rachel Abbey: Hans yes we will be splitting them out

Naresh Sundar Rajan: Sorry, I have to drop. Here is my intro, and I am excited to be part of HTI-2 Public Health subgroup:

Bryant thomas Karras: Naresh? go next???

Bryant thomas Karras: MM!

Sara McGhee: Here's the link to the HTI-2 Overview Webinar:
https://www.youtube.com/watch?v=iYTIP6_kQ3c

Steven Eichner: Given the ONC briefing on HTI-2 next week, it may be best to extend meeting times for meetings AFTER the 30th.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.





RESOURCES

[HTI-2 Proposed Rule Task Force 2024](#)

[HTI-2 Proposed Rule Task Force 2024 Group 1: Public Health - July 23, 2024, Meeting Webpage](#)

Transcript approved by Seth Pazinski, HITAC DFO, on 9/10/24.

