Health Information Technology Advisory Committee

Transcript
June 20, 2018
Virtual Meeting

Operator
Thank you. All lines are now bridged.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Good morning, everyone and welcome to the June edition of the Health Information Technology Advisory Committee. I hope everyone is enjoying the early summer days.

We have quite a bit on the agenda today, so we are going to go ahead and get started with the roll call. Just as a reminder for the members who are in Adobe, just to raise your hand if you have any questions or comments. I do know that a few members are only on by phone, so if that is the case for you, just feel free to type in whenever you have a question or comment and then, of course, we will hold all public comments to the end of the meeting.

With that, I'm going to get started with roll call. Carolyn Petersen?

Carolyn Petersen – Mayo Clinic Global Business Solutions – HITAC Committee Member
I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Robert Wah?

Robert Wah, DXC Technology
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Michael Adcock?

Michael Adcock, University of Mississippi Medical Center
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Christina Caraballo?

Christina Caraballo, Get Real Health
I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Tina Esposito?

Tina Esposito, Advocate Health Care
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Cynthia Fisher?

Cynthia A. Fisher, WaterRev LLC
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Brad Gescheider?

Brad Gescheider, PatientsLikeMe
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Valerie Grey?

Valerie Grey – New York eHealth Collaborative
I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Anil Jain?

Anil K. Jain, IBM Watson Health
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
John Kansky? He's not on yet.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Ken Kawamoto

Kensaku Kawamoto, University of Utah Health
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Steven Lane?

Steven Lane, Sutter Health
Good morning.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Leslie Lenert?

Leslie Lenert, Medical University of South Carolina
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Arien Malec?

Arien Malec, RelayHealth
Good morning.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Denni McColm?

Denni McColm, Citizens Memorial Healthcare
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Clem McDonald? Elise said he was gonna be late, so we'll circle back.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Aaron Miri?

Aaron Miri – Chief Information Officer & VP Government Relations – Imprivata
Good morning.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Brett Oliver?

Brett Oliver, MD – Baptist Health
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Terry O'Malley?

Terrence O'Malley, Massachusetts General Hospital
Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
And I do believe that Raj Ratwani said he was going to be absent today. Chesley Richards?

Chesley Richards – Office of Public Health Scientific Services
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Steve Ready?

Steve L. Ready, Norton Healthcare
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Patrick Soon-Shiong? No Patrick Yet? Sasha TerMaat?

Sasha TerMaat, Epic
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Andy Truscott?

Andrew Truscott, Accenture
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Sheryl Turney?

Sheryl Turney, Anthem Blue Cross Blue Shield
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Denise Webb? No Denise Yet? Kate Goodrich?

Kate Goodrich – CMS
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Ram Sriram?

Ram Sriram, Ex Officio, Office of the National Coordinator for Health Information Technology
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Lauren Thompson?

Lauren Thompson – DoD/VA Interagency Program Office
Present.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. And from the ONC side, we have Dr. Rucker, Pat Puzinski, myself – Lauren Richie, Elise Sweeney Anthony, John Fleming, and Steve Posnack. Anyone else from ONC that I missed? Okay, with that, I will turn it over to our National Coordinator, Dr. Rucker, for our welcome remarks.

Donald Rucker - National Coordinator for Health Information Technology - Office of the

National Coordinator for Health IT (ONC)

Hi everybody. Thanks for all of your work and thinking on all of these issues. A couple of updates to start things off. First of all, a reminder for folks, we are having our second Interoperability Forum August 6-8, that's here in town at the Mayflower Hotel. And the goal here really is, as was the case last year, for all of us, collectively, to try to hash out and further our joint understanding of some of the more technical details. Interoperability, I would say, has many, many levels of details, only some of which are technical, but we have a bit of a technical emphasis here that we'll be covering other things on interoperability as well. It worked out very well last year. And looking forward to this year, I think we're going to have some demos, all kinds of discussions about best practices, and a number of events.

On the more mechanical side, Secretary Azar approved our HITAC policy framework, so just a heads-up on that. We're doing a couple of organizational things. First of all, as required under Cures, we're going to take off a new task force to address the priority standards, as folks remember the Cures language actually had a number of things on the HITAC to-do list. So, that's the next step there. Another thing that is in the Cures Act language is an annual HITAC progress report, so we're going to kick off a small workgroup to work on that and it will obviously be of great help here to provide all of the support necessary so this leverages your intellectual input, but does not re-create high school report or college composition class for you, unless, of course, you want. I know those were not my favorites.

The goal of all of this is, obviously, to get this out and share it with the country. The report is part of the tool to do that. So, with that, I'm going to turn it over to Carolyn Roberts to run the meeting.

Elise Sweeney Anthony, JD, Executive Director, Office of Policy

Before we do that, I just want to jump in. This is Elise. I would like to extend our appreciation as well following up on what Don said, for all of the work that you've done so far. I was thinking this morning here we are at six months in from the committee kickoff. And all the work that you've done so far has been truly amazing and extremely helpful to the work that we're doing, so everything from TEFCA and the task force work there on USCDI and thinking about a means to moving towards more standardized data, and the transparency, and then, obviously, the policy framework. All of these activities are extremely helpful to our ongoing work.

And as we pivot to the second half of the year of this first year for the HITAC, we look forward to the continued work that you have done and the time that you've taken to contribute to help IT nationally. So, I just want to extend our appreciation and also to my team, to Lauren, Seth, Mitch, and the task force leads for their work to support you as well. So, many thanks to Robert and Carolyn and to the entire HITAC.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thank you, Elise. We will turn it over to Carolyn and Robert now.

Robert Wah, DXC Technology

Thanks, Lauren. This is Robert Wah, and thanks, Don and Elise. Well, welcome everybody back to our meeting. This is our virtual meeting after a little bit of a break.

I think, first, the agenda review. You have that before you on the screen, what we plan to cover today. This section is to just make sure you know what the roadmap is for the day. And also, we have a need to approve the minutes. I think you saw the minutes distributed with the packet. I think it was called 2018-04-18 HITAC meeting summary. It's 20 or so pages summarizing our last meeting.

First, I would just ask if there were any comments or amendments to the summary that you had sent out to you. It's been previously sent out to review. I just want to give you one last chance to make any corrections or additions to it. Hearing none, then I just need to have the committee approve the minutes and the summary, and I guess we're doing that by a voice vote. So, all those in favor of approval of the minutes, please signify by saying aye.

All Committee Members
Aye.

Robert Wah, DXC Technology
All those opposed? Any abstentions? All right. So, with that, we've approved the minutes.

You've seen the agenda. We have several presenters this morning, and so I think we'll just jump right into that. The next presenter is Kate Goodrich for the inpatient prospective payment system role.

Kate Goodrich – CMS
Yes, hi. Thank you. This is Kate Goodrich from CMS, I'm the Director of the Center for Clinical Standards and Quality and Chief Medical Officer, and I am here to present some of the proposals that we made in the inpatient prospective payment system rule as they are relevant for this committee. So, I'll primarily be going over our work around Patients Over Paperwork, meaningful measures, and promoting interoperability. And I presume I just say next slide, so next slide. All right.

So, I think most of the folks on the committee are pretty familiar with one of the administration's priorities around Patients Over Paperwork. This is really around reducing administrative burden for clinical providers, in particular, but also for Medicare beneficiaries, really in service of improving patient safety quality and better health outcomes, and improving, of course, the patient experience as well. Next slide.

Just a little bit of an overview of Patients Over Paperwork because this relates directly to many of our proposals in the rule that has been out for public comment. So, our goals for Patients Over Paperwork is to increase the number of customers that we engage through direct and indirect outreach so that we can ensure that we are hearing both from the folks who traditionally comment on our rules and our request for information, but, I think, even more importantly, we are hearing directly from the front-line providers who are actually doing the

work of not only caring for patients but also have to do the work to respond to our regulatory and sub-regulatory requirements. We want to decrease the hours and dollars that clinicians and providers spend on CMS-mandated compliance and ensure that what we're asking them to spend hours and sometimes financial resources as well is really on the things that matter the most around ensuring better outcomes for patients and patient safety.

And then we want to increase the proportion of tasks that CMS customers can do in a completely digital way. One example of that is you all probably know, and we've talked about some, is the open-source API that was developed for data submission for the quality payment program. We are looking to replicate much of what we've done for the quality payment program around digital tools for our other programs as well. Next slide.

So, just a few examples of some of the things that have been put in place already. I will just be very brief. The proposals that we have made around promoting interoperability, which I will go over in a minute, reduce the total number of measures that would be required of hospitals and also really focus the measures on those that require an exchange of health information, either with patients or across providers, while ensuring the focus on security. We have developed, of course, the API that I mentioned. We also removed and de-duplicated a number of measures, particularly ones that were topped out from the hospital quality program.

One example of something that we were able to do quickly that did not require going through regulation was around medical student documentation. Previously, we required that if an attending teaching position was working with a medical student who saw patients with them, the attending had to re-document everything, essentially, that the medical student documented. And what that was leading to was, essentially, less interaction between medical students and teaching attendings. And in my personal experience in a teaching hospital, medical students were really no longer even doing notes because of the burden that was associated with attending physicians having to re-document everything. And fortunately, this was something we could deal with outside of rulemaking, so now we just require that the teaching position verify the medical record, the student documentation, as opposed to re-documenting it. So, these are just a handful of examples of things that we have either accomplished already or are working towards. Next slide.

So, meaningful measures, which I believe most folks on the phone have probably at least heard about or heard our presentations on, really is a part of Patients over Paperwork. What we wanted to do here was really hone our focus on where we are holding providers accountable for improvement in quality to really key areas. The foundation for this really came from a lot of work that has been done over the years by a number of entities, including the National Academy of Medicine with their vital signs report, the Measure Applications Partnership, which is part of NQF, the Healthcare Payment Learning in Action Network, the Agency for Healthcare Research and Quality has done a lot of work in the area. So, we really built this foundation from work that had already been done.

We started off with some high-level principles around the kinds of measures that we will want or what a measure set should look like, and that's really what you see here. We really want to focus on high-impact areas, patient-centered measures that are meaningful to both patients

and to providers, and, where possible, to reduce the level burden of extracting information by providers, and really focus on measurement areas where there are still significant variation in performance, meaning that there is still significant opportunity for improvement. And, of course, there's a lot of ongoing work around alignment of quality measures with commercial payers early in that process, I think, for that alignment work but critically important, I think, as well. Next slide.

This is a graphic you've probably seen before. It highlights the 19 areas that we believe, and actually, we've received quite a bit of public comment on this as well, that are the areas that we really should be focused on for measurement. It does not mean that all 19 areas have to be addressed by every provider in every setting. Some are not relevant for some settings of care and some types of providers, for example, but these are the areas, again, all based upon that foundation of work that has been done over several years. It also includes some newer areas, based upon current priorities, including the opioid epidemic and interoperability as well. Next slide.

So, our approach to meaningful measures, then I will dive into the IPPS provisions just so you see how we're approaching this. One is to really go through our measures measure by measure. We have a lot of data on our measures and how they are actually performing out in the field. We have quantitative data and we have qualitative data from providers and patients and others about how each of our measures is working, so we looked carefully at each of those to make decisions upon what we will propose for removal. So, that is the first phase.

We also, though, understand that there are still some very, very significant gaps in measurement. I would say that the opioid area and appropriate pain management is one area where we probably don't have the measures that would be most useful here. So, we still need to develop and implement measures that fill gaps within this framework, so this is not just about removing measures, it's also about, again, honing the quality signal, if you will, on the areas that are most important, which is going to mean that there will need to be some new measures.

And the last one, I think, is very, very important which is some very intensive work that we are doing but in partnership with ONC as well as lots of other folks to work with health IT organizations, registries, and clinicians to really reduce the burden of measurement. So, what it actually takes to capture the data to try to incorporate quality measurement more seamlessly into the workflow of a practicing clinician, for example. There's a lot of low-hanging fruit there, but there's also a lot of really tough issues that have to be worked through. We're seeing some areas where there has been a significant improvement, and we are hearing from some clinicians and other providers that in working with either their EHR vendor or a third-party, that they've had some success in significantly reducing that burden, but there's much more work to be done there as well. But that is a significant component of our meaningful measures work. Next slide.

So, just a brief summary of our measure proposals. We really wanted to focus on a core set of measures that are, again, focused on the most critical quality issues with the least burden for clinicians. So, there are five quality programs for hospitals, and this IPPS rule, of course, is

focused on hospitals and long-term acute care hospitals. So, for the hospital programs, there are five programs. There's the Inpatient Quality Reporting Program which is a pay-for-reporting program. There's Hospital Value-Based Purchasing which allows for incentives, positive or negative incentives between minus 2 and 2 percent, based upon a composite score that includes measures within four domains. And then there's the Hospital-Acquired Condition Program, which is all safety measures, and the Hospital Readmissions Program which is all readmissions measures, and then, of course, we have the Meaningful Use now what we call promoting interoperability.

So, what we proposed in this rule is across all of these programs to remove approximately 18 measures, the vast majority of which are either topped out, so the performance is uniformly very high with very little or no room for improvement, or they are duplicative of other measures. We also proposed to de-duplicate another 21 measures. There were several measures that crossed multiple programs. We had heard from the provider community, primarily, about some of the administrative burden associated with that, which is not just about reporting but also about the different types of reports that they receive for each program that may not always align with one another and having to keep track of performance separately within each program.

Now, one of the things that I want to address that some of you may have been hearing about, both in the press but also things that you may have heard yourself or from others, that you may be concerned about, is there's a perception that because of these proposals, we would not be publicly reporting some of the measures that we proposed to de-duplicate. In particular, the concern has been around the safety measures that we have proposed to remove from the IQR Paper Reporting Program and the Hospital Value-Based Purchasing Program. All of those measures would still stay in the HAC Program. And I wanted to say very clearly that if we finalize our proposals, we will still publicly report that we have no intention, nor did we propose not to publicly report these measures. So, those concerns are, to my mind, unfounded. We have a strong commitment to transparency and had never, ever intended to not publicly report those measures. Next slide, please.

I think I pretty much already said this. It gives you a sense of what the burden reduction would be. Next slide.

So, a little bit about promoting interoperability. This is, of course, the program formerly known as Meaningful Use. We have proposed to change the name to Promoting Interoperability to really put the focus where we think it needs to be which is on the measures that are part of this program that is really around the exchange of health information, either across providers or with patients.

We already finalized, in last year's rulemaking, the use of 2015 Edition Certified EHR Technology to begin in 2019. So, that's not a new proposal, but we just re-emphasized that we are not changing that. So, we are requiring that hospitals upgrade to 2015-edition technology beginning in 2019. We've been working, of course, very closely with Don and Elise and Steve and the rest of the ONC team on this. We feel pretty confident about where the vendors are here, and we feel very confident that the 2015 edition has important changes in it, or

upgrades compared to the 2014 edition, that really will facilitate better exchange of information. We also propose that the HER reporting period for this program in 2019 and 2020 can stay at 90 days, any continuous 90 days.

We also made some changes to the scoring methodology. So, what we did here that I think was really the biggest change is, in addition to reducing the number of measures and again focusing them on interoperability, we took away, sort of, the all-or-nothing nature of the program where you have to score particular thresholds or meet particular thresholds for every single measure or you fail the program. While the vast, vast majority of hospitals, of course, did not fail the program, what we have observed in our visits to hospitals, but also have been hearing for a long time from providers, is that meeting these thresholds is not really as meaningful for them in their day-to-day work. They find ways, of course, to be able to meet the threshold so they don't fail the program, but it's really taking time away from activities that would be better spent taking care of patients.

And the Bipartisan Budget Act this year gave us some flexibility to be able to make these proposals by removing the requirement, and the measures become, sort of, more stringent over time. That allowed us to really revise the scoring methodology. For clinical quality measures, we didn't make any significant changes for 2019 other than removing some of the measures that have been particularly problematic from, sort of, a technical standpoint for hospitals to be able to submit.

And then we had already put forward requirements for Puerto Rico hospitals who have been – I forget which law it was. It may have been MACRA – that allowed Puerto Rico hospitals to be part of the program. We finalized that, really, in a sub-regulatory fashion. We just codified it in the regulations in the rule this year.

And, again, I want to emphasize, all of these are proposals. We say in particular on the Meaningful Measures proposals, we are genuinely very, very interested in the public input here to understand if we got the balance right between the right measures and reducing burden, and ensuring we have the right measures to promote patient safety and quality. So, very, very interested in comments from the public, which will, of course, inform our final rule. Next slide.

This is just comparing the current stage-three requirements with our proposed requirements. Basically, we'll be scoring the measures in promoting interoperability based upon performance on a scale from 0 to 100, although there are a couple of measures, including the public health measures and the security risk analysis that are yes-no responses.

As you know, promoting interoperability is part of the Quality Payment Program, so it gets scored in a little bit different way than the Promoting Interoperability Program for Hospitals. Under the HITEC Law, hospitals are either meaningful users or they promote interoperability or they don't, so we had to set a threshold above which hospitals would pass the program, if you will. So, we proposed to set that threshold at a score of 50 or more to, essentially, meet all the reporting requirements. So, hospitals that score less than 50 would get a payment penalty. Hospitals that are above 50 would not. And we hope that our proposals will allow hospitals to,

again, really be able to focus on measures that are most appropriate for how they provide care and the kinds of patients they deliver care to.

One of the areas that we're seeking comment on that I just want to highlight for folks – we now have about six measured domains or objectives, as we have called them. I believe now, at this point, we've got four. So, one of the things we're seeking comment on is whether or not we should provide additional flexibility to allow hospitals to select at least one measure from each of the four categories as opposed to requiring each of the measures in the four categories. So, we're very interested in feedback on that as well, and sort of balancing that with, again, sort of enhancing the requirements around interoperability. Next slide.

I think that could be it. Yes, that's it. So, I am very happy to take any questions, if you have them.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thanks, Kate. Just as a reminder, if anyone wants to type in, feel free. Otherwise, you can use the hand-raise function in Adobe.

So, hearing no questions – Okay, sorry, is that Terry with a question?

Terrence O'Malley, Massachusetts General Hospital

Hi, this is Terry O'Malley. Dr. Goodrich, thank you so much. That's a very thoughtful and well-balanced approach, and I'm looking forward to seeing it roll out. I just have a question for the EHR vendors for the future. Do you have any sense of when the next upgraded edition is going to be a requirement? So, we're now 2018 and using 2015 criteria. I don't know when the next upgrade is coming, and when do you think, if it is coming, that it would be put into production or requirement?

Kate Goodrich – CMS

Sure, so in 2018, to be clear, people can use either 2014 or 2015-edition technology or a combination of the two, and what we're saying is we've already finalized that in 2019, everyone must use 2015 edition.

As to whether or when there would be a next edition, I would defer to my colleagues at ONC.

Elise Sweeney Anthony, JD, Executive Director, Office of Policy

Hi folks, this is Elise. I can jump in on that one. So, we are focused right now on implementation of the 2015 edition and all of the provisions that are included there, so I don't want to infer anything regarding a next edition, but I would know that whenever there is a new edition that we release on certified health IT, that we allow a window in terms of considering how long it takes us to finalize a rule to support that and then have it be rolled out and implemented, go live, and then also corollaries on the CMS side in terms of when it would be required on their end. So, we don't have any timetables at this point on anything besides the 2015 edition, but should that happen, then there is always a consideration in terms of how do we get from releasing a rule regarding that all the way over to putting it into a CMS

requirement.

Kate Goodrich – CMS

And this is Kate. I see in the chat box a question of when should we expect the final rule. Statutorily, the final rule has to be published by August 1st of each year, so that's our goal.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thanks, Kate, and I see another question from Les Lenert.

Leslie Lenert, Medical University of South Carolina

I just wanted to make a comment congratulating Dr. Goodrich and CMS on converting meaningful use from an all or nothing to much more of a scale and tailorable approach that will allow hospitals to focus on the things that matter most to them. It will be very exciting to see the directions that the program takes now that it's much more a continuous measure rather than this sort of discreet all-or-nothing approach.

I think my question is to ask if she can detail any more about how this 50th percentile or the score of 50 will be reached and, again, the details about the components of that. I couldn't quite understand whether that there was activity in each domain or just six specific measures as part of that score that we were targeting.

Kate Goodrich – CMS

I'd be happy to share a slide that I did not put in this deck that goes into a little bit more detail around the scoring. Essentially, on a scale of 0 to 100, for the yes-no questions, there are a certain number of points. So, let's say it's worth 10 points on public health reporting. And I honestly can't remember off the top of my head how many they are. You either get all 10 or you get zero. And for the other measures, like around providing patient access and the two closing the referral loop measures, for example, they are worth a larger number of points. I want to say it's about 20 or 30 each and each of those would be scored on a scale of 0 to 100 looking at the numerators-denominators that are sent in. It is a little bit hard to describe verbally, but I am happy to share our slide with Lauren that's just easier to understand, and she can certainly share it with the committee.

Leslie Lenert, Medical University of South Carolina

May I follow up with a second question then? Is there patient input in determining what the scoring weights were?

Kate Goodrich – CMS

So, before we engaged in rulemaking, we went out to numerous stakeholders around what a new structure could look like for meaningful use before we changed the name. So, we went out to the hospital community, the vendor community, and also the patient community to get their input. And what we heard from patients is that allowing patients to have access to their information is very important to them, but they also felt like any measures that are around that – essentially clinicians being able to communicate with one another about them more

easily – was also something that was important.

Now we did not go out with our exact proposal to any of those groups because our rules around rulemaking don't allow us to really do that. But we have been engaging with patient groups since we published the rule, as we have been with many other groups, to get their feedback, and those are the two areas that we have been hearing that there's a fair amount of consensus around that. That those really are the two areas that should have the most emphasis, and those are the areas that have the highest weight within the current proposed scoring structure.

Leslie Lenert, Medical University of South Carolina
Thank you.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
I don't see any other questions, so let me just check to see of the HITAC Committee, are there any other questions or comments? If not, I want to thank Dr. Goodrich for an informative presentation today, and we'll look for the additional followup details live.

Donald Rucker - National Coordinator for Health Information Technology - Office of the National Coordinator for Health IT (ONC)
Thanks, Kate. I'd like to thank Kate. Don Rucker here. Kate's done a really spectacular job with her team on what's a very complicated set of programs to get this into a much more attractable form. Thanks.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
So, at this time, we will move on to our HITAC Annual Report Discussion, and I will turn it over to Carolyn to walk us through this.

Carolyn Petersen, Mayo Clinic
Thanks, Lauren. Good morning everyone. I'm going to go through the short slide deck briefly, and then we'll have a discussion about how we'd like to proceed. Could I have the next slide, please?

So, the concept of the Annual Report is something that was prescribed by the 21st Century Cures Act, and, in general, in collaboration with the secretary, shall establish and update as appropriate objectives and benchmarks for advancing and measuring the advancement of the priority target areas. And in particular, HITAC shall annually submit to the Secretary and Congress a report on our progress during the preceding year. So, for this year, we'll be covering the work done from January through September, and then in the future, the reports will cover the full year. Could I have the next slide, please?

The overarching charge is that the workgroup will inform, contribute to, and review the draft and final versions of the HITAC Annual Report to be submitted to the HHS Secretary and

Congress each fiscal year. And this report is an opportunity for us to track ongoing HITAC progress. In more detail, we need to provide specific feedback about the content of the report looking at analysis of HITAC progress related to the priority target areas, assessment of HealthIT infrastructure and advancements in the priority target areas, analysis of existing gaps in policies and resources for the priority target areas, and ideas for potential HITAC activities to address these identified gaps. May I have the next slide, please?

So, what are the priority target areas? These things noted in the 21st Century Cures Act achieving a health IT infrastructure that allows for the electronic access, exchange, and use of health information, the promotion and protection of privacy and security of health information in health IT, the facilitation of secure access by an individual and their caregivers to such individual's protected health information, and any other target area that HITAC identifies as an appropriate target area for consideration. These target areas were included in the 21st Century Cures Act and they were recommended to the National Coordinator in the Policy Framework back in February. Next slide, please.

I'll be serving as one of the co-chairs, and I am looking for another co-chair to work with on this workgroup. We're also looking for three to five other volunteers to serve as workgroup members to help inform and contribute to the draft and the final report. These workgroup members will serve a term of one or two annual report cycles so that we can maintain some continuity. We'll be having regular workgroup meetings on a schedule and probably doing some work via email as well so that we can minimize the phone call load and the meeting challenges.

The annual report for 2018 is expected to last about six months. That would be from July through December, and then next year's report will begin in the spring of 2019 so that activities aren't quite so compressed. The next slide, please.

So, what are the resources and the support that we have available? We have staff and contractor support for researching and developing the reports. We have logistical support for our meetings. That would be things like these Adobe Connect meetings, calls, and whatever else we need to be able to get our work done. ONC can arrange a panel hearing or listening sessions for subject matter experts to help inform the content, so if we have questions, they can help us get connected with experts in those areas. And then once approved by the HITAC full committee, the National Coordinator will review and ONC will submit this final report to the HHS Secretary and Congress. Next slide, please.

So, here's the draft timeline for the workgroup that would be just the small group of the five to seven of us on the committee who were working on the annual report. All this month, we're reviewing the charge. In July, we will start the landscape analysis report and outline that. In August, we'll do an outline of the gap analysis and finalize the landscape analysis. In September, we'll finalize the gap analysis. In October, we'll outline the annual report. In November, we'll provide the progress report, the final version. And then in December, we'll have the final draft of our Annual Report. And next spring, we'll begin working on the cycle for the 2019 fiscal year Annual Report. Next slide, please.

So, here's the draft timeline for the full committee. We're talking about the sub-committee draft charge today. In September at our in-person meeting in Washington, DC, we will review the final landscape analysis. In October, we will review the final gap analysis. In November, we will review the final progress report. And then in December, we'll review the full final Annual Report. In January of next year, the final Annual Report will be approved by HITAC and that report submitted for clearance within HHS. And then in February, that report goes to Congress. Is there another slide?

So, this is the time for us to have some discussion about the Annual Report and the process and also for people who are interested in becoming involved in this to let us know of their interest. Do we have questions?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Carolyn, I see a question or comment from Aaron Miri.

Aaron Miri – Chief Information Officer & VP Government Relations – Imprivata

Yes, I just wanted to quickly clarify. So, how do we volunteer ourselves? Do we shoot you an email like other committees, or do you want us to verbally attest to that? How would you like for us to volunteer?

Carolyn Petersen, Mayo Clinic

Aaron, it sounds like you're volunteering now.

Aaron Miri – Chief Information Officer & VP Government Relations – Imprivata

Okay, perfect.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

For the members, you can send me an email. This is Lauren. Any other comments or questions on the report? I'll also just mention that this report will be led with additional ONC support, Michelle Murray, who is on the HITAC team as well, so you will probably hear from her as we get the report up and going. Okay. If there are no additional questions or comments on this, I will also follow up off-line to request volunteers.

We will now move on to the Interoperability Standards Priorities Task Force, and is Steve on the line?

Steve L. Ready, Norton Healthcare

I am here. Can you hear me okay?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Yes, we can.

Steve L. Ready, Norton Healthcare

All right, great. Thank you, everyone. I appreciate your time and attention to this. I guess good morning and close to good afternoon. So, one of the other – we can go to the next slide, please, who's ever driving. All right. Great. As you've just gotten a recent review of some of the other responsibilities for the HITAC, there is one extra one that was laid out in the 21st Century Cures Act.

You may recall that we had a Health IT Policy Committee and a Health IT Standards Committee. The HITAC was created to replace the Health IT Policy Committee in Section 3002. The Standards Committee text in the legislation that we have was replaced with this new section that focused on asking the HITAC to identify priorities for standards adoption, and so one of the other triggers for it was that we were to help the HITAC set up this work six months after its first meeting. So, we are coming up on that time, if you can believe it. You guys are almost a half year old. If you have young children, we go by half years. And the one responsibility, which is fairly laid out in specificity in the statute, is for the HITAC to step through and identify priority uses of health information technology, identify the specific standards and implementation specifications that support those uses, and then publish a report and summarize your findings and make any other available recommendations. So, that's a rough overview. I'm going to go into a little bit more specificity over the next couple of slides. Next slide, please.

What you are about to see is the section of the 21st Century Cures Act that identifies these priorities and frame up the elements. So, Section 3003, as it's identified here covers the six-month timeline. It identifies the first stage where there are priorities, and so you can see there is a range of nine specified there which are really the focus areas in which you all, as task force members, will identify the priority uses of health IT. Many of them will likely be crosscutting, so you could, for instance, project out that the task force could say care planning is a really important priority use of health IT, and obviously care planning would address many of these related two areas in which the statute identifies.

The second part here just shows the statutory languages around identifying the existing standards, again, and then publishing a report and findings. You can go to the next slide.

So, as with all task forces, we have an overarching charge and a detailed charge. This largely mirrors the responsibilities that Congress has bestowed upon you, so the top-level charge is to make recommendations on priority uses of health IT and identify the associated standards and implementation specifications. The detailed charge, which we really broke up into two parts, is to make recommendations on the priority uses of health IT that the Cures Act identified to identify the standards and implementation specifications. And then based on those recommendations, obviously this is a broader industry-related activity, so looking for subsequent steps where there is industry and government action that could take place. We separated out the report summarizing your findings because it is kind of a separate body of work and could identify other areas for which there aren't necessarily recommendations but curiosity, quirks, and other things that have come up throughout the course of the workgroup activity. Next slide, please.

So, again, just like the other task force, this one, for those of you who have gone through the very tight timeline, this will be an opportunity for dialogue, discussion, and finding ways to have more conversation about particular issues related to standards and implementation specifications. So, per the statute, we're looking to kick off the task force this July and start to step through the storming and norming, get your priorities identified, get the factors by which those priorities will be identified, coming over to rubrics for explaining why those priorities were identified, and then really going through the devil-in-details work of identifying the standards and implementation specifications that could be associated with those priorities. Then there would be that subsequent effort to, along the way, come up with findings, put things in the parking lot, identify early ideas for recommendation, and then, ultimately, present back to the HITAC as a whole.

So, we're looking at this being roughly about 15 months, so around September of 2019 for the final recommendations and the findings report. And the one other callout that I wanted to note is many of you are probably familiar with our Interoperability Standards Advisory that lists, what we call, all of the interoperability needs and includes the associated standards and implementation specifications for those, so that is really going to be, now that we're really four years into its support, a really helpful resource for this task force to begin with to juxtapose its priorities to how they're framed in the Interoperability Standards Advisory. And then ultimately, we envision a lot of the findings and hopefully, the recommendations there will be modifications or additions or updates to the Interoperability Standards Advisory, which can really connect this task force's work, with this platform we have, with ongoing engagement with industry.

So, I'm gonna go to the next slide which I think is our pause for questions and see if there are any questions. We are working on identifying the co-chairs for this task force as well as any members that may be interested, so just like before, if you'd like to volunteer to participate, please let Lauren know, and we will put your name up in the cue, and then we can get back to you as soon as we've got the whole avengers assembled.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thanks, Steve. We do have one question or comment in the cue from Steven Lane.

Steven Lane, Sutter Health

Hi, Steve. Just a question. Can you speak to how you see this task force interacting with the USCDI efforts? They seem closely related, and I'd like to understand that better.

Steve L. Ready, Norton Healthcare

Sure, so the USCDI Task Force, now that it has completed its work thus far, has really focused on the data that would be important to start to cue up. And I can see where you're going if you're into the intersection and linkage there. There will likely be data that may be representative of particular priority uses of health IT, and I think this task force, the new one that we're kicking off, could, as a byproduct, have recommendations that could be USCDI – U.S. Core Data for Interoperability – related, so there could be a priority use that gets

identified, and there could be data that may be necessary to support that priority use, and so that kind of gap in the standardization space would be good feedback for that task force to make. Does that help?

Steven Lane, Sutter Health

It does, and I'll just follow that up by volunteering to participate in this task force.

Steve L. Ready, Norton Healthcare

All right. Super.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thanks. Any other questions or comments from the committee members for Steve? Again, if you're interested in participating on the task force, just feel free to shoot me an email and I will, of course, follow up afterward.

Steve L. Ready, Norton Healthcare

All right. Are we going to segue to my last public service announcement?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Yes, go ahead.

Steve L. Ready, Norton Healthcare

Thanks. So, if you could advance to the next slide. As Don mentioned in his opening remarks, we are going along toward finalizing all the proceedings for the 2018 Interoperability Forum. Again, it will run from August 6th through the 8th in DC at the Mayflower Hotel. Registration, as part of the public service announcement, will open next week.

So, the first day, on Monday, it will open in the afternoon – in case anyone is going to try to fly in early – and we'll have an opening, a keynote, agenda overview, and we'll prepare everyone for the main full day on Tuesday. For those of you who experienced the first Interoperability Forum, we incorporated a lot of feedback that we received from attendees afterwards, and one of those main targeted points was that we want to dig in, we want to get our hands dirty, and we want to talk with other people with a little bit less plenary-type presentation.

So, what we've constructed for August 7th, on that Tuesday, is a full eight hours du jour of seven-themed full tracks of interoperability-related issues. We have co-leads from the private sector, and I want to thank all of you, if you're listening, for agreeing to be a co-lead with an ONC subject matter expert and other staff at ONC. We're going to have people have the opportunity to select two tracks that they might want to participate in for a morning and an afternoon session. If you're a die-hard for a particular theme or track, you can stay in there all day, and we're going to make sure that it's not repetitive but is still driving towards a particular set of ideas.

And, ultimately, the track leads and the ONC SMEs that will be accompanying them will be taking notes throughout the day, distilling important concepts, and they'll present on Wednesday, the third day, for report-outs to identify industry and government action, again, that could occur, related to everyone's ideas throughout the day. So, the Wednesday will be report-outs. We'll have a closing keynote, closing remarks. As Don mention, we're gonna try to sprinkle in some commercial breaks with demos and other things that might be of interest to people.

And the one thing important to note is if you don't want to sweat it out in DC in the middle of August, Monday and Wednesday will be webcast as well. So, if you can't fit it in your schedule to travel, the two days where we have more plenary opportunities will be webcast, and so you won't be able to miss out on that. And then, most importantly, for that Wednesday, that third day, if you just want to get the CliffsNotes, you'll get those reported out via the webcast on Wednesday from all the track sessions.

So, the next two slides, which are again available for folks' reference now at this point, describe the tracks in detail, so we have one focused on patient matching, content interoperability, interoperability infrastructure, and using standards to advance research. That's the first slide if that one had advanced, and then the next slide, which is the last one, we have a track focused on clinician experience of interoperability, so that's a really important one. I think it's highlighted by a number of presentations that were already discussed this morning. And security and then interoperability measurement.

Again, I'd like to thank all of our external leads that have agreed to participate and help lead our efforts on the forum.

So, I hope to see you there. Set your clocks sometime for next week. I believe the 25th is when we're going to make the registration open and available. I very much appreciate everyone's time and thank you very much.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thanks so much, Steve. I think I see a question from Steven Lane regarding the Interoperability Forum.

Steven Lane, Sutter Health

Yes. You mentioned, Steve, that registration would open next week, but my understanding is that the registration for some of the tracks is already open, or maybe that was a private invitation. I'm not quite sure, but I did go to a site and do some registering already.

Steve L. Ready, Norton Healthcare

Yeah, for the particular folks that we wanted to make sure, especially the external leads, we're making sure that they are able to register so that they don't get shut out. For the general public open registration, we'll send out a full announcement to everyone early next week.

Clem McDonald, National Library of Medicine

So, Steve, as members, do we have to register too, or is that going to be taken care of? I mean, do we have to race to get in?

Steve L. Ready, Norton Healthcare

If you're interested, you can certainly let us know. You will each, individually, need to register. We won't presume that someone is available in August. I hear you're itching to come, Clem, so I think we can certainly work it out.

Clem McDonald, National Library of Medicine

Well, no. Is this an official meeting of our committee? That's what I'm really trying to get.

Steve L. Ready, Norton Healthcare

No, it's not a meeting of the HITAC. It's an open public invitation, so all of you, in your professional capacities, would register individually.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Any other questions for Steve, either on the Forum or the Task Force?

And now we'll just mention the task force lead there is Farrah Darbouze, so you may hear from her once the task force is up and going.

Unidentified Speaker

Can you spell her name just so folks recognize the name when they get an email?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Sure, the name is Farrah, F-A-R-R-A-H. Last name Darbouze, D-A-R-B-O-U-Z-E.

I realize we are quite a bit ahead of schedule. This may be a record for one of our HITAC meetings. Before we go to public comments, I just want to circle back to roll call for those that were either late or didn't joint at the beginning. So, do we have John Kansky on? I thought we saw him on Adobe. Okay. Clem McDonald? We've heard you.

Clem McDonald, National Library of Medicine

Yes, here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Patrick Soon-Shiong?

Patrick Soon-Shiong, NantHealth

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
And Denise Webb?

Denise Webb, Marshfield Clinic Health System
I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay, so that's taking care of finalizing the roll call.

And at this point, we will open it up for public comment. For the public members on the phone, just a reminder that we ask you to keep your comments to no more than three minutes.

Operator, at this time, can you please open the public line for comment?

Operator
Certainly, if you'd like to make a public comment, please press star 1 on your telephone keypad. A confirmation tone will indicate that your line is in the cue. You may press star 2 if you'd like to remove your comment from the cue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys. Again, that is star 1 if you'd like to make a comment at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Operator, do we have any callers in the cue so far?

Operator
It seems we have none at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. I will just give it another few seconds, and then I will take a minute or so for folks to dial in.

And while we're waiting for folks to dial in for public comment, I will just remind everyone that the full committee is going to take somewhat of a summer break, and we will not have a full committee meeting again until September. However, of course, we know the task force work will kick off in July, and then we will be working over the summer. We will adjourn again September 5th.

Operator, do we have any other public comments in the cue?

Operator
Not at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Okay. So, at this time, I'm going to turn it over to Carolyn and Robert for any closing comments.

Robert Wah, DXC Technology
Thank you, Lauren. This is Rob again, and thanks to the ONC Team and the committee for all of your time and efforts on the work of the committee.

Carolyn and I were just talking, as the chairs, about how we thought that September would be a good time, when we're face to face – and we'll put this on the agenda so you can have some time to think about it – to just reflect on where we are as a committee and where we'd like to proceed as well. I think we'll make an agenda item in September to think about that, so we can take a measure of where we are as a committee but also think about what the direction of the committee will be in the future. I want to make sure there's an opportunity for you all, as a committee, to have input into that. Obviously, you don't have to wait until September if you have suggestions about improving the committee or anything that you'd like to see discussed at the meeting in September. Feel free to send that to Carolyn or me in advance of the September meeting. I just wanted to tee that up for September to think about it.

As noted, we've been running for about six months now, and it's a good point to reflect on where we are and where we're heading. We are a little bit ahead of schedule, so you'll probably get a little bit more of your time back. Summer is always a busy time for everybody outside of work, so we hope everybody has a good rest during the summer and gets recharged for the fall because it's likely to be busy and take off fairly quickly.

I'll turn it over to Carolyn for any other final comments before we give it back to Lauren.

Clem McDonald, National Library of Medicine
This is Clem. Is there a date set for the September meeting?

Robert Wah, DXC Technology
Oh, yes. The date for the all the meetings for this year should be publicized. Perhaps we can send them out again, but it's September 5th, I think, right?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer
Correct.

Robert Wah, DXC Technology

I think it's September 5th, in person, and I think we have the **[inaudible] [01:02:14]** again. Is that right Lauren?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

We will update the website with the final location.

Robert Wah, DXC Technology

Okay. Are there any questions or comments? All right. I'll turn it over to Carolyn and then, I guess, back to the ONC team.

Carolyn Petersen, Mayo Clinic

Thanks, Robert. I appreciate that lead-in for the discussion where things have been going and where we want to go in the future. And for the committee, I reiterate my support for that, and I hope you'll be thinking about that over the next couple of months and letting us know. We want to be as effective as we possibly can be as a committee, and this is a group process that really benefits from all our input and thought.

Robert Wah, DXC Technology

We recognize this committee has more definition from the Cures Act than in past **[inaudible] [01:03:17]**. Other committees have a little more leeway but this one there are a number of things that were prescribed in the legislation, so that's given a little bit different flavor to this particular advisory committee, but we want to make sure we open the discussion up for the entire committee to think about where else we go with the committee.

So, with that, Lauren.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thanks, Carolyn and Robert. Just a final reminder that if you're interested in either the Report Workgroup or the Standards Task Force, please just send me an email. Otherwise, I will follow up with the full committee shortly after this call.

I just want to thank everyone for your time today, and we will call the meeting adjourned.