



Health Information Technology
Advisory Committee
Annual Report
Workgroup Meeting
Transcript
October 08, 2019
Virtual Meeting

SPEAKERS

Name	Organization	
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Co-Chair
Carolyn Petersen	Individual	Co-Chair
Christina Caraballo	Audacious Inquiry	Member
Brett Oliver	Baptist Health	Member
Seth Pazinski	Office of the National Coordinator	Designated Federal Officer
Michelle Murray	Office of the National Coordinator	Staff Lead

Operator

All lines are now bridged.

Seth Pazinski – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

All right, thank you. Good afternoon, everyone. Welcome to HITAC Annual Report Workgroup Meeting. My name is Seth Pazinski. I'll be serving as the designated federal officer in place of Lauren Richie for today's workgroup meeting. I'm going to officially call the meeting to order, and we'll start with a roll call. Carolyn Petersen?

Carolyn Petersen – Individual – Co-Chair

Good afternoon.

Seth Pazinski – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

Aaron Miri?

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Hello.

Seth Pazinski – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

Christina Caraballo?

Christina Caraballo – Audacious Inquiry – Member

Hi, I'm here.

Seth Pazinski – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

And, Brett Oliver?

Brett Oliver – Baptist Health – Member

Here.

Seth Pazinski – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

All right. That completes our roll call, so I'll turn it over to Carolyn and Aaron to get us started with today's meeting agenda.

Carolyn Petersen – Individual – Co-Chair

Good afternoon, everyone. It's hard to believe that we're meeting again after that rapid-fire discussion we had at the fall HITAC meeting a couple weeks ago, but time marches on, and here we are. Today, our primary goal is to review the feedback we got from HITAC members at the meeting in September

and to look a little bit at our next steps for the next few weeks. With that, I will hand the mic to Aaron for his comments.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

First of all, I appreciate everybody being on this call. I think today is for us to suss through all that feedback and discuss what that does in terms of any deliverables. It's all good feedback, and we want to make sure we encapsulate it, incorporate it, and respond to what's appropriate there so that the HITAC feels that all of their comments were addressed in a timely manner. Also, for Christina particularly, I'll be curious as we go along – maybe not today, but in future meetings – to see how we structure the document to make sure it makes logical sense because there was a lot of material that came back from the week before last, so I'll be looking for that. Other than that, let's kick this off. Carolyn, do you want to get started, and I'll pick up the middle and the end?

Carolyn Petersen – Individual – Co-Chair

Sure. Let's go to the next slide. Thank you. So, here is our meeting schedule, today, October 8th. We have our tasks for today. Then, we have quite a long break until November 26. Aaron and I had been noodling and thinking maybe there are things we can do by email offline asynchronously if there are documents to review or further ponderings we want to make about what to include or how to incorporate other information. We then have another meeting on December 13 where we will look at trying to wrap up whatever the loose ends may be, with a goal of presenting that draft document in January to the full HITAC and finalizing it in February. Next slide, please.

So, the review for HITAC: We will give a very brief status update next week on the 16th. There will be some sort of update on the HITAC meeting on November 13. Then, there's no meeting in December, of course, and our goal is to bring the draft to the full committee in January, and then finish it up in February. Next slide, please.

So, this is the part where we launch into the discussion about all of the great feedback we got at the September 17 meeting. I thought that was a really interesting and exciting discussion, and it was great to see people so engaged in it. I think last year, we were all scratching our heads about what to include, what not to include, and what the process is, and this year, people are diving into it nice and early, which helps us and gives us a lot to discuss.

So, just looking at some of the members' suggestions for the annual report, on this slide, we're looking at interoperability as a priority target area – increased interoperability of data from outside sources in that landscape analysis. This was already covered in the health information exchange subsection. In the version that we had most recently, it was in the interoperability priority target area. There's some mention on page 8, and it's also discussed in the synopsis on page 1. In terms of the gap, sharing and integration of outside data across the care continuum is still challenging because of the large scope of the complex problem. We've got a couple opportunities. We could look at treatment use cases across the care continuum to identify opportunities for optimization, and also, speeding up the process to add common, well-defined, structured data elements to datasets, and we haven't really determined the HITAC activity yet around that. Next slide, please.

So, again, here's more in this target area: Managing the large scope of sharing electronic health information. We can add some [inaudible] [00:05:30] section into the landscape analysis. For the gap, we would need process for prioritization of adding data to datasets. It may be that there's some discussion for us to have with the USCDI workgroup to make that happen. I think it would be hard to do that on our own. There's an opportunity in that we could establish a process that sets some targets for data to be exchanged and used, and again, we don't have HITAC activity determined yet. So, I'm interested in getting some discussion about the things that we can be looking at for the interoperability priority target area.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Carolyn, are you just listening for some feedback from the group? Is that what you're asking for?

Carolyn Petersen – Individual – Co-Chair

Yeah.

Brett Oliver – Baptist Health – Member

I just want to say I certainly think research came up a number of times as a gap.

Carolyn Petersen – Individual – Co-Chair

Yes.

Christina Caraballo – Audacious Inquiry – Member

So, do we want to go back to the first slide and think of recommended HITAC activity? Is that what we're trying to look at here? We've got "TBD."

Carolyn Petersen – Individual – Co-Chair

I think that refers more to the fact that there hasn't been a HITAC activity determined yet. I think certainly, we can include this information and these ideas in the report itself, perhaps in the landscape and the gap, and if we want to take that a bit further in the opportunities area, it's a little hard to figure out if we're going to wind up having a HITAC activity because that's a decision for the whole group, perhaps in concert with ONC in terms of what resources they have to support work that we want to do, so it seems good for us, at least, to think about how to bring it into the report, even if we aren't able to do real work around it.

Christina Caraballo – Audacious Inquiry – Member

Okay, great. I wanted to see how I should frame my comments, and I guess that's more the future activities, which is a later section and discussion anyway. I think these are great discussion points, and the one on managing the large EHI and the difference between the full export of all EHI and the small, narrow set that is USCDI has been coming up a lot on the USCDI task force calls as well, and I believe ISP is also starting to think about that, so I think that's a really good section to add.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

I would add one more thing that I'm even seeing in my day job, which is that depending on the with the kinds of data – since we're talking about all sorts of data now across the care continuum – that

you're exchanging within organizations and across different organizations, you could inadvertently run afoul of Stark depending on the types of data you're sharing and whether that could be inferred as trying to incite referrals, even though that's not your intent. So, there are some legal discussions and questions as more data and types of data are shared beyond clinical encounter data that may need to be addressed, and/or regulatory items that need to be addressed and modernized to handle the types of data that can be shared now.

Carolyn Petersen – Individual – Co-Chair

Yeah, definitely. The activity and discussion in this area are particularly relevant, not just to what HITAC's been doing, but in the larger environment. Do you have any thoughts, Brett?

Brett Oliver – Baptist Health – Member

I don't want to get ahead of ourselves here, but the biggest issue I have is this discrepancy between reality and what people want, with the legislation saying "all data," but with us just talking about USCDI right now. When poor Christina and Terry present, they just get hammered. "You're talking two to three years?" But, that's the reality, and we can all pretend it should happen faster, we can pound our fist, we can act as if we're outraged, and I guess I'm seeing that as something we can approach as an educational piece. If this is an emergency and we have to get something added to the USCDI, what's the fastest way?

There is a practical part – you can shove it in there and end up with a worse nightmare than you had without the data. I get the somewhat feigned outrage that was there that it's just too long, but that's the reality of the technology landscape that we live in right now. To me, that was just an overarching part when you're talking about USCDI, all data, and which data. I came away with the feedback that I got – while it's not listed as a specific comment or feedback – that it may be something we want to add as an educational part to our report.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Some of the reality of the data provenance?

Brett Oliver – Baptist Health – Member

Yeah. I wish we could say tomorrow that we want ejection fraction added, and we'd have it added in 60 days, but we all know that's not the way it works. We're really going to put some of these vendors – and, I'm not sticking up for the vendors here. I understand they've been part of the problem over time as well, but there is the reality that they've only got so much R&D funding, and there are going to be some things delayed that are going to help healthcare in other regards to get, say, a researcher there with a particular dataset that they want. Who makes that call?

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

You're right. That's a great point, Brett.

Christina Caraballo – Audacious Inquiry – Member

Yeah, I agree with Brett, and I think it is about finding that balance. A good area for the landscape analysis would be what is that process that a data element has to go through? USCDI has looked at it

within our task force, but for the market to understand and better grasp what it takes to get a data element ready for USCDI is really primetime. That's when it's more perfect and the standards are tested and validated. We want everything yesterday, so what's the reality and how do we engage stakeholders who are interested in data making it into USCDI to understand the process through this landscape analysis to be better able to advocate for the data and get it ready so that vendors are confident to implement and update their systems with vetted data for USCDI? Also, we should look at the landscape analysis of this in-between that came up at our HITAC meeting.

Brett Oliver – Baptist Health – Member

And, to dovetail on that, what's the process of getting it ready and most prepared for a vendor? But, let's say there are 100 of them. What's the process of prioritizing that? That's sort of been an elephant in the room – not with us, but with HITAC, and maybe that's not for us to decide, but we need to put in our report on the landscape that there's going to be a big rush to get priorities in. Does ONC make that? Who prioritizes what goes first? There has to be some prioritization process.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Brett, you bring up a good point. Since USCDI is a cornerstone to enabling the 21st Century CURES Act for all intents, from TEFCA to information-blocking and everything else, is it worthwhile for us to give some real-world use cases as to what the provider community is experiencing, what the clinicians are experiencing – you yourself as a clinician – what the vendor community is experiencing, and why USCDI has to be a process gate versus a free-for-all?

I'll give you a real-world example. This is from a meeting I came from an hour ago. I have a lot of data-hungry people here, and I have a giant research institution. They want the raw data from the electronic medical record and all the systems because they want to pull their own reports, even though I provide enterprise dashboards, and I have to provide a normalized, structured, multidimensional database for these researchers to pull from, but there are numerous data sources that have to be normalized for them to pull from. If they pull it raw, they're going to get results all over the map. That is a gated process, and it has to take time. I'm talking just at UT, much less the country. So, if you think about it and extrapolate out, that has to be a process. You have to normalize and have normalized data dictionaries and whatnot. Otherwise, you won't be able to infer anything from the data. It'll just be random datapoints. So, I think you make a good point, Brett, that people just may not understand that.

Brett Oliver – Baptist Health – Member

Right. So, does ONC say, "We've got three priority areas: Congested heart failure, research on Down syndrome" – whatever they are – so that helps that process of whatever gets developed to say, "Oh wow, that chromosome analysis fits in with one of the priorities, so that's going to get raised up to the first priority." Again, there are thousands of datapoints, and as soon as this process gets finalized and it gets opened up – and, I know ONC is smart; it's not like somebody else isn't thinking about this, but as we know it right now, part of our landscape analysis should be this gap of how things are prioritized once we determine the process to get things ready.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Great point.

Christina Caraballo – Audacious Inquiry – Member

That's embedded within our recommendations for USCDI. We have a workgroup meeting this Friday to discuss what our final recommendations are going to be. They're still not finalized, but we are looking at how these data elements are viewed, and based on current discussion, we have it so that it's very much benchmark style. It's very easy to get in and a very high bar to make it to USCDI, but based on Sheryl's feedback, it's a more fluent process to get through, and when you're ready, you're ready.

What we're thinking through right now is that review process, and as our draft recommendations stand, we're looking at ONC giving HITAC all of their recommendations for the USCDI data elements to be considered based on that technical readiness, and then the HITAC would evaluate them by looking at the balance between industry need, national need, and the technical requirements and industry burden for providers and developers to get them ready for USCDI. But, I think we're still thinking through a lot of this, and there's an unknown. Another thing we're looking at is an evaluation of the whole process on an annual basis to make changes and updates that we're just unaware of. We just don't know how many data elements are going to make it through in the first year. It could be hundreds; it could be five.

Carolyn Petersen – Individual – Co-Chair

That's a big spread.

Christina Caraballo – Audacious Inquiry – Member

Yeah. We just don't know. There are so many things we don't know.

Carolyn Petersen – Individual – Co-Chair

I'm just trying to recall if I have seen anything that's similar enough to a use case for us to cite it and include URLs to it so that we don't wind up trying to write these ourselves. I think the use case approach – showing the difference between the real world and what HITAC and some of us perhaps think is optimal – is a good strategy, but it's not reporting per se. It's coming up with the content, and that might be a challenge for our team and for our support staff.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

I know that there have been numerous publications out there. We just have to find it – government research. I want to say I remember seeing something by NIST not too long ago on some data elements and things like that, so I'm sure they're out there. What Brett brings up is something that I think all of us in the industry have known for some time, and we need to talk about the complexity of it. So, hopefully, Carolyn, we can source that from well-known and vetted sources. I feel confident of that.

Carolyn Petersen – Individual – Co-Chair

Okay. That sounds good.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Shall we move on?

Carolyn Petersen – Individual – Co-Chair

Yeah. Why don't you take the next part of the discussion?

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

All right. So, we'll go back to this EHI slide, "Magnitude and large scope of data." Wait, did we just do that one?

Carolyn Petersen – Individual – Co-Chair

We should be at slide 8, I think.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Yeah, just go to slide 8.

Carolyn Petersen – Individual – Co-Chair

Oh, slide 9. "Emerging issues," whatever slide that is.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

All right. "Accelerated use of electronic sources for data for quality improvement and measurement, administrative simplification of billing data, association between EHRs and patient safety" – these are all the items that were brought up. "Certain business models as barriers to interoperability" is an interesting one. "Cooperative use of data and data platforms, automation in pre-auth process, increased price transparency at the point of care, stakeholder considerations across the care continuum" – all of this ties back to what we were just saying, that we need to be able to source and sort through what the relevant research is. Or, am I missing some of the points that were made on these?

Carolyn Petersen – Individual – Co-Chair

I think that's pretty fair at the 35,000-foot level. We don't need to revisit every detail about every idea that's in the transcript. I think the question is how do we address these meaningfully, or do we put some in a parking lot? How do we be responsive to the HITAC?

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Right. I'm also thinking – Brett, I'm going to point this at you. Is there a way to rank these based on impact to patient care? I don't know if you're seeing what I'm trying to visualize. It's not that price transparency isn't important. I think that's a critical element, and I'm all about being transparent, but if you don't know a med list or allergy list of a patient, that could potentially be lethal, versus the patient not knowing how much they're going to pay for their MRI. Again, I'm not saying it's not important, but there has to be some sort of lens of "This one really could really move the needle if we fix it." What do you think about that?

Brett Oliver – Baptist Health – Member

We do that already with – let's say we're an ethics shop and we've got an enhancement request or some kind of change to the system. Well, what's the impact? How many users? What patient care? You can throw finance in there – is there an impact to revenue? But, again, they have to have some kind of

prioritization process with that, and you can break it down. You can have a clinical aspect to it, a financial aspect, or a public health aspect, because certainly, being able to reconcile Aaron Miri's specific med list is different from understanding a population and that impact. We certainly have developed some internal models for some of the things I just mentioned, but I don't know if you all know if there's something at a more national level. Again, it comes down to those priorities. I think we can all agree on allergy and med lists being pretty critical, but I'm not aware of a tool that exists that we wouldn't have to suggest being built.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair
Right, maybe that's it. If it doesn't exist, maybe that's something that's needed that would help USCDI, because then, they would be able to know what to rank or how to ingest the request. Assuming the onslaught of additional data elements comes at them, there will be something to rank it against.

Brett Oliver – Baptist Health – Member
That's a good point.

Christina Caraballo – Audacious Inquiry – Member
I like Brett's idea of having categories for awareness, and not just focusing on one. If you rank it, it can be dangerous just to rank based on one category. For example, price/cost transparency was just brought up as maybe not being as important as others, while still being very important, but if you look at it from the patient's perspective, some patients are foregoing treatments because they're scared of healthcare bills. I would caution us to understand what the buckets are and not just have a black-and-white ranking system, but I agree with the comments that it would be very helpful.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair
Those are very fair points. Anything from you, Carolyn?

Carolyn Petersen – Individual – Co-Chair
No, I agree with both sides. Sometimes, what is valuable to the patient might seem less important to the system, but the patient's choices, based upon what's important to them, can have really significant impacts downstream.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair
Very fair points. Brett, I think you were trying to say something.

Brett Oliver – Baptist Health – Member
I was going to add that we can put some objective data to this – ranking of 1 to 10 in different categories – but at the end of the day, there still needs to be that overriding body that says, "Here are the top 10. Do you agree with that?" Sometimes, the way these models are set up, you feel that something that's a 10 should be a 1, and we should allow somebody at an executive or government level to adjust that a little bit, but that's probably getting a little too far into the weeds.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair
Good point. Let's go to the next slide. We'll go through the draft outline for the progress.

Michelle Murray – Office of the National Coordinator for Health Information Technology –Staff Lead

Aaron, this is Michelle from ONC. Could you back up to the slide with the list of emerging issues? For the purposes of ONC development helping the workgroup, we were hoping you might walk through some of these and tell us whether you want to continue researching any of them to bring back some information to you so we can have a more robust discussion? Is that something else you would find helpful to do right now? It would help ONC.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

I mean, I –

Christina Caraballo – Audacious Inquiry – Member

I think that makes sense.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Sorry, Christina, go ahead.

Christina Caraballo – Audacious Inquiry – Member

Go ahead.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

No, please, Christina, go for it.

Christina Caraballo – Audacious Inquiry – Member

I was thinking as we were moving on that maybe we should go through – because I think some of these already exist in the report, and if we go through it quickly, it could help Michelle and her team identify where we think these exist, or if more research is needed. I didn't mean to jump in.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

No, that's fair.

Carolyn Petersen – Individual – Co-Chair

I have some notes about where these things exist already, if they do. Going back to that list of additional emerging issues, the first one, "Accelerated use of electronic sources of data," which is on page 6, "The administrative simplification in use of billing data in clinical workflow," on page 5 – one thing that occurred to me is that maybe that's something that can be tag-teamed with ONC's work in reducing the clinical burden of work. They're not the same things, but there are certainly some synergies there.

Michelle Murray – Office of the National Coordinator for Health Information Technology –Staff Lead

Let me interrupt for one second. When we say the page number, that is actually referring to the transcript that I had shared with the workgroup. Most of these are not yet in the landscape analysis. That's why I was bringing it up, to find out if we want to do more work and bring them back so we can add them to our list that's already in the landscape analysis. Remember, there is a section on emerging

issues at the end right now that has two or three things, and we're adding two or three things like the 5G question and the identification, so there are a handful we already have, and what we're trying to find out from you is if you want to add more of these to that list with a sentence or two about each one, and then, if any of them rise up to the level of an actual paragraph further up in the landscape analysis. Right now, they don't exist, but we want to know if you want us to pursue them further.

Carolyn Petersen – Individual – Co-Chair

I think the HITAC would probably expect to see them in the list, at least with a sentence or two about them. I'm open to what the group thinks about which, if any, we pursue further, but I think we can't really ignore them because we made a point of asking for feedback.

Michelle Murray – Office of the National Coordinator for Health Information Technology –Staff Lead

You'd also mentioned the idea of a parking lot for the next report in 2020, so you can also let me know if there are any you want to park there, and we'll let people know that we'll get to them eventually, but it might not be in this report. So, that's another question – whether you want them in this year's report or next year's.

Carolyn Petersen – Individual – Co-Chair

I think we can better answer that when we have a sense of what will be covered at the October HITAC meeting and maybe get some foreshadowing of what will happen at the November meeting. Part of the parking lot question is whether there are some results forthcoming from all the NPRM discussions and work that the task force has done this year. If we know that relatively soon, that gives us some pointers about what to do with a lot of this stuff. If we don't know that, it gets harder because we can't see what's around the corner. Certainly, that won't be the whole deciding factor, but that would influence what we move on and what we have to sit on. What do you think, Aaron?

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

I agree with you, and I was also thinking that some of these are being addressed already. Case in point, the association between EHRs and patient safety – I don't think anybody would disagree that that's a critical item we should talk about, but that's been extensively covered. ONC has done a great job already in trying to catalogue some of that and talk about it in terms of physician burden, patient burden, and all sorts of things. So, I do wonder if there are elements here, Michelle, where it could be referred to existing research already ongoing or bodies of work that have been catalogued by ONC versus having to recreate the wheel. Is that possible?

Michelle Murray – Office of the National Coordinator for Health Information Technology –Staff Lead

Yeah, sure.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

I just think they're all important, depending on how you look at them, and I would hate to try to come up with that ranking we were talking about earlier just between the four of us. I think that should be the whole HITAC looking at this. But, to me, all of them deserve at least a sentence.

Michelle Murray – Office of the National Coordinator for Health Information Technology –Staff Lead

Okay. And sometimes, like the one you were just talking about, once we look into it further and verify, maybe it belongs in the federal activities section at the beginning of the landscape analysis, rather than in the emerging issues. That's easily resolved once we look further into them. So far, I'm hearing that you want us to continue on with the things on this list, develop them a little bit more, and suggest where they might fit in the landscape analysis.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Right. If you're just asking for my singular opinion when I look at this list, the one that I haven't seen the most data on already is around research, just because research is always unfortunately secondary to clinical care. It's not that it's any less important, it's just in the context of conversation. So, I think research as a domain, looking at it in totality across the continuum, and all the different stakeholders there – that could be something that probably hasn't been too extrapolated upon already in work. But, when you look at pre-auth or business models, I've seen a lot of work already done on it, so I think a little bit of work on each of these would help give us insight on how current the data is on it that we currently have.

Michelle Murray – Office of the National Coordinator for Health Information Technology –Staff Lead

That's helpful.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Any other comments from the group? All right. Are there any items on this list that folks feel passionate about, though? I was just giving my personal opinion. Is there anything on here that folks think we absolutely need to do a paragraph on? Okay. Well, Carolyn, if you're good with it, next slide, then.

Carolyn Petersen – Individual – Co-Chair

Yeah, I think so. Some of this is going to come up again in our next meeting. It's not like we're truly done with it forever.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

No, it's just beginning. All right, let's talk about the draft outline for the HITAC progress. Next slide. So, HITAC progress in FY '19 – this is the outline for it. Here are all the different sections. Next slide. Meeting and accomplishment statistic score – of course, the full committee of the HITAC. We have the conditions of maintenance certification requirements, the care continuum task force, information-blocking task force, interoperability standards priorities task force, the U.S. core CDI task force, the TEFCA task force, and of course, this wonderful workgroup. Next slide.

And then, we were trying to talk about what we have actually done, which is a ton of work. All of us have been involved in countless calls. I think I've done more task force calls in the past year than I did in the prior three or four years as part of the policy committee and standards committee, but are there other metrics that we should be tracking in terms of deliverables and things that we want to highlight that the group has done? Christina, you mentioned before that you guys did a phenomenal presentation at the ONC annual meeting around USCDI. Is that something to track as an idea? All those bullets – are there other data elements we want to be able to mention? What do you guys think?

Carolyn Petersen – Individual – Co-Chair

I've been pondering the difference between outputs and outcomes and thinking about how we can meaningfully represent the work using both, but not saying the outcome is the output, if that makes sense. Yeah, we do our work at meetings, but ultimately, the goal isn't to hold so many meetings a year or make so many policy statements. It's to actually get some things done.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Good point. Any other comments?

Christina Caraballo – Audacious Inquiry – Member

I would agree with Carolyn. It's output. It would be interesting to look at how many recommendations we've done, but summaries of the recommendations and why they matter might be helpful. This is the report to Congress so they can see what we're working on. Just using my USCDI task force, the task force group recommendation that helped inform ONC what version 1 of the USCDI should be was a great overview. Maybe a snapshot of each of the outputs from all the recommendations that we've given within the workgroups would be helpful. I don't think those are big paragraphs or summaries of recommendations, but snapshots. What was the impact of our recommendations?

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Yeah, that's a great idea, or what follow-up task forces are being spun up because of our recommendations.

Christina Caraballo – Audacious Inquiry – Member

Yeah, and what we're thinking through. We're looking at collaboration between the certification task force, ISP, and USCDI. Carolyn, you mentioned this at the beginning of this meeting – how do we take all this work that we're doing and make it so that we're synergizing it all?

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Yeah, that's a good point. Last week, on National Health IT Week, I had the privilege of being on a panel with Dr. Anne Schuchat, who is the deputy director from CDC, and we actually started talking about interoperability and data elements, and I got to thinking about how great the participation has been from some of the federal agencies on the HITAC, and just the collaboration, and if there are elements here to highlight how the federal agencies have helped highlight the issues or bring solutions to bear or ideas that they have that could be adopted in the private sector. There may be a way here to also highlight metrics of how we've helped move the needle on the agency side as well, just as a thought.

Carolyn Petersen – Individual – Co-Chair

Yeah, that's interesting.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Any thoughts, Christina or Brett?

Brett Oliver – Baptist Health – Member

I agree. I don't have a strong feeling one way or the other. I like the outputs and I like the resulting outcome from those outputs. Maybe that's what you just said, Aaron, to follow up into that. So then, you can follow up on the progress of an idea from year to year and report to report.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Okay, it's something to noodle on. We obviously don't have to solve this today, but we need to be thinking about the ways to track, measure, and report back. Obviously, because this hasn't been done before, whatever we come up with will become part of it forever, so future groups of HITACers will thank us – maybe.

Christina Caraballo – Audacious Inquiry – Member

Yeah, and as a first step that's easy for the team, if we look at the charge of each task force and put it in the report, "Recommendations were made for the following task force charges" – that's a nice snapshot, and we've got all that information.

Carolyn Petersen – Individual – Co-Chair

Yes.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

That's a really good point. Okay. Shall we go to the next slide, then? So, before we go to public comment, are there any other comments from this team? I know today's call was a little bit light because we did all our heavy lifting the other week, but are there any other points of question or comment before we go to public comment? Any thoughts, Carolyn? Should we go to public comment?

Carolyn Petersen – Individual – Co-Chair

Yeah, I think we can, as long as we're able to do that, given that the timeframe is a little bit off of what was published. Is it okay, Seth?

Seth Pazinski – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

Yeah, we can go to public comment if there is no more discussion to be had. Operator, would you open the line for public comment, please?

Operator

Yes. If you would like to make a public comment, please press *1 on your telephone keypad. A confirmation tone will indicate your comment is in the queue. If you would like to remove your comment from the queue, please press *2. We will pause for a brief moment while we poll for comments. There are no comments at this time.

Seth Pazinski – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

Okay, thank you. That will include our public comment portion of the agenda. Carolyn or Aaron, any final closing remarks before we adjourn the meeting?

Carolyn Petersen – Individual – Co-Chair

I would just say that there's quite a gap before our next meeting, so as Michelle and her team work through some of the research and the things that we've talked about today for the list of emerging issues and other things, perhaps we'll be sending something out by email for an asynchronous discussion or some review and thoughts about that, so keep an eye on your inbox. Other than that, I'm glad everyone was able to make time today, and I think we're on a good track for doing something useful with all that feedback we got in September.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

I would just echo what Carolyn said. I appreciate you all jumping on the call, talking through it, and starting to sort through this, and we're making progress. Michelle, I thank you, the ONC team, and everybody behind the scenes for doing all the research. We greatly appreciate your efforts, as always.

Michelle Murray – Office of the National Coordinator for Health Information Technology –Staff Lead

You're welcome.

Seth Pazinski – Office of the National Coordinator for Health Information Technology – Designated Federal Officer

Great. So, just a couple reminders before we close the call. Our next full HITAC meeting is next week on Wednesday, October 16th, and the next meeting of the HITAC annual report workgroup is scheduled for Tuesday, November 26th from 9:00 a.m. until 11:30 a.m. For the public listening in, you can find the full calendar of HITAC meetings and all the materials at healthit.gov. With that, we will adjourn for the day. Thank you, everyone.

Christina Caraballo – Audacious Inquiry – Member

Thank you.

Brett Oliver – Baptist Health – Member

Thanks, everyone.

Aaron Miri – The University of Texas at Austin Dell Medical School and UT Health Austin – Co-Chair

Thank you.

Michelle Murray – Office of the National Coordinator for Health Information Technology –Staff Lead

Bye.

Carolyn Petersen – Individual – Co-Chair

Bye-bye.