



Health Information Technology Advisory Committee

Meeting Summary - June 20, 2018

VIRTUAL

The June 20, 2018, Health IT Advisory Committee (HITAC) meeting was called to order at 10:30 am ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

ROLL CALL

(Members in attendance, representing)

Carolyn Petersen, Individual, HITAC Co-Chair

Robert Wah, DXC Technology, HITAC Co-Chair

Michael Adcock, University of Mississippi Medical Center

Christina Caraballo, Get Real Health

Tina Esposito, Advocate Health Care

Cynthia A. Fisher, WaterRev, LLC

Brad Gescheider, PatientsLikeMe

Valerie Grey, New York eHealth Collaborative

Anil Jain, IBM Watson Health

John Kansky, Indiana Health Information Exchange

Kensaku Kawamoto, University of Utah Health

Steven Lane, Sutter Health

Leslie Lenert, Medical University of South Carolina

Arien Malec, RelayHealth

Denni McColm, Citizens Memorial Healthcare

Clem McDonald, National Library of Medicine

Aaron Miri, Imprivata

Brett Oliver, Baptist Health

Terrence O'Malley, Massachusetts General Hospital

Steve L. Ready, Norton Healthcare

Patrick Soon-Shiong, NantHealth

Sasha TerMaat, Epic

Andrew Truscott, Accenture LLP

Sheryl Turney, Anthem BCBS

Denise Webb, Marshfield Clinic Health System

Federal Representatives

Kate Goodrich, Centers for Medicare & Medicaid Services (CMS)

Chesley Richards, Centers for Disease Control and Prevention (CDC)

Ram Sriram, National Institute of Standards and Technology (NIST)

Lauren Thompson, Department of Defense/Department of Veterans Affairs (DoD/VA)



Members not in attendance:

Raj Ratwani, MedStar Health

ONC Senior Staff

Elise Sweeney Anthony, Director of Policy

John Fleming, Deputy Assistant Secretary for Health Technology Reform

Seth Pazinski, Director, Office of Planning, Evaluation and Analysis

Steve Posnack, Executive Director, Office of Technology

Lauren Richie, Designated Federal Officer

Donald Rucker, National Coordinator

Welcome Remarks –

Donald Rucker, National Coordinator (ONC)

Elise Sweeney Anthony, Executive Director, Office of Policy (ONC)

Donald Rucker offered updates and an overview of today's meeting. The highlights include:

1. HHS Secretary Alex Azar has approved the HITAC Policy Framework;
2. HITAC will form a new task force to address priority standards;
3. HITAC will form a small workgroup to steer its annual progress report to Congress;
4. ONC's 2018 Interoperability Forum will take place August 6 – 8. The forum will highlight interoperability demonstrations and discuss challenges and best practices in interoperability.

Elise Sweeney Anthony extended her appreciation to HITAC committee members and the ONC team. She looks forward to continuing the work ahead.

VOTE TO APPROVE MINUTES

Robert Wah (co-chair) called for a vote on the minutes from the May 18, 2018, meeting. A clear number of votes were in favor of the motion. No comments or amendments were offered. There were no abstentions, and none opposed.

Presentation 1: Inpatient Prospective Payment System Rule –

Kate Goodrich, Chief Medical Officer, Director of the Center for Clinical Standards and Quality, CMS

Kate Goodrich discussed provisions of CMS' 2019 Inpatient Prospective Payment System proposed rule as they are relevant to this committee. The notable changes in this rulemaking focus on:

1. Patients Over Paperwork;
2. Meaningful measures; and



3. Promoting Interoperability.

Patients Over Paperwork

The priorities of the program include reducing the administrative burden for clinical providers and Medicare beneficiaries to improve patient safety, quality and experience.

The rule is now out for public comment. The goals include increasing the number of customers—such as clinicians and institutional providers that CMS engages with, through direct and indirect outreach.

The agency wants to hear from frontline providers on how to decrease hours and dollars they spend on CMS-mandated compliance while ensuring quality patient outcomes and patient safety. Increasing the proportion of tasks CMS customers can perform in a completely digital way also is of high importance.

Examples of work completed to date include:

1. CMS greatly reduced the number of electronic health record (EHR) measures and thresholds required for meaningful use and the Quality Payment Program (QPP);
 - Re-engineering these programs for future years to focus on interoperability and further reduce the reporting burden for providers;
 - Developing an open-source Application Program Interface (API) for data submissions for QPP. Clinicians using registries or qualified clinical data registries can use this API for reporting to the Merit-based Incentive Program; and
2. CMS removed and de-duplicated many measures from the hospital quality programs.
 - Example: Allowing medical student documentation of evaluation and management with no re-documentation required from the attending teaching physician.

Meaningful Measures

Meaningful measures is a key aspect of the Patients over Paperwork initiative. CMS wants to hone its focus on quality improvement in key, high-impact areas. It's a move to focus everyone's efforts on the same quality areas by removing low-value measures and filling gaps.

There are 19 meaningful measures across the following six topic areas:

1. Promote Effective Communications & Coordinate of Care
2. Strengthen Person & Family Engagement as Partners in their Care
3. Make Care Safer by Reducing Harm Caused in the Delivery of Care
4. Promote Effective Prevention & Treatment of Chronic Disease
5. Work with Communities to Promote Best Practices of Healthy Living



6. Make Care Affordable

Two new measures include: 1) Prevention and treatment of opioid and substance abuse disorders; and 2) Transfer of health information and interoperability.

The proposals would affect the current five quality programs for hospitals. CMS' goal is to create a parsimonious measure set that focuses on the most critical quality areas with the least burden for clinicians and providers. The quality programs are:

1. Hospital Inpatient Quality Reporting Program—Proposes removing 39 measures (removing 18 measures and de-duplicating 21 measures) over four years;
2. Hospital Value-Based Purchasing Program—Proposes removing 10 measures beginning in FY 2021;
3. Hospital-Acquired Condition Reduction Program—No proposals to remove measures within this program;
4. Hospital Readmissions Reduction Program—No proposals to remove measures from this program; and
5. Meaningful Use (name change to Promoting Interoperability).

CMS is also working with Health IT organizations, registries and clinicians to further the above goals and reduce the burden of measurement. The agency already has heard from clinicians and other providers that say they have had some success in significantly reducing that burden.

Some recent reports have led to a public perception that because of these proposed changes, CMS would not publicly report some of the measures that it de-duplicates. All those measures would still stay in the Hospital-Acquired Conditions Program. CMS has no intention, nor does it propose, to not publicly report those measures.

Promoting Interoperability *(formerly known as Meaningful Use)*

The proposed rule includes the following notable changes to promote interoperability:

1. Name change to Promoting Interoperability Program;
2. Use of the 2015 Certification Edition API required beginning in 2019;
3. EHR reporting period in 2019 and 2020 proposed for a minimum of any continuous 90 days;
4. Changes to the scoring methodology, removing the all-or-nothing nature of the program. Hospitals that score less than 50 percent would get a payment penalty;
5. Objective/Measure proposals;
6. Clinical Quality Measures (CQM) proposals:
 - No change for 2019;
 - Propose CQM reduction from 16 to eight in 2020; and
7. Puerto Rico Hospitals—codify program instructions.



CMS is seeking public comment on the proposed rule through June 25, 2018, especially whether it should provide additional flexibility regarding which measures are required, and whether the requirements are balanced between reducing burden and protecting the public.

HITAC Member Discussion – Presentation 1

Terry O'Malley: When would the next upgraded edition be required?

Kate Goodrich: In 2018, hospitals can use the 2014 or 2015 Certification Edition.

Elise Sweeney Anthony: ONC is developing the 2016 Certification Edition API. When there is a new edition, we allow a window for finalizing a rule to support it. We don't have any timetable now for that rulemaking. There is a lengthy process to rulemaking and its corollaries.

Kate Goodrich: By statute, each rule must be published by August 1st.

Leslie Lenert: Can you offer more detail about how the 50th percentile or score of 50 will be reached, and the details of the components of that?

Kate Goodrich: I can offer a slide not in the deck, with more detail on the scoring. I will share this with Lauren Richie and she can send to committee members.

Leslie Lenert: Was there patient input in determining what the weights were?

Kate Goodrich: Yes, we went to numerous stakeholders—hospitals, vendors, and patients—around what a new structure for meaningful use would look like. Patients said allowing access to information is very important. Also important were measures that allow clinicians to be able to communicate with each other about patients more easily. Those are the two areas that should have the most emphasis and they are the areas that have the highest weight within the proposed scoring structure.

Presentation 2: HITAC Annual Report Discussion –

Carolyn Petersen, HITAC Co-Chair

Robert Wah, HITAC Co-Chair

The 21st Century Cures Act (Cures Act) requires ONC to submit an annual report to the Secretary and Congress on the progress it has made during the preceding fiscal year.



The report will cover January – September 2018. A small workgroup will be convened and charged to inform, contribute to, and review the draft and final versions of the report. This report will:

1. Analyze the committee’s progress on priority target areas;
2. Assess health IT infrastructure and advancements in the priority target areas;
3. Analyze existing gaps in policies and resources for the priority target areas; and
4. Propose ideas for potential HITAC activities to address the identified gaps.

The HITAC co-chairs requested volunteers for the workgroup. The draft timeline for the Annual Report Workgroup is as follows:

Month	Deliverables for Review
June 2018	Subcommittee charge for FY18 Annual Report
July	Landscape analysis report: outline
August	Gap analysis report: outline Landscape analysis report: final
September	Gap analysis report: final
October	Annual report: outline
November	Progress report: final
December	Annual report: final
Spring 2019	Work begins on FY19 Annual Report

The draft timeline for the full HITAC is as follows:

Meeting Date	Action Items/Deliverables
June 20, 2018	Subcommittee charge presented
September 5	Final landscape analysis report reviewed
October	Final gap analysis report reviewed
November	Final progress report reviewed
December	Final annual report reviewed
January 2019	Final annual report approved by HITAC. Report submitted for clearance within HHS
February 2019	Report submitted to Congress

Aaron Miri: How do we volunteer?

Lauren Richie: Send an email to lauren.richie@hhs.gov. Lauren Richie also will reach out to committee members seeking volunteers.



Michelle Murray (ONC Staff) will also provide support to the workgroup.

Presentation 3, Part 1: Interoperability Standards Priorities (ISP) Task Force – Steven Posnack, Executive Director, Office of Technology, ONC

Steven Posnack: Section 3003 of the Cures Act requires the HITAC to identify and set priorities for Health IT standards adoption.

The Cures Act identified nine priority focus areas, including interoperability incentive programs, value-based payments, hospital value-based purchasing, patient safety, care quality, access to electronic health information and privacy/security. Innovation and other areas could be identified in the report as well. Many priority areas will be cross-cutting.

As a result, ONC charged the HITAC to initiate a new task force – the Interoperability Standards Priorities (ISP) Task Force. The ISP Task Force will begin its work in Summer 2018 and will have three specific responsibilities:

1. Identify priority uses of health IT focusing on specific priorities;
2. Identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet those identified priorities; and
3. Publish a report summarizing those findings and make appropriate recommendations to the HITAC.

The task force will also identify subsequent steps for industry and government actions to further develop priority uses and implementation specifications. The work of the task force is expected to last about 15 months. A draft timetable follows:

Milestone	Anticipated Due Date
Welcome meeting	July 2018
Initial Scope of the IST task force decided	July 2018
Review of standards and priority uses	August 2018 – February 2019
Develop Findings and Recommendations letter	March – August 2019
Report task force recommendations and findings to full HITAC	September 2019

The Interoperability Standards Advisory (ISA) will be a helpful resource for the ISP Task Force, and the task force recommendations will inform future updates to the ISA.



Lauren Richie: To volunteer for the ISP Task Force, send an email to lauren.richie@hhs.gov. Lauren Richie will also reach out to committee members seeking volunteers.

HITAC Member Discussion – Presentation 3, Part 1

Steven Lane: Can you describe how this task force differs from the U.S. Core Data for Interoperability (USCDI) task force?

Steven Posnack: USCDI focused on the data to be linked through interoperability and the process to certify that data. This task force deals with the uses of types of data and will set priorities for those uses. There could be USCDI-related recommendations that come out of this task force.

Steven Lane: I volunteer to participate.

Lauren Richie: The task force lead at ONC is Farrah Darbouze.

Presentation 3, Part 2: ONC 2018 Interoperability Forum – *Steven Posnack, Executive Director, Office of Technology, ONC*

The ONC Interoperability Forum will be held at the Mayflower Hotel in Washington, DC. Registration opens June 25.

The Forum runs from Monday – Wednesday, August 6 – 8, 2018. The main conference day with seven separate tracks is Tuesday, August 7. On Wednesday, there will be presentations that sum up the concurrent track sessions and identify industry and government actions that could be initiated to help further ideas presented in those sessions. Monday and Wednesday will be webcast.

Closing Comments

Robert Wah: The committee will not meet in July or August. Committee members should take time over the long break to think about the direction of the HITAC in the future, reflect on its accomplishments to date and where it is heading.

The HITAC has more definition from the law than past federal advisory committees, and that has played a large part in setting its agenda. However, we want to make sure these discussions are open to more ideas and innovation.



Public Comment

No members of the public had comments over the phone.

The following public comments were received in the Chat feature of the webinar during the meeting:

LCDR Leatrice Begay: When should we expect a final ruling?

Eric Heflin: I would respectfully like to suggest that their next-generation API be based on open standards, such as those by IHE International, and HL7.

Susan Clark: I second Eric Heflin's comment.

Doug DeShazo: I would as well, very good idea.

Brian Ahier: +1 to Eric - Certainly using the HL7 FHIR standard for APIs should be considered.

P Kuppe: what is your email? --to volunteer?

Mitch Kost: lauren.richie@hhs.gov

Next Steps

ACTION ITEMS:

Send an email to Lauren Richie to indicate interest in the Annual Report Workgroup or the ISP Task Force.

Kate Goodrich, via Lauren Richie, will send out the additional slide on the CMS Inpatient Prospective Payment System proposed rule.

The HITAC will take a summer break and will not have full committee meetings in July or August. The next meeting is September 5, 2018, in person at a location to be determined in the Washington, DC, area.

Lauren Richie adjourned the meeting at 11:36 am ET.