

eHealth Commission Meeting

HYBRID CONFERENCE

November 13, 2024

November Agenda

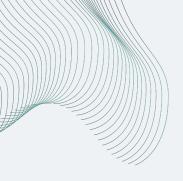


Title	Start	Duration
 Call to Order Roll Call and Introductions Approval of August and October Minutes December Agenda and Objectives Rachel Dixon, Vice Chair 	12:00	5 mins
 Announcements Welcoming Remarks OeHI Updates-eHealth Commission Updates Decision Items & Action Items Stephanie Pugliese, Director, Office of eHealth Innovation (OeHI) All Commissioners and Advisors 	12:05	5 mins
Guest Agency: Coalition for Health AI (CHAI) Lucy Orr-Ewing, Chief of Staff and Head of Policy Ed Middleton, 2024-25 U.K. Harkness Fellow; Director of Strategy, Policy and Portfolio Director, Guy's and St Thomas' NHS Foundation Trust	12:10	1 hour
Public Comment Period	1:10	5 mins
 eHealth Commission Meeting Closing Remarks Closing Remarks Open Discussion Recap Action Items Adjourn Public Meeting 	12:50	10 mins
Rachel Dixon, Vice Chair		



Coalition for Health Al

Lucy Orr-Ewing, Chief of Staff and Head of Policy





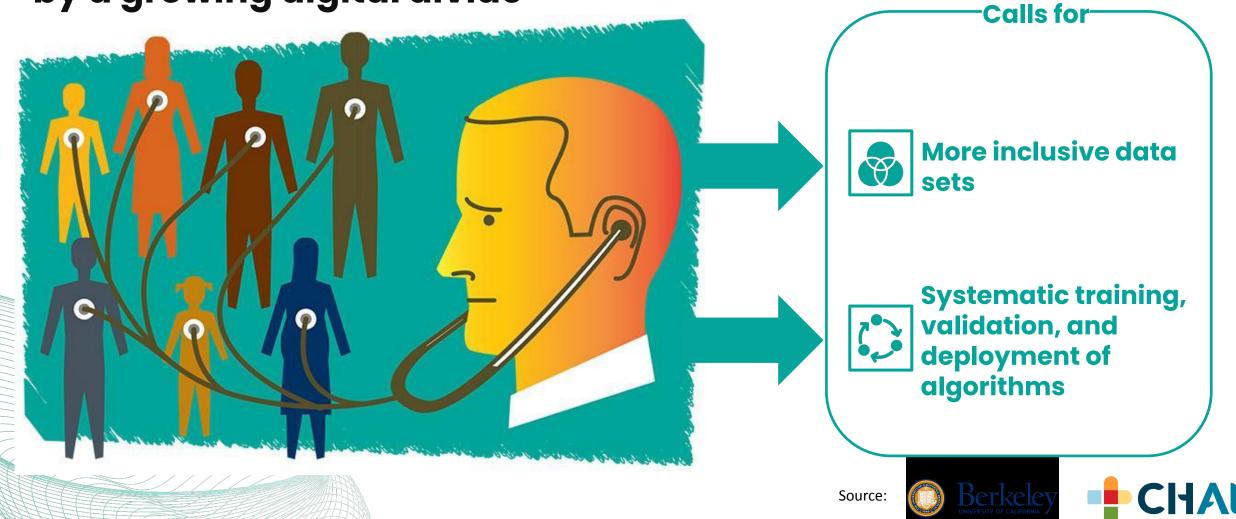
Coalition for Health Al

Wednesday November 13th

Lucy Orr-Ewing, Chief of Staff and Head of Policy for CHAI

The track record of new technologies in healthcare is one marked

by a growing digital divide



The problems to solve right now

Use cases vary widely

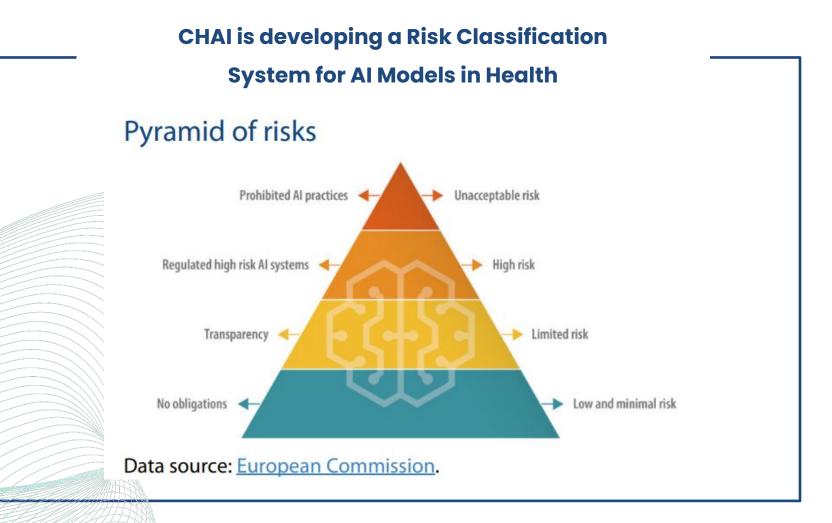
Implementation issues and challenges in post-deployment monitoring

Lack of standardized evaluation methods

Digital Technologies reserved for society 'penthouses'

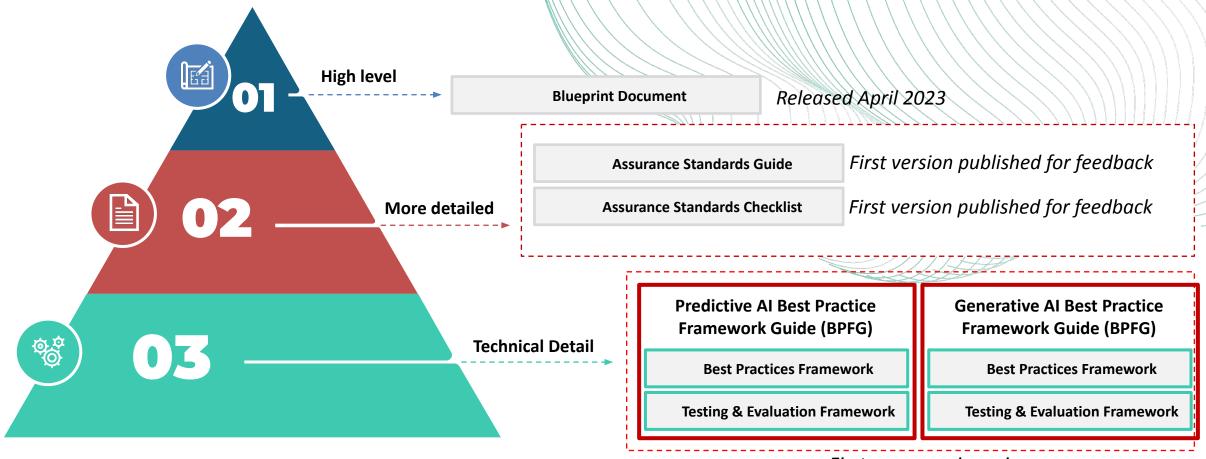


We believe in use case-specific guidance, with an appropriate risk classification system





CHAI's membership are developing technical best practice and evaluation frameworks



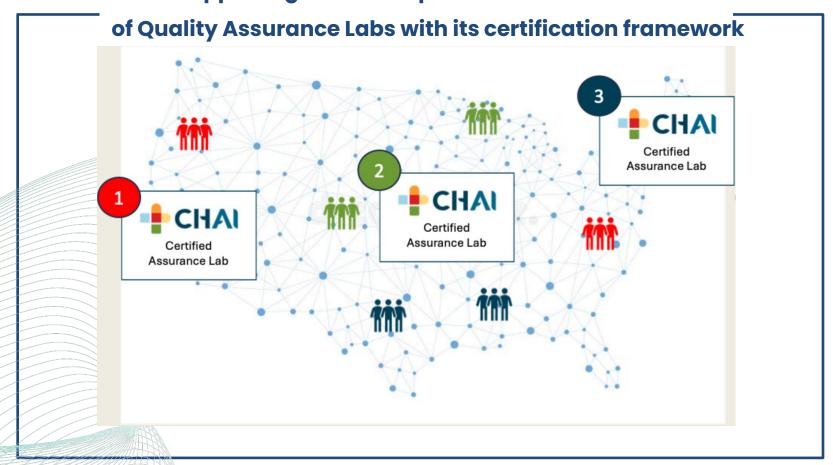
First use cases in review



We believe in the democratization of deployment through

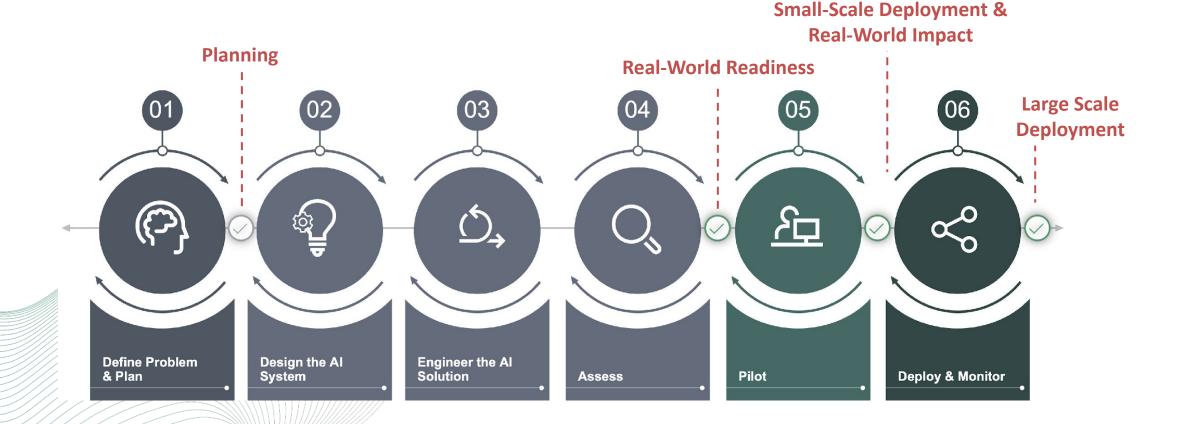
equitable and adequate testing and evaluation

CHAI is supporting the development of a nationwide network





We believe in external and local validation of models across the Al Lifecycle





CHAI is setting the best practice frameworks for Al safety and reliability in Health

CHAI, the Coalition for Health AI, is committed to setting the best practice frameworks for the trustworthy and responsible implementation of AI in health.

By bringing together a coalition of patient-community advocates, technology companies start-ups, public sector organizations, medical device manufacturers, payors and healthcare organizations, we will develop a consensus set of frameworks for Responsible Health AI.



We believe in greater transparency to elucidate model performance and workflow integration

Model Card - Title

Model Details

- Developers
- Model Date, Version & Type
- Training algorithms
- · Resources, Citation, License

Evaluation Data

- Details on data used for quantitative analysis
- Datasets, Motivation, Preprocessing

Training Data

- Same detail as evaluation data if possible (privacy constraints)
- Details of distribution over factors

Intended Use

- Primary intended uses & users
- Out of scope use cases

Quantitative Analysis

Unitary & intersectional results







Factors

- Groups, Environments, Instrumentation
- Relevant factors & evaluation factors

Metrics

- Model performance measures
- · Decision thresholds
- Variation approaches

Ethical Considerations

- Bias, fairness, ethical considerations
- Mitigation efforts

Caveats, Recommendations

- Concerns not already covered
- Usage information
- Limitations, risks, trade-offs



CHAI's Applied Model Card

- **Usefulness, Usability, Efficacy**
- Fairness, Equity, and Bias Management
- **Privacy and Security**
- Transparency, Intelligibility, and Accountability

CHAI Applied Model Card	Name:	Developer:			
Release Stage: Global Availability:	Release Date:	Version: Model / Software			
Inquires or to report an issue: abc@abc	.com or +1 (999) 999- 9999				
Summary:					
Uses and Directions:					
 Intended use and workflow: 					
 Primary intended users: 					
a Howeto upon					

- Targeted patient population:
- Cautioned out-of-scope settings and use cases:

- Outcome(s) and output(s):
- Model type:
- · Foundation models used in application, if applicable:
- Input data source:
- Output/Input data type:
- Development data characterization:
- Bias mitigation approaches:
- **Ongoing Maintenance:**
- Security and compliance environment practices or accreditations, if applicable:

- Known risks and limitations:
- Known biases or ethical considerations:
- Clinical risk level:

Key Metrics:

key Pietrics.								
Metric Type	Results	Interpretation	Test Type (Internal, External, local, Prospective)	Testing Data Description	Validation Process & Justification			
Usefulness				Links to a Dataset Description	Links to a method description & justification of approach			
Equity								
Safety & Efficacy								

Other information:

- Funding source of the technical implementation:
- 3rd Party Information, If Applicable:
- Evaluation References, If Available:
- Clinical Trial, If Available:
- Peer Reviewed Publication(s):
- · Reimbursement status, if applicable:
- Patient consent or disclosure required or suggested:
- Stakeholders consulted during design of intervention (patients, providers, etc):

Learn more about CHAI's Applied Model Card here: https://chai.org/chai-advances-assurance-lab-certificationand-nutrition-label-for-health-ai/



Recent regulatory changes underscore the shift toward patient-centered care, interoperability, and non-discrimination in health technology Artificial intelligence assurance labs are coming, HHS chief

FDA: Clinical Decision Support (CDS) & Software as a Medical Device (SaMD)

FDA final guidance released for CDS and aims to improve clinical safety and support innovation.

ASTP/ONC: HTI-1 and HTI-2 Rules

HTI-1 Rule: Focuses on patient engagement and the right to access health data.

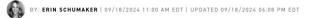
HTI-2 Rule: Expands interoperability standards for public health data sharing and seamless provider collaboration.

OCR: Section 1557 of the ACA

Updated non-discrimination rule to enhance patient protections to ensures equitable access to healthcare and address discrimination

Artificial intelligence assurance labs are coming, HHS chief Al officer says

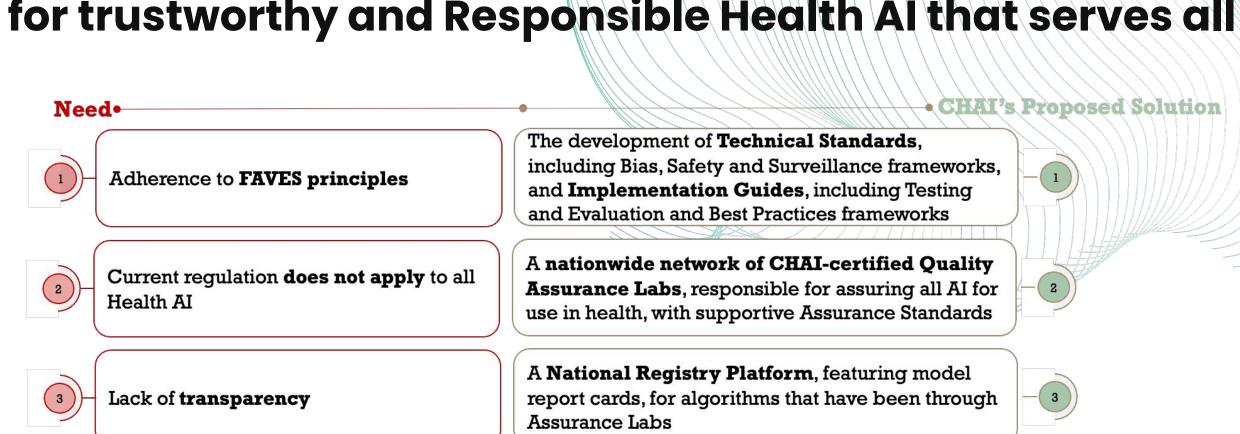
The private sector will play a role, but Micky Tripathi isn't endorsing any particular plan.







We are using consensus to develop the gold-standard for trustworthy and Responsible Health Al that serves all



Workforce upskilling and engagement

Registry publications, **educational materials** and Assurance certification processes





CHAI is bringing together a diverse community of creators, users and beneficiaries to develop consensus-driven products

3800 members of CHAI



Professional Associations and patient advocacy groups: We have over 100 organizations ensuring our work remains patient-centric, such as the College of American Pathologists, National Council for Mental Wellbeing and the National Health Council.



Health Systems: We have more than 200 health system members in our community, including MedStar Health, Mercy, and Providence, as well as leading academic medical centers such as Duke Health, Mayo Clinic, and Stanford Medicine.



Technology vendors: Nearly half of our membership are startups, including Abridge, Ambience Healthcare, Innovaccer, and Suki. We also have representation from Big Tech, such as Amazon, Microsoft and Google, as well as OpenAI.



Healthcare Industry and payers: We're thankful to have membership from leaders in the health industry and insurer market, from CVS and UnitedHealth Group to OCHIN and Solventum.



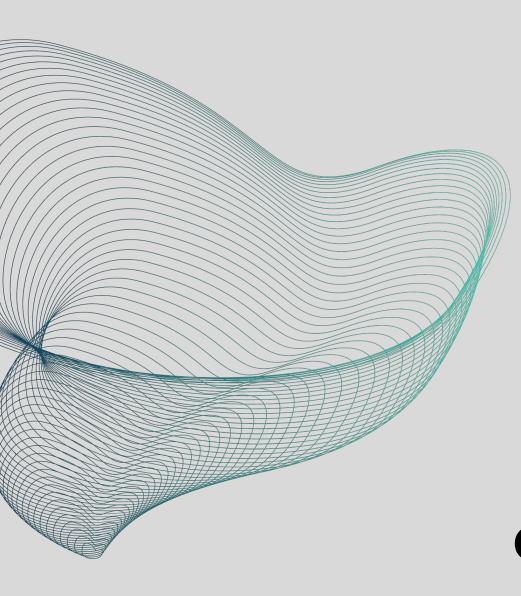
Federal and state government: We are fortunate to work with federal agencies, including FDA, ONC and OCR, who feed into the development of our best practice guidance.



Philanthropic Agency staff and Researchers: Representatives from foundations and research institutions with a track record of funding healthcare Al initiatives, such as The Scan Foundation and Patrick J McGovern.



We need:



 Direction and input from our members

 Feedback and engagement on our products

Get involved at www.chai.org







PUBLIC COMMENT PERIOD



CLOSING REMARKS