



# Health Information Technology Advisory Committee

Transcript

February 19, 2020, 9:30 a.m. – 12:25 p.m.ET

IN PERSON

## SPEAKERS

| HITAC Members           |  |              |
|-------------------------|--|--------------|
| Name                    | Organization   | Role         |
| <b>Carolyn Petersen</b> | <b>Individual</b>  | <b>Chair</b> |
| <b>Robert Wah</b>       | <b>Individual</b>  | <b>Chair</b> |
| Michael Adcock          | Magnolia Health  | Member       |
| Christina Caraballo     | Audacious Inquiry  | Member       |
| Tina Esposito           | Advocate Aurora Health   | Member       |
| Cynthia Fisher          | PatientRightsAdvocate.org  | Member       |
| Valerie Grey            | New York eHealth Collaborative   | Member       |
| Anil Jain               | IBM Watson Health  | Member       |
| Jim Jirjis              | Clinical Services Group of Hospital Corporation of America (HCA)           | Member       |
| John Kansky             | Indiana Health Information Exchange  | Member       |
| Ken Kawamoto            | University of Utah Health  | Member       |
| Steven Lane             | Sutter Health  | Member       |
| Leslie Lenert           | Medical University of South Carolina                                       | Member       |
| Arien Malec             | Change Healthcare  | Member       |
| Clem McDonald           | National Library of Medicine   | Member       |
| Aaron Miri              | The University of Texas at Austin Dell Medical School and UT Health Austin | Member       |
| Brett Oliver            | Baptist Health   | Member       |
| Terrence O'Malley       | Massachusetts General Hospital   | Member       |
| James Pantelas          | Individual   | Member       |
| Raj Ratwani             | MedStar Health   | Member       |

|                                |  |  |
|--------------------------------|--|--|
| Steve Ready                    | Norton Healthcare                              | Member   |
| Abby Sears                     | OCHIN  | Member   |
| Alexis Snyder                  | Individual                                     | Member   |
| Sasha TerMaat                  | Epic   | Member   |
| Andrew Truscott                | Accenture                                      | Member   |
| Sheryl Turney                  | Anthem Blue Cross Blue Shield                  | Member   |
| Denise Webb                    | Individual                                     | Member   |
| <b>Federal Representatives</b> |  |  |
| <b>Name</b>                    | <b>Organization</b>                            | <b>Role</b>  |
| James Elzy                     | Defense Health Agency, Department of Defense   | Member   |
| Adi V. Gundlapalli             | Centers for Disease Control and Prevention     | Member   |
| Jonathan Nebeker               | Department of Veterans Health Affairs          | Member   |
| Michelle Schreiber             | Centers for Medicare and Medicaid Services     | Member   |
| Ram Sriram                     | National Institute of Standards and Technology | Member   |
| <b>ONC Speakers</b>            |  |  |
| <b>Name</b>                    | <b>Organization</b>                            | <b>Role</b>  |
| Lauren Richie                  | ONC  | Designated Federal Officer                           |
| Cassandra Hadley               | ONC  | HITAC Support  |
| Steve Posnack                  | ONC  | Deputy National Coordinator                          |
| Seth Pazinski                  | ONC  | Director, Strategic Planning & Coordination Division |
| Donald Rucker                  | ONC  | National Coordinator                                 |
| Peter Karras                   | ONC  | Lead, Federal Health IT Strategic Plan               |

**Call to Order/Roll Call (0:00:03)**

**Operator**

All lines are now bridged.

**Lauren Richie**

Thank you. Good morning, everyone and welcome to the second HITAC meeting of 2020. Thank you all for spending the time to be with us today. We hope you all received the meeting materials and **[audio interference]** members who took a moment to review in advance. But we're looking forward to today's session. We'll start with a roll call before we turn it over to our coordinating co-chairs. Carolyn Petersen?

**Carolyn Petersen**

Good morning.

**Lauren Richie**

Robert Wah?

**Robert Wah**

Present.

**Lauren Richie**

Michael Adcock?

**Michael Adcock**

Good morning.

**Lauren Richie**

Christina Caraballo?

**Christina Caraballo**

Present.

**Lauren Richie**

Tina Esposito?

**Tina Esposito**

Here.

**Lauren Richie**

Cynthia Fisher?

**Cynthia Fisher**

Good morning.

**Lauren Richie**

Valerie Grey?

**Valerie Grey**

Present.

**Lauren Richie**

Anil Jain?

**Anil Jain**

Good morning.

**Lauren Richie**

Jim Jirjis?

**Jim Jirjis**

Good morning.

**Lauren Richie**

John Kansky?

**John Kansky**

Good morning.

**Lauren Richie**

Ken Kawamoto?

**Ken Kawamoto**

Here.

**Lauren Richie**

Steven Lane?

**Steven Lane**

Good morning.

**Lauren Richie**

Les Lenert?

**Leslie Lenert**

Good morning.

**Lauren Richie**

Arien Malec indicated that he would be absent today. Clem McDonald? Maybe not yet. Aaron Miri?

**Aaron Miri**

Good morning.

**Lauren Richie**

Brett Oliver?

**Brett Oliver**

Good morning.

**Lauren Richie**

Terry O'Malley?

**Terrence O'Malley**

Good morning.

**Lauren Richie**

James Pantelas?

**James Pantelas**

Present.

**Lauren Richie**

Raj Ratwani? Maybe not here. Abby Sears? Not here. Alexis Snyder?

**Alexis Snyder**

Good morning.

**Lauren Richie**

Sorry. I skipped over Steve Ready.

**Steve Ready**

Good morning.

**Lauren Richie**

Sasha TerMaat?

**Sasha TerMaat**

Good morning.

**Lauren Richie**

Andy Truscott?

**Andrew Truscott**

Good morning.

**Lauren Richie**

Sheryl Turney?

**Sheryl Turney**

Good morning.

**Lauren Richie**

Denise Webb?

**Denise Webb**

Good morning.

**Lauren Richie**

And our federal representative, Michelle Schreiber?

**Michelle Schreiber**

Good morning.

**Lauren Richie**

Adi Gundlapalli? Not here. Jonathan Nebeker?

**Elaine Hunt**

Elaine Hunt here for Jonathan.

**Lauren Richie**

Ram Sriram. I believe he said he was going to be late. Amy Abernethy?

**Amy Abernethy**

Good morning.

**Lauren Richie**

And James Ellzy? Okay. Not yet. And with us from ONC, we have Seth Pazinski, Steve Posnack. And I will turn it over to our National Coordinator, Dr. Rucker.

**Adi Gundlapalli**

Sorry, this is Adi Gundlapalli from CDC. I'm here on the line. Thank you. I apologize for being late.

**Lauren Richie**

No worries.

**Donald Rucker**

Hey, Adi. Well, CDC has been busy.

**Abby Sears**

This is Abby Sears as well. I just wanted you to know I'm on the line.

**Lauren Richie**

Perfect. Any other members that have joined since I took roll? Great.

**Welcome Remarks (0:03:21)**

**Donald Rucker**

All right. Well, great, everybody. So, Don Rucker here. Thank you all for coming and joining. I realize people on the west coast, this is actually incredibly early like Steven Lane at 6:30 in the morning.

**Steven Lane**

I love it.

**Donald Rucker**

Yeah, well, I salute you. I probably would not be joining meetings at 6:30 in the morning, except under duress. But maybe that's what we're doing here. I think two of the big things today are the federal IT strategic plan for the five year span 2020 to 2025 as well as approval of last year's HITAC annual report, which we have to send to congress. A couple of welcomes. So, some new federal representatives. Dr. Michelle Schreiber is going to be representing CMS. Kate has joined the private sector. And Dr. James Ellzy is going to be replacing Dr. Terry Adirim who has also joined the private sector in academia down in FMarida. We have a special guest here, Amy Abernethy. Dr. Abernethy is the deputy director of the FDA and has been doing some amazing things over there. And I know this is a little bit out of sequence and I'm putting Amy a good bit on the spot but maybe, Amy, could you give us just five minutes just to inspire us looking at the digital and the data things in broad brush strokes that you're working on at the FDA?

**Amy Abernethy**

Hi, good morning.

**Donald Rucker**

I apologize for putting you on the spot but I know you've talked about it so much that I think you could do it on the spot. Otherwise, I wouldn't have put you on the spot so my apologies.

**Amy Abernethy**

No worries. Can you hear me okay?

**Donald Rucker**

Perfectly.

**Amy Abernethy**

Terrific. So, first of all, good morning and I'm honored to join all of you. I'm Amy Abernethy. I am an oncologist by background and have been really working in the space of building learning health systems in the health tech space for quite a while and recently joined FDA about a year ago where I'm both the principle deputy commissioner. I also have taken on the role of acting CIO. And when I came to the FDA, I thought my main area of focus would be real world evidence because that's certainly been an area of focus for me for the last decade or so. And what I learned in getting here was that it was really important that we step back and think about what does FDA need to look like and also, how do we interface with the larger community of data and tech innovators across healthcare both now and into the future. And based on that, we've put in place a technology modernization action plan between now and September.

And then, we have a recent announcement at the Consumer Electronics Show about our new enterprise data strategy. Combined there are five pieces of this. On the tech modernization side, the first part is to really sure up our internal technical infrastructure and really build much more of a cloud forward set of solutions here and capabilities and relevant to ONC. That's because we anticipate that as FDA, we're going to be much more integrated into the data ecosystem in the future. And we need a cloud forward strategy that also is relevant to how do we receive exchange and analyze data and how are we going to be ready for that in a more modern way. And so, Part 1 of our tech modernization activities really focuses on our internal technical infrastructure. The second part of our tech modernization activity is really building a product development center, not because we're specifically tech product developers itself but really an innovation zone where we can develop use cases that act as living examples of what does it look like as we become more modern at FDA.

And examples that are relevant to this conversation are the development of a new API to receive structured adverse event data for drugs that are undergoing clinical development. And we built the MVP. Then, once the overall systems were determined to be working and across the industry, there was a positive reception. We, ultimately, hardened that infrastructure. And now, really, direct receipt of structured adverse events of INDs is what we've announced as of November. And that's an example of how we're building these use cases out to really showcase where does the whole space go. The third thing that we're working on in our tech modernization strategy is opening up our communication channels with the larger community of data and tech innovators because of a lot of innovators that are relevant to FDA that are what I called the FDA adjacent space.

And electronic health records actually sit FDA adjacent. And we don't regulate in that space but often, there are huge areas of importance both from the standpoint of how does FDA think about and the good stewards and participants and also, how do we understand what the needs are in the community of innovators so we can help continue to stoke it along. The fourth part of our plan is the enterprise data plan. And March 27, we're having our first national meeting to really talk about our new enterprise data strategy and understand across the public how this is going to be received. Issues of it relate to how should we be thinking about privacy and confidentiality in the more modern world. How should we be thinking about cloud forward technical infrastructure and what we're building? How should we be thinking about data aggregation and analysis?

And so, this is how we're thinking about it across the whole enterprise. And then, that will really take us to the fifth part of our strategy, which is our analytic strategy to be determined. So, that's where we are at FDA.

**Donald Rucker**

Great. Thank you very much. That's helpful. I know I've had conversations with some of the folks from HITAC just on some of these issues as well. Before I turn it over to Carolyn and Robert, Steve, any comments?

**Steve Posnack**

No. I appreciate everybody is joining today. Very exciting agenda. Lots of new topics that we're going to take on in 2020 so we're excited to get started.

**Donald Rucker**

All right. Carolyn, Robert, take it away. Thank you.

**Carolyn Petersen**

Thanks, Dr. Rucker. Good morning, everyone. It's great to see so many online and on the phone this morning. As Dr. Rucker mentioned, it is early but it's a great way to start the day getting some good work done for the HITAC and for our health IT community in the US. As Robert will review, we have a relatively lighter agenda today than we do on some meeting days. So, I appreciate everyone taking the time to come and participate. And with that, I will pass the mic to Robert.

**Robert Wah**

Thank you, Carolyn, and thank you, Dr. Rucker. Worth noting, Carolyn is also dialing in from the west coast as well. I see Steven Lane's hand up. I just want to check and make sure. Steven, do you have a comment?

**Steven Lane**



Yeah. Thanks, Robert. I just wanted to thank Amy for joining us here at the HITAC and for your comments. I think we're very excited to have you here and to potentially explore the opportunity of a closer linkage between HITAC and the FDA. Ken Kawamoto and I had the opportunity to co-chair the Interoperability Standards Priorities Task Force that did a lot of work over the last year and some the year before. And one of the areas that our task force identified is really worth some focus was the interface between the FDA and other health IT systems.

So, I think as you modernize the systems and go through the processes that you described if there is a point at which it would be helpful to gather folks from the HITAC and/or the public to contribute to the direction of the FDA, we were particularly interested in looking at this issue of adverse drug events and how, potentially, to automate the process of identifying those events when they occur using health IT systems such as EHR, e-prescribing, etc., and potentially standardizing the way that that data got to the FDA for analysis. So, if that's an area of potential collaboration between HITAC and the FDA, I know there are a number of people on our committee that would be happy to contribute to that.

**Amy Abernethy**

Terrific.

**Robert Wah**

Thank you, Steven. And let's see here. What I'm going to do is before we let Dr. Rucker go, we'll put him on the spot as well because I know the HITAC has been very involved in this. Maybe we can get an update on where the proposed rule is.

**Donald Rucker**

Okay. Thanks, Robert. So, this is how you know who your friends are. So, as folks know, the rule – so rule making in the federal government is covered by something called the Administrative Procedures Act, which is a law that guides the notice of public comment period and what we can say. And so, technically, we're not allowed to say when the rule is out. Obviously, if you've followed some of the local DC gossip sites, there is a lot of back and forth on this. I think the answer is going to be that it's going to be coming out relatively soon.

I think the back story here, as everybody in HITAC knows, these are complicated issues in balancing the various interests of, most importantly, the American public to get a good deal in healthcare, to have transparency, to do this in a way that doesn't prevent innovation, allows clinicians to have sane lives, allows vendors to be able to build products in a practical way, protects the public's privacy, and draws the right balance on protecting privacy yet, addressing what is, ultimately, the biggest issue, which is simply the vast amount of healthcare costs that are out there and the lack of patients having agency. That's a lot to say. That's the balancing act, I think, for everybody on HITAC. Those are the obvious considerations. I would say we're making very solid progress in getting the rule out. But that is what's going on. And it's a process that involves a whole bunch of people. I know it looks like a black box from the outside but there are a whole bunch of folks involved. I don't know. Robert, does that even vaguely help you with an answer?

**Robert Wah**

No, that's great. I just know that there are a lot of plates you're spinning in the air and we appreciate you giving us the latest update. And as you know, the HITAC –

**Donald Rucker**

Yeah. I think I've been able to share the issues that are top of mind. Obviously, there has been a lot in the news recently about various of these issues. And I think it's actually had the maybe unintended benefit of really getting people to focus on how this all will play out. And it's, obviously, part of a broader dialogue on what we want to do with technology in our lives.

**Robert Wah**

Great. Thanks. So, I see two more hands up and then, what I'd also like to do is have an opportunity for our new CMS and our DOD representatives to introduce themselves briefly to the committee. So, I'm going to go to Jim Jirjis first. I see your hand up.

**Jim Jirjis**

Yeah. Thank you very much. And Amy, welcome. We're glad to have you here. One of the things to follow up on Steven Lane's comments is when you get to the AI issue, I know there was a comment period about FDA guidance around regulation of clinical decision support, AI, advanced analytics coming off of device data. It may be a very helpful thing to have the HITAC committee that has been focused on the liquidity and the marketization of data to also help should it be useful to you in how you think about what degree of regulation versus freedom for innovation should occur in the clinical space because I know that's a point of great consternation right now.

**Amy Abernethy**

I think it would be a great conversation. And, certainly, when I talked about the third part of our technology modernization plan focused on opening the communication channels, this was a key motivator. So, I would welcome the conversation with this committee and also any pointers that you've got in areas to look at.

**Robert Wah**

Thanks, Jim. I also have Jonathan Nebeker, your hand is up.

**Jonathan Nebeker**

Yeah. Can you hear me?

**Robert Wah**

Yeah.

**Jonathan Nebeker**

So, Amy, it's Jonathan Nebeker. I'm the acting CMIO at VA. And we've been working with Christine Lee in your office periodically over the years. But it's kind of ironic that we have to come to a forum like this. But we are doing a very similar activity with the data and analytics platform product line. And so, I hope we can sync up with you and learn some lessons.

**Amy Abernethy**

Terrific.

**Robert Wah**

Great. Thanks, again, Amy. And thanks, Don, for introducing her to the group. And it looks like there will be a lively conversation ongoing between HITAC and the FDA. So, let's return to our agenda. At this point, we just find it useful to sort of give a roadmap of where we're planning to go today. As most people have, hopefully, seen in their batches of materials that have been sent out, we have two major things we plan

to cover today. One is the review of our HITAC annual report. And if we can, we can approve it today and then, we can forward that to the Office of National Coordinator and then, eventually, on to congress. We also need a significant amount of time on today's agenda to review the 2020 to 2025 Federal Health IT Strategic Plan as was introduced at the last meeting when it just came out that day. We would like to get the input of the HITAC on that. We're also launching our intersection of clinical and administrative data task force.

And so, we'll have an update about that as well. We have, as always, our public comment time scheduled. I think we put out some notices that the public comment time is a currently scheduled time. If we run ahead of schedule, the public comment time may curtail for the scheduled time. So, we ask those that are planning to make public comments to monitor the meeting and be ready to comment perhaps earlier than the scheduled time. And so, with that, I'd like to turn it over and give an opportunity to our new CMS representative to maybe introduce themselves to the committee. Michelle.

### **Michelle Schreiber**

Hi. Thank you so much and good morning. I am, as you heard, Michelle Schreiber. And my role at CMS is the director of the quality measures and value based incentives group, part of the Center for Clinical Standards and Quality, which Kate sadly recently left. So, she asked me to step into this. My background is a primary care physician in the city of Detroit for many years. I have had many operational roles within big healthcare systems, including chief quality officer and chief medical officer and have led many EMR implementations as well. And so, my background has been an interest in quality measures and its intersection with electronic medical records and digital data. I came to CMS about a year ago. It's really interesting to hear what's going on in other parts of the government.

Amy, thank you for what you spoke of with the FDA because when it comes to our quality measurement programs and our quality measures at large, we're going through a similar what you called tech modernization strategy where we're moving our programs to be cloud based looking at moving our measures to all be digital so that we can then leverage them for timely feedback reports to providers as well as more actionable information to them and, obviously, better information for patients so that they can use that to choose their healthcare appropriately. So, one thing, in particular, you said about structured adverse events is something that we'd very much like to incorporate. So, maybe there are some future conversations there as well. So, as we move measures forward, as we move our programs forward, doing it in a digital world is crucial. And I really appreciate the opportunity to be part of this committee so thank you.

### **Robert Wah**

Great. Thank you, Michelle, and welcome to the HITAC. James, would you give a little introduction as well?

### **Lauren Richie**

He was on the roll call earlier. I don't see him on the Adobe. We'll circle back and see if he's joined a little later.

## **[Review of Agenda and Approval of January 15, 2020 Meeting Minutes \(0:23:30\)](#)**

### **Robert Wah**

Okay. All right. Well, again, welcome to the new folks to the committee. And welcome back to all the rest of the HITAC. As we start our new year, we're excited about the opportunities before us. And as I said, the two major things we have to discuss are the annual report and the health IT strategy plan. I did want to

thank Carolyn for running the meeting in January. And I was able to only join by phone. At this point, I'd like to turn it over to Lauren to give the details about the new task force update.

**Lauren Richie**

Sure. But first, we'll just need to approve the meeting minutes.

**Robert Wah**

Oh, I'm sorry. That's right. Sorry about that. We do have to approve the meeting minutes. So, in one of your batches, the January 15, speaking of the January 15 meeting, the January 15, 2020, meeting minutes were distributed. First, any comments or corrections that need to be made from the group? All right. Hearing none, I'll just call for approval then. All of those in favor of approving the minutes from the January 15, 2020, meeting please signify by saying aye.

Group

Aye.

**Robert Wah**

Any opposed say no. Any abstentions? All right. They're approved. And now, Lauren, maybe you can update us on the task force.

**Intersection of Clinical and Administrative Data Task Force Update (0:25:15)**

**Lauren Richie**

Sure thing. Next slide. Okay. So, for the much anticipated new task force on the intersection of clinical and administrative data, we just wanted to give you an update from the meeting last month on a bit of progress in starting to get the new task force ready to go. Next slide. So, just as a review for the members as well as for the public, we just wanted to display the chart here, again, highlighting the vision and the overarching charge. I won't read this in detail for you but, obviously, the topic of integrating clinical and administrative data is quite large. And so, we are targeting prior authorization as our first foray into this area. And as you all know, we've been working diligently behind the scenes. And I want to thank Dr. Thomas Mason who has been working both with the NCVHS and ONC teams in getting us to this point today. Next slide.

So, just as a reminder to the group, kind of the more specific charge under this task force to design and conduct research, identify patients and process focused solutions, the idea is for the task force to present a set of recommendations that will be delivered to both HITAC and the NCVHS to inform conversions around prior authorization activities. And then, lastly, to present a summary of their findings no later than September but, certainly, sometime this fall. Next slide. So, I apologize if this is a little tiny. But here is our proposed final draft, if you will, roster for the task force. I would like to thank Sherly Turney and Alex Goss from NCVHS for agreeing to be our fearless leaders on this task force. As you can see, we also have a number of HITAC members, NCVHS members, as well as industry SMEs. I will note that there has been a lot of interest in this task force. And we have a number of industry SMEs that have expressed interest in supporting the task force.

And we will, certainly, engage them on an ad hoc basis. We may shift the last one here just a little bit to maybe add one or two additional HITAC members. These are still just kind of late developments in terms of finalizing the roster but I just wanted to give you an initial idea. Next slide. So, the first task force meeting will be held on Tuesday, March 3, at 3:00 p.m. This will be for 90 minutes. And then, the group

will meet weekly from March through about September 90 minutes each week. As a reminder, all of our task force meetings are open to the public. And we encourage our SMEs and the general public to not only attend those calls but please participate during the public comment period. And then, periodically, we'll have the task force present updates to the HITAC as we've done in the past for other task forces. If you are a member of the HITAC, and you're not on the task force and you would like to receive the invitations for the task force calls, please let me know. I'm happy to have you join those calls.

You all are, of course, welcome to attend. And then, lastly, of course, the full committee will have an opportunity to weigh in on the final report of recommendations once those start to be developed. So, that is all I have for today. I just wanted to kind of give you a quick update in terms of the timing of the task force and their first meeting and the roster. Again, we encourage members of the public to follow along at home. All of the task force meetings will be posted on the HITAC calendar on [www.healthit.gov](http://www.healthit.gov). And with that, I will turn it back to our co-chairs.

### **Robert Wah**

Thank you, Lauren. I just want to check and see if anybody has any questions or comments about the new task force. I don't see any hands raised. So, thank you, Lauren. And, again, this is an exciting new area of work for our committee. And we're looking forward to this. I know there has been a lot of interest about this topic and so I'm sure it will be a very good time. As was noted at the opening of our committee, a lot of the work of our committee gets done at the task force level. And we appreciate all of the people that are volunteering their time and talent to this important topic. So, with that, I'd like to turn it over to Carolyn and Aaron to lead us through the discussion of the annual report workgroup that they've been working on. As you know, our annual report is created each year. And we'll be submitting that to the National Coordinator.

And they've done a lot of work to take in everybody's comments and have sent out a number of documents about where those comments have gone in the current draft. If it is the will of the committee, we will approve the annual report this time. If there are substantial discussions that have to continue, we can take those back to the workgroup and bring another group back to the committee. But with that, I'll turn it over to Carolyn and Aaron.

### **HITAC Annual Report Review and Approval (0:31:32)**

### **Carolyn Petersen**

Thanks, Robert. Good morning. Are you on, Aaron?

### **Aaron Miri**

I am. Good morning.

### **Carolyn Petersen**

Awesome. Why don't you get us started?

### **Aaron Miri**

Sure. All right. So, first of all, I want to thank everybody for joining this morning. And, again, I want to upfront say thank you to the ONC staff, specifically, Michelle and everybody that really put in a whole lot of work behind the scenes on research and market research. And I want to thank the entire HITAC for the fantastic comments, dialogue, commentary. At the last HITAC meeting, we had a great discussion around this. And so, we've taken great steps to make sure that every one of those comments was documented,

tracked, responded to and whatnot, and incorporated in some form or fashion, even if it's maybe an item for future years because it was kind of part of another topic. So, with that, Carolyn, do you want to say anything else to open this up?

**Carolyn Petersen**

No. Just absolutely to second the thanks to Michelle and the team she worked with to get us this far. We really couldn't have done it without them.

**Aaron Miri**

All right. Let's jump into this. Next slide, please. So, today, we're going to go through our workgroup update and really it's sort of a discussion of the revised draft of the HITAC annual report. Again, as I said earlier, this takes into account just about everybody's feedback and we'll show you that. So, next slide. So, we are at the end here ready for just about official transmittal and to present this to our National Coordinator for consideration to send onward. Next slide. And so, as I said, hopefully, we're seeking your approval today to say yes, we're good to go for this year. And then, we can get started on next year's report immediately thereafter. Next slide. So, the next steps here are we're going to be answering any questions about this final report.

The HITAC will approve the revised report. And then, the HITAC will give it to our National Coordinator. And then, of course, the National Coordinator will then, with consideration, forward the report to the secretary of Health and Human Services and onward to congress as per 21<sup>st</sup> Century Cures. Next slide. All right. So, let's talk through it. Please ask any questions. And, of course, we're going to be seeking your approval on this. Carolyn, do you want to take it from here?

**Carolyn Petersen**

Sure. So, I believe in your batches, you received several documents related to this work. There were clean and redlined versions of the actual report itself, which is now running into about 70 pages. Lots of good stuff happening and lots of great feedback over the past two years. We've worked to capture all of those ideas and concerns in terms of where we are with the landscape for health IT and also, the GAP analysis. Things that, from your perspective, we need to be working on going into the future and, of course, suggested activities. And we also have a 28 page Word document that is a complete list of all of the members' comments with the language and our proposed solution.

And these things you can see when you look in the redlined draft of the annual report. In terms of time and fatigue, frankly, we thought it might be easier for us to host a discussion about those documents rather than to try to take you through 28 pages of changes one at a time. That would be likely fairly tedious. And I think a good bit of it is self-explanatory. So, with that, I'll ask for individuals to raise your hands and we can get started with the discussion.

**Robert Wah**

Thank you, Aaron. Thank you, Carolyn. While people are getting their hands raised, I think the best way to proceed is for people to bring up those documents that Carolyn mentioned, the 28 page document that has all of the comments mapped, I think, is a good place for people to see how the workgroup dealt with the various comments that were made. Thank you to all who made comments to improve the report. We want to make sure that the committee has an adequate opportunity to review and discuss all of the changes that the workgroup has made. And as I said earlier, if it is the will of the committee, we can approve that today. But we wanted to make sure there was a good opportunity for the committee to discuss other changes because this is the first time the committee has seen the most recent version back

from the workgroup. Carolyn, do you want to run the discussion with the hands or would you like me to do that?

**Carolyn Petersen**

Sure. I'll get started. Ken, let's start with you.

**Ken Kawamoto**

Hi. Very quickly, I just wanted to thank the folks who ran this report for really incorporating the comments I had last time. So, just thank you for doing that.

**Carolyn Petersen**

You're most welcome. I know at all of these meetings, we always talk about how we track everything. And we move things forward to the list for the next year. And we, actually, do. So, I'm glad to see that you feel that's well reflected in the report and the comment list and that we're on track for the fiscal year 2020 report. Do we have other questions from the HITAC members? I'm not seeing any hands raised in Adobe. So, please go ahead if you have a question. Okay. Still, no hands raised. Are there any other comments or anything else that people would like to share? Aaron, did you have any other comments?

**Aaron Miri**

No. I think we're ready for a vote if there are no other comments.

**Robert Wah**

Well, it's a tribute to the great work that your task force has done and the committee has done on this report. And as I said before, incorporating all of those comments and mapping I think was very helpful. So, the last call for hands up or comments. Okay. So, what you have before you is the final draft of the HITAC annual report for fiscal year '19. I believe everyone has seen the report as it's currently written. And we've had no other comments or changes suggested today. So, all of those in favor of approving the HITAC annual report for fiscal year '19, please signify by saying aye.

Group

Aye.

**Robert Wah**

All of those opposed say no. Are there any abstentions? All right. Great. Again, thank you to the task force on the annual report. Carolyn and Aaron, thank you for your leadership. I know this is a tremendous amount of work. And I recognize that the new report is about to start being formulated as well. So, to the committee, again, we'll have the same process of establishing our annual report for fiscal year '20. And, again, thank you to everyone for their hard work both on the committee task force and the ONC staff that supported it. Are there any final comments from Aaron or Carolyn?

**Carolyn Petersen**

Just gratitude to the HITAC for all of your informative comments and for your willingness to engage in the discussion and help us to create a document that really represents the thinking and goals of the HITAC members. Thank you.

**Aaron Miri**

And I'll second that as well. And also, thank you to the ONC and the ONC leadership team for their great participation and accepting the report. So, we appreciate it.

## **Robert Wah**

Carolyn, do you want to lead us to the next topic?

## **Carolyn Petersen**

Sure. So, having completed the annual report review and approval, we will now welcome Seth Pazinski and Peter Karras to the mic to initiate the discussion on the 2020/2025 federal health IT strategic plan.

## **2020-2025 Federal Health IT Strategic Plan Discussion (0:40:49)**

### **Seth Pazinski**

All right. Hello, everyone. This is Seth Pazinski. And I'll be presenting with my colleague, Peter Karras, here. And we collectively head up the ONC strategic planning work. So, we'll pick up from January HITAC meeting presentation and discussion. I'll briefly touch on a few key points related to the 2020/2025 federal health IT strategic plan, which is currently out for public comment. And then, Peter will see if you have discussion questions along with just opening up for any feedback that you have to provide on the draft. Next slide. So, the plan was put out on January 15. We'll be collecting any feedback that you have today along with any written feedback that you've provided. For the broader public, the deadline is March 18, to provide any feedback. I will note that the HITAC annual report is something that we already looked at from the committee as a source to inform ONC's coordination work with other federal agencies and as a source document to inform the draft federal health IT strategy that we put out for public comment.

So, we, certainly, look forward to receiving that FY '19 report and will consider that along with any other feedback we talk about today in developing the final plan. Feel free to share the draft with any of your colleagues and encourage them to provide public feedback as well. Next slide. So, just a quick reminder of why we're going through this process. So, 1.) we're statutorily required to do so. And the current plan ends in 2020 as far as this timeframe. So, it's a good time to refresh the plan. Also, with the 21<sup>st</sup> Century Cures legislation providing new federal authorities that can accelerate progress on connecting healthcare and health data for individuals and clinicians and providers and researchers and innovators and others. It's a great opportunity to revisit it with our federal partners and with you the broad federal health IT strategy. Next slide.

This, again, just highlights some of the key aspects and the direction we're trying to set with the plan, making sure that individuals have access to their electronic health information and can better manager and shop for their care, create new business models, leveraging APIs for individuals and providers' benefits, and also, establishing data sharing practices within the healthcare industry. Next slide. So, some of the key sources, in addition to HITAC feedback. We'll also be re-engaging with our federal partners who helped develop the draft that's out for public comment. And we will consider any public comment provided as well. next slide. So, this just kind of serves as a reminder that this is a federal health IT strategic plan, not an ONC plan. So, the scope is broad in its perspective representing all of the different departments reflected on this slide.

So, we're initially, as we do look ahead to begin implementation planning with our federal partners, some of the key things that we'll be focusing on overlap with what we've been working with you at the HITAC on over the past two years. So, the ONC Cures final rule and implementation of that, the trusted exchange framework and common agreement and then, work around to advancing standards, in particular, through APIs, Fyre, and USCDI expansions. Next slide. Just before I turn it over to Peter to take us into our discussion portion, again, we're in the public comment phase right now in the draft. It ends on March 18.



This spring, we'll consider any public comments as well as your feedback and then, re-engage with our federal partners to finalize the plan with the intent of publishing the final plan this summer. And with that, I'll go to the next slide and send it over to Peter.

**Peter Karras**

Great. Thanks, Seth. So, just a bit of a refresher on the strategic plan focus and themes before we open it up for feedback. So, this slide describes the key challenges that we aim to alleviate through the plan and implementation of it familiar to what you all had seen last month during the HITAC meeting. I just wanted to reiterate a couple of points on these challenges. So, an increase in healthcare spending, poor health outcomes. We see that while healthcare spending is increasing, outcomes aren't necessarily getting better. Increase rates of mental illness and substance use disorders, access to care. As costs go up, so does the rate of uninsured individuals. And then, access to technology is another challenge. Minority, low income, tribal and rural populations are less likely to have broadband internet service at home than other populations.

And this can further exacerbate existing health disparities and really creating barriers to the range of technologies that are required to really support cost effective and high quality care. Next slide. This opportunity in individual health system really describing societal expectations of what a modern health IT enabled healthcare system should look like. But also, describing legislative expectations outlined in 21<sup>st</sup> Century Cures. And you see inclusion of specific HITAC priority areas in this slide. And these are patient empowerment. So, we want to give patients access to their health information so they can manage their care putting individuals first, really embracing a first and third care pro that values the whole person. The movement to value based care so increasing economic value and that gap between what you pay for and what you get. Achieving interoperability by advancing health IT capabilities and establishing transparent expectations for data sharing while supporting adequate privacy and security mechanisms.

And then, also leveraging the availability of data and using technology to really promote new business models as well as reducing the burden on providers to make it easier for providers to focus on patients and care delivery. Next slide. So, these are the four goals that we discussed previously that are in the draft plan. The overarching goals include 1.) promoting health and wellness. And this is really about giving patients the tools they need to access their health information and manage their care. Goal 2 is to enhance the delivery and experience of care. And really here, we want to improve the quality and affordability of care for patients. Goal 3 is building a secure data driven ecosystem to accelerate research and innovation. We want to leverage data to support enhanced research capabilities and innovation and translating that back into practice in an efficient and effective manner. And then, Goal 4 is to connect healthcare and health data through an interoperable health IT infrastructure.

We want to increase electronic access exchange and use of health data while keeping it secure and private. And this plan is designed to affect the full health IT scope of the federal government. We see Goal 4, the connect healthcare and health data through IT as really the policy and technical foundations supporting the other three goals. We wanted to have an outcome driven framework for the plan in which stakeholders in the healthcare sector can really benefit from a fully connected system to really empower patients, caregivers, and providers. Slide 11, next slide. That is the discussion question portion. So, we just wanted to follow up with the considerations we introduced during the last HITAC meeting as food for thought when you were reviewing the plan. And the questions we have for your consideration are 1.) are there topics or areas of the strategic plan that you feel are not in there and the plan does not address other opportunities that we can leverage health IT for consideration in the plan strategy.

Do aspects of the strategic plan's goals and objectives align with your organization's interests and priorities? Can your organization see themselves in the plan? Is there policy or technical challenges and gaps? And Goal 4, connect healthcare and health data through IT that would impact achievement of the other goals. And what aspects of the strategic plan would you consider an immediate focus for implementation? I just want to point out do not feel compelled to limit feedback to only these questions. You can provide comments on as little or as many of these questions as you'd like. And with that, I will turn it over to the co-chairs to open up for feedback.

**Robert Wah**

Carolyn, do you want to run this discussion?

**Carolyn Petersen**

Sure. Let's start with John Kansky.

**John Kansky**

Thank you. I think I wanted to jump in early because this is a bit of a framing question for how I think about the rest of my feedback. You spoke to this at the January meeting. And I paid attention but I should have paid closer attention because, in a couple of conversations I've had with peers talking about the strategic plan, I was asked, basically, how should we be viewing the strategic plan coming from the federal government. Because it's not the same as a corporate strategic plan that says this is what this corporation intends to do. There seems to be a mix of here are things the federal government and agencies need to do. But here is the plan for what we want to see the nation to achieve. So, if you could just comment on how we should be thinking of this in those terms that would help me. Thanks.

**Seth Pazinski**

Sure. This is Seth Pazinski. I guess I'll first speak to just kind of the audience is broad. It's pretty much anyone who is interested in understanding the federal perspective and direction on access, exchange, and use of electronic health information for the purpose of really performing the first three goals in the plan about promoting health and wellness, enhancing delivery and experience of care, and building a secure data driven ecosystem for research and innovation. We use the plan as a tool to engage both federal and private sector stakeholders. So, it's a way for us to provide a broad strategy at a point for collaboration and coordination to talk about areas of alignment and shared interest both, again, with federal partners in the private sector. So, the emphasis here is anything that's in this plan we do believe is kind of within a federal authority to take action on and some component of the departments that we've listed and that is included in the appendix to the plan will take some action to implement.

So, I think that's kind of one key factor. But it does reflect kind of a broad – while it is focused on federal action, I think it does also reflect where we hope to see the nation and the industry going from a federal health IT direction standpoint. Does that help answer that?

**John Kansky**

It does. Thank you.

**Carolyn Petersen**

Let's go to Alexis Snyder.

**Alexis Snyder**

Hi. Thanks, Carolyn. I just had a couple of comments in reference to 1.) the area of digital health

information. And I think it's important to remember that in various places where we're talking in the report about patient empowerment and empowering patients to remember that it's important to talk about patient engagement as well and making sure that patient voice is incorporated throughout the health system and not just talking about empowerment. 2.) I think it's very important, I think I mentioned this in the in person meeting in January, not just access to information but access to correct information and more ways and easier ways for patients to have their medical records corrected and be more involved in the process of note writing in their portals and their digital health system is very important. And then, just a quick comment on value based care and value versus volume.

I think it's also important to remember that some of the strategic pieces for value based care aren't always accessible to those with a rare disease. And I think that's just an important piece to remember. I can elaborate offline with anybody at some point. I don't want to take up too much time. But a lot of the value based strategies don't align with people that need to get care out of their home state, etc., pieces like that. And I think that's an important piece to remember as well.

### **Seth Pazinski**

Great. Thank you.

### **Carolyn Petersen**

So, this is Carolyn. I don't see any hands in the cue right now. So, I will proceed with some comments that I have and perhaps some hands will pop up. First, with regard to Goal 3 as mentioned on Page 6 of the report, I wanted to comment a bit on the question of transfer versus sharing. I see that the report puts an emphasis on transfer, which is, of course, important in getting at the interoperability that we all seek. But I think that from the patient perspective, that is a broader consideration, which relates to the sharing of data. The patient reported outcomes, for example, have been used largely in clinical trials but are now moving into care in some settings and likely will be more part of clinical care going into the future. So, as we think about data movement, it's not a matter, particularly, of transfer between providers or health systems.

But there is also this notion of sharing from patient to provider and perhaps even from providers to patients as we adapt a more electronic environment for providing care. The second comment relates to this notion of patient empowerment that's on Page 10 of the report. Alexis talked about the importance of patient engagement. I would like to emphasize that patient empowerment has more aspects than simply access to your information. It is being able to control, having controls within the systems so that you can make decisions meaningfully, that you can better understand what you're agreeing to by being able to access those consents and terms and other things. And also, to be able to do some directing of your care in terms of providing information to various providers or perhaps connecting them when you can see a gap in your care or a potential place where things can fall through the cracks that you would like to be able to correct.

Patient empowerment really goes beyond just being able to message with clinicians. And it's important that we create a future where there is a landscape that can support that technology as we reach the point when we want to build it. And finally, starting on Page 12 and going through other parts of the report, I really want to commend you on the focus on privacy. Sometimes, out in the business world and, particularly, in the consumer health arena, we hear commentary like privacy is dead. Get over it. And I think, certainly, our notions about what privacy means and how that can be implemented and will affect us are changing. And technology is changing what we can do and what our options are. But people really do care. They care about transparency. They care about understanding what's happening and being able

to make some decisions about what will happen within the confines of the needs of directing care.

So, I want to thank you for keeping privacy front and center. It is one of our focus areas as HITAC members but it also has a very important role in the broader discussion and in the health IT community at large. So, thank you.

**Seth Pazinski**

Great. Thank you.

**Carolyn Petersen**

And with that, we will go to Terrence and then, Anil and Valerie.

**Terrence O'Malley**

Thank you, Carolyn. Just a quick riff on privacy. I don't think privacy is quite dead but I think it's on life supports. And we might want to think about, at least in the HITAC, discussing that in some detail. Anyway, that's just an aside. And so, on to the strategic plan and thank you guys for this. It's really a wonderful outline, a very high level. And perhaps my comments are a level down from the grand overview. And I was wondering if there is a role in the plan to call out the potential for the federal government as an example to become more coordinated in its use of data and more uniform in its adoption of data standards and whether there isn't a potential benefit from efforts along those lines. And I say that really out of ignorance because there may be a lot going on exactly doing that. But if it's not, that might be an area to think about. Just give them the throw weight of the federal government and how, as an example, it could serve for the private sector in the adoption of standards.

So, that's one comment. And the other is, and again, these may be more tactics than strategy, but a big issue for the long term post-acute care section of the healthcare ecosystem is that there is really no compelling business case that exists for them to adopt health IT or the business cases are very narrow and very limited. And as a result, not being part of the overall conversation around the care of individuals, this really critical piece of the healthcare system, which produces all sorts of data and in home observations and daily observations of people's function and cognition and nutrition and fall risk and a whole bunch of very important clinical issues, in this part of the healthcare system that data is blind to everyone else. It doesn't exist. It doesn't necessarily get collected in a systematic way, nor does it get transmitted in a systematic way. And I think at the heart of that is the fact that health IT, even if it's Fyre based apps, is, in many ways, too expensive, too complicated for a system that has a fair amount of turnover.

So, if we want to engage this piece of healthcare, I think we're going to have to go beyond the current processes and really think about how we can create a business case for adoption for these folks. And another comment, again, the HITAC is taking on these pieces. But it might be good to call them out as a sort of basic infrastructure for interoperability and whether that's improving patient identification is one. The other would be some clarity around consent and the whole process. And, again, we might want to consider the HITAC a consent subcommittee just to clarify what the model's consent is and how we can best make use of them. And then, I think I'll leave it at that. So, thank you very much.

**Carolyn Petersen**

Thanks, Terry. Let's go to Anil Jain.

**Anil Jain**

Yeah, great. Anil Jain, IBM Watson Health. So, just a few comments. A wonderful strategic plan. And if I

understand the purpose of it, I hope the comments will make sense. So, in the write up, there are quite a few references to standards. It would be nice to see the word open in front of those and really thinking through differentiating between proprietary standards that I think have been a challenge in our industry with promoting open standards that allow for, I think, a little bit more of an interoperable aspect to what we're trying to do in the industry in addition to standards. Also, thinking about open terminologies or open source terminologies would be helpful. And if it's in there and I missed it, I apologize. The other thing that I'm struck by is that we talk a lot about this being 2020 to 2025. But there are some emerging technologies that intersect health IT that I don't see a lot of focus on or even mentioned.

And things that we're promoting in here, in fact, I think in Dr. Rucker's opening letter, he mentions automation, I think, in his final line. But when we start thinking about automation, what is the role of emerging technologies like block chain that might create sort of an adjudication mechanism that's rules based that everyone sort of agrees to that helps reduce administrative burden and potentially even commenting on some of the ongoing work that federal agencies are doing around block chain from consent for patients and subjects to other aspects. And also, mentioning where the intersection of AI and health IT could co-exist in order to reduce burden. So, I think this is a great strategy but there are a lot of projects that industry is working with in conjunction with the federal agencies that it would be nice to see them mentioned either just to say that there is some early work that's been done and the federal agencies are probably going to do more of them.

And what is sort of the point of view in this strategic plan that would be helpful for those of us who are investing in this space? The last thing would be one of the things that I don't see in here, again, I may have missed it, but there are some mechanisms by which the federal agencies sometimes will evaluate and ask industry to collaborate on things that might be intersecting with their initiatives. And an example would be the AI challenge grant that CMS has announced that we're proud to be a recipient of and, hopefully, move to the next stage. But that might be interesting just to say where is the federal government going to start work with industry to fund some of these initiatives because we really don't know everything yet. But we're going to partner and fund some of these initiatives in sort of a competition or in a challenged based way so that we can discover something that may not be known. I'll stop there. I've got other comments but I'll give others a chance to weigh in before I come back again.

### **Seth Pazinski**

Thanks for those comments. This is Seth. I apologize. Our phone cut out for a second there towards the end of Terry's comments. I did want to go back to just respond quickly to the point Terry was making about standards coordination in the federal space. So, that is one of the things from ONC's perspective that we're planning to emphasize from an implementation point. We do have an active federal coordination group that is helping to develop the plan. But we'll also be similarly engaging them in coordination opportunities to implement. So, one of the areas of emphasis will be on standards and, in particular, looking to identify and align efforts as far as investments in the Fyre standard and how agencies are looking to leverage that as well as looking to coordinate on the US Core Data for Interoperability and the federal interest in advancing and expanding that standard. And Peter, you wanted to highlight some of the points that Anil was making on AI and other technologies in the plan.

### **Peter Karras**

Yeah. Thanks, Anil, for the comment. So, just a follow up and almost just as a means of delineation kind of looking at the strategy and the content from 1.) at a point of care level and maybe leveraging some of those automation points and kind of the role of emerging technology in terms of care delivery itself. And then, I guess, the other aspect would be maybe at a population level when we're focused on research and

maybe being able to integrate data sets and leveraging statistical modeling on, not necessarily the individual point of care but overall populations on a whole and leveraging the emerging technology. Were you thinking about it in both veins more at the point of –

**Anil Jain**

Absolutely. No. I'm thinking about it in multiple respects both at the individual patient level where clinicians like myself and others on the call, I'm sure, are plagued with information overload as well as understanding what's really happening with our population. Patterns of care that may not be medical traditional analysis or traditional means. Not to say that AI or any of the advanced machine learning is a panacea but it's, certainly, an important tool in the arsenal. And getting the federal government's point of view on how that intersects with health IT, I think, would be interesting and directional for those of us who are investing in it and are living it every day.

**Peter Karras**

Great. Thanks, yeah. And we have points made throughout the plan. But I think maybe looking at it and maybe emphasizing or reiterating some of those points. But yeah, thanks for the feedback.

**Carolyn Petersen**

Okay. Let's go to Valerie Grey, please.

**Valerie Grey**

Good morning. Thank you, everyone. I really do appreciate the opportunity to weigh in a little bit on the federal proposal here. I guess when I was looking at it, I was struck by a sort of what I felt was still a lot of work that we have to do that's foundational. And what I mean by that, and it sort of echoes some of Terry's earlier comments, so very focused on hospitals and physicians. And I understand how we need it to start there and the meaningful use program and all of that. But when you really look at value based care and what is necessary to succeed, there are a whole bunch of sectors that I feel that have sort of been left behind. And it warrants some attention. And it's the long term post-acute folks that Terry mentioned earlier. But I think it's also, at least in New York, we see a lot of challenges from the behavioral health agencies.

We see a lot of opportunities with EMS, home care. I would just encourage you to sort of think about some of the comments that Terry made on business cases for adoption, incentives, things that we can do to really bring them more into the fold. And then, I guess I would comment that I was very glad to see Objective 1C as it relates to trying to incorporate Health and Human Services information and social determinants of health. Again, when we see really effective models of value based care, that's a key component. And then, lastly, I echo many of my colleagues about the need for a more robust conversation on privacy coming from New York, which is an opt in state. And I was at a place where we were definitely working toward trying to move to an opt out policy. Some of the recent debate has definitely affected some of that. And I think it behooves all of us to spend a little bit more time in that area. So, those are my three main comments. Thank you.

**Seth Pazinski**

Thank you. It's great feedback and points that we can, certainly, take back as we re-engage our federal partners, especially those who are particularly focused in the long term care and [inaudible] [01:12:20] spaces.

**Carolyn Petersen**

And then, let's go to Andy Truscott.

**Andrew Truscott**

Good morning, everybody. Excellent draft of this so far and excellent comments made from my colleagues, which I won't seek to just duplicate and regurgitate. Just one comment and that's around we talk very much about enabling patients to control how their information flows or is used or is collected or is an update or whatever. But we don't really say much about giving them that control. So, I think maybe some more focus around enabling patients and illustrations of the types of controls that should be available and open to authorize patients to make suggestions and amendments to that body of work. Information about them will be useful. Thanks very much. Good work.

**Robert Wah**

Thanks, Andy.

**Carolyn Petersen**

So, the cue is empty. Are there other HITAC members with questions? If so, please raise your hand.

**Seth Pazinski**

This is Seth Pazinski again. I'm sorry. Go ahead.

**Carolyn Petersen**

I'm not seeing any hands in the cue, Seth. So, if you want to go ahead, please do.

**Seth Pazinski**

Yeah. I just wanted to, while we wait to see if anyone else has comments or questions, just to reiterate that this is an ongoing conversation and that we'll continue to look at the HITAC annual report in the workgroup and the committees focused in that area as ways to, as we move into the final plan as well as implementing that plan on a level deeper than we are in the federal health IT strategy on specific recommendations and gaps and opportunities for future work. So, thanks in advance for the continued work of the committee on that annual report.

**Carolyn Petersen**

Okay. And I see Ken Kawamoto has his hand up and then, Aaron Miri.

**Ken Kawamoto**

Hi. Yeah. So, I think just echoing what folks have been saying. I do think the focus on privacy and security is really important. And it's great that it's in the plan. I do think it is one of the prime candidates for something that can bring all of what we're talking about in terms of interoperability and just engagement, empowerment, and threatens it. And I think there is some sort of recent activity going on that's in the news, etc., that I think really illustrates the potential threat of this issue. Echoing what was just mentioned, I do think the annual report has a lot of great ideas on how to address it. And I think for the federal folks to look into that and potentially take some of those ideas on, I think, could be one very concrete way to move forward on that.

**Aaron Miri**

I guess you were finished. This is Aaron Miri. So, a couple of questions for you. First of all, excellent job with this draft. I think it does touch upon a lot of the items that we've been speaking about. To echo what Ken just said, I would reference the annual report for a lot of the specific ideas. But there is one question

you have on here that I kind of want to call a little bit of attention to and sort of highlight. I believe there's an opportunity within this report to really point out and help drive home some of the items that need to be addressed either via policy levers or technology levers. And that's around research. Your question here is is there anything there we need to do to build a secure and data driven culture to accelerate research innovation. Research, particularly, is a difficult space.

And a lot of times, especially I'm here at the University of Texas at Austin, there are a number of times when you collaborate with partners across the globe on numerous types of research related to healthcare and genomic sequencing and whatever else. And the laws vary. Your mileage may vary based upon what you're doing. And I think there are a number of opportunities here to leverage it and say if we really want to be able to share data in a robust manner, whatever kind of data type, whatever kind of phenotype of data, this is what you should do. This is how you should go about it. This is how the laws will apply. And so, right now that is sort of a broken system depending on what you're trying to do. And it does hamper and impede progress. So, I think as a thematic thing within this federal IT plan is to call out research.

And for all the partners that do a tremendous amount of research, the academic medical centers and whatever else, how can we get around and work through some of these confusing roadblocks and other items? Thank you.

**Peter Karras**

Thanks, Aaron. So, Aaron, this is Peter. Just to follow up, would you extend that beyond researchers? Maybe other individuals that could potentially look at fostering data to support maybe like a platform of stakeholders for researchers and payers, individuals that can really maybe look at shared uses of health data and integrated data. Or is it really specific to just researchers for your comment?

**Aaron Miri**

I think it's actually both. I think that's a fair question. I would say from my vantage point at a large AMC, it's both. But to the degree of just exchanging data, just saying one major AMC to another, there are a lot of items that just come to consideration for okay, does HIPAA apply here, do other considerations apply, does GDPR apply. All of these other dynamics that tie up IRBs for days at times. So, I think with a well crafted plan of action and to cover 90%, yeah, you can get through a lot of those and give folks sort of a rubric of what to follow in addition to helping enable them to build platforms with companies and whatever else to do shared research. We partner with some of the largest vendors out there to do stuff moving the ball forward. But even then, there are roadblocks.

But if I put that aside, just collaborating pure research or even as we partner with the CDC and others, there are a lot of question marks. And I think this is an opportunity where we can highlight, address that, and give folks a way to hyper accelerate research efforts and cut through the fluff.

**Peter Karras**

There is some work that ONC is doing in that health IT priorities for research space. So, I'll also take that back to share with our colleagues here internally as something that we might want to bring back to HITAC.

**Aaron Miri**

Yeah. And happy to provide any real world stuff on the side, too, if you need examples and such.

**Peter Karras**

Great.



**Carolyn Petersen**

Thank you. Are there other comments or questions from HITAC members? The cue looks open now. Going once, going twice. Seth and Peter, do you have any other comments regarding the discussion or any other parts of the report?

**Seth Pazinski**

No. Thanks, again, for the feedback. And also just to reiterate that the public comment period is open until March 18. So, we, certainly, welcome any additional feedback that folks have to provide. We'll consider the transcript from today as well as any written feedback that we get from committee members along with public comment. So, thanks, again, for taking the time to look at it and provide feedback.

**Carolyn Petersen**

All right. Thank you so much for the presentation and for hosting our questions and comments. Lauren, I think we are through with this discussion and it's up for public comment now.

**Lauren Richie**

Thanks, Carolyn. We were just getting the phone number up to dial in. But for members of the public, we, certainly, encourage you to weigh in on today's session. So, operator, can we please open the public line?

**Public Comment (1:20:40)**

**Operator**

If you would like to make a public comment, please press star 1 on your telephone keypad. A confirmation tone will indicate your line is in the cue. You may press star 2 if you would like to remove your comment from the cue. Our first comment is from Mari Savickis with Chime. Please proceed.

**Mari Savickis**

Hi. Thanks, everyone. This is Mari with Chime. I just want to reiterate some of the comments that were made. I'm trying to follow who is saying what on the phone. But I think it was Dr. O'Malley who started the conversation regarding privacy. This is an incredibly nuanced topic. And given ONC's coordination function, I think there would be a tremendous amount of value. I think our members would find that to be very valuable and some of the folks that we work with with other associations. I think that's definitely something that would be time well spent by this body. So, thank you for considering that.

**Lauren Richie**

Thank you for your comment. Operator, do we have any other comments in the cue?

**Operator**

There are no more comments at this time.

**Lauren Richie**

Okay. We'll leave the number up just in case we get any before we adjourn. But I will now turn it to Robert and Carolyn for any closing remarks.

**Carolyn Petersen**

I just want to thank the HITAC again for coming and helping us to clear our responsibility with regard to the annual report and for participating in this discussion about the federal health IT strategic plan. That's

a really important tool for us to use in going forward and to help ONC use informing strategy and proceeding. And it's great to be involved. Again, the public comment period still is open. So, if you have further thoughts, there is a mechanism for being able to submit that to ONC. Robert?

**Robert Wah**

Thank you, Carolyn. And, again, congratulations to you and Aaron on a great piece of work. But also, as we have now approved our annual report, it's worth noting the great body of work that this committee has accomplished over the last year. And I thank all of the members for their time, talent, and consideration and contributions to that work. It's been a privilege for Carolyn and me to be co-chairs of this great group. I do want to also acknowledge an openness for, again, additional comments on the ONC strategic plan. As we just discussed, there is still time for that. We at the HITAC wanted to make sure we gave the opportunity for our members to add feedback to that proposed plan and appreciate everyone's comments today. Finally, thank you to Don for his openness and candor about where we are with the final rule. I do appreciate him taking on that and being put on the spot.

I know a lot of people on the committee were interested in that and I thank him for that comment. And with that, I think we are completed with our meeting. We look forward to our next meeting.

**Lauren Richie**

Robert, I think we have one more public comment.

**Robert Wah**

Great. Okay.

**Operator**

Yes. We do have a follow up comment from the Chime line. Please proceed.

**Mari Savickis**

Hi, again. This is Mari, again. Could you repeat the deadline to get the comments regarding the strategic plan? I missed that.

**[Crosstalk – inaudible]**

**Mari Savickis**

I'm sorry, what was it?

**Peter Karras**

The deadline is March 18.

**Mari Savickis**

Okay. Thank you.

**Robert Wah**

And we can redisplay the slide that has the comment process.

**Lauren Richie**

Okay. We can get that pulled up. Just a quick check. Operator, any other comments in the cue?

**Operator**

There are no more comments.

**Closing Remarks and Adjourn (1:24:48)**

**Lauren Richie**

Okay. So, as Peter mentioned, the deadline for any other comments is March 18, for the strat plan. That is also the date of our next full HITAC meeting. Also, as a reminder, March 3, will be the first meeting of the new ICAD task force. And for the members of the public, all of the information can be found from today's meeting on [www.healthit.gov](http://www.healthit.gov). And Carolyn and Robert, if there aren't any other comments then, we can adjourn for today.

**Carolyn Petersen**

I'm set to adjourn.

**Lauren Richie**

Okay. Thank you all. And we will talk again in about a month. Have a great day.