



Meeting Notes

Health Information Technology Advisory Committee

U.S. Core Data for Interoperability Task Force

March 25, 2019, 1:30 p.m. – 3:00 p.m. ET

Virtual

The March 25, 2019, meeting of the U.S. Core Data for Interoperability Task Force (USCDITF) of the Health IT Advisory Committee (HITAC) was called to order at 1:30 p.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Lauren Richie welcomed everyone to the United States Core Data for Interoperability Standard Task Force.

Roll Call

Christina Caraballo, Co-Chair, Audacious Inquiry
Terrence O'Malley, Co-Chair, Massachusetts General Hospital
Tina Esposito, Member, Advocate Aurora Health
Kensaku Kawamoto, Member, University of Utah Health
Leslie Lenert, Member, Medical University of South Carolina
Clement McDonald, Member, National Library of Medicine
Steve L. Ready, Norton Healthcare
Sheryl Turney, Member, Anthem

MEMBERS NOT IN ATTENDANCE

Valerie Grey, Member, New York eHealth Collaborative
Steven Lane, Member, Sutter Health
Brett Oliver, Member, Baptist Health

ONC STAFF

Cassandra Hadley, HITAC Back Up/Support
Stacey Perchem, ONC U.S. Core Data for Interoperability Task Force Lead
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Adam Wong, ONC U.S. Core Data for Interoperability Task Force Backup/Support

Call to Order/Roll Call

Lauren Richie conducted roll call, called the meeting to order, and turned the meeting over to the Christina Caraballo, co-chair.

Opening Remarks and Workgroup Schedule



Christina Caraballo shared an update that the workgroup will be meeting on a weekly basis for the next few weeks working toward providing recommendations to the HITAC the week of April 25.

Discuss HITAC Feedback and Review Provenance Data Elements Comments

Christina Caraballo shared feedback from the HITAC meeting on March 19.

She shared the following feedback.

- The use of personal identification (e.g., social security) might dissuade people from seeking care. Want to try to get as much information as possible, but it doesn't mean it needs to be collected.
- There was a general sense that data provenance is going to be complex. The HITAC recommended streamlining so that it doesn't become too complicated. The HITAC suggested having implementation guides to start walking through a specific use case.
- The other area of discussion was around the trustworthiness of the data which also identified as an area that could be complex.

Sheryl Turney noted there are two paths for data provenance:

1. What is available?
2. What is going to be shared? Recommendations shouldn't impede the progress so that the user of the data can see the metadata.

Terry O'Malley asked Sheryl to share her feedback in the shared document.

Christina Caraballo asked the group if they felt it was necessary to add additional items besides those identified in the notice of proposed rulemaking (NPRM):

- Author
- Author timestamp
- Author organization

There seemed to be a consensus by the group on the use of source rather than author.

Terry O'Malley transitioned the discussion to clinical notes.

CLINICAL NOTES

- ONC has proposed the following Clinical Notes Data Elements to be included in USCDI version 1(v1)
 - Consultation Note
 - Discharge Summary Note
 - History & Physical
 - Imaging Narrative
 - Laboratory Report Narrative
 - Pathology Report Narrative
 - Procedure Note
 - Progress Note
- ONC requests comment on the inclusion of these eight data elements in USCDI v1.
- Any missing Clinical Notes Data Elements?



Sheryl Turney questioned where the coordination of care requirement would go?

Clem McDonald and Terry O'Malley suggested a transfer summary.

- **Terry O'Malley** noted that the discharge summary doesn't serve the purpose of the transfer summary. Some transfer summaries are too robust and are automated by electronic health records (EHR); therefore, providing too much information to be valuable.

Sheryl Turney questioned where medication reconciliation and adherence items fall?

- **Terry O'Malley** also thought this was important. He thought it should be separate and distinct from being able to be parsed out in some way.
- **Ken Kawamoto** expressed concern about this.
- **Terry O'Malley** noted there is future work around all reconciliation (e.g. allergies) using medication reconciliation as the model.

Terry O'Malley shared that an advanced care plan note would have a lot of value.

- **Clem McDonald** expressed concern about complexity. There is a lot of activity underway; he emphasized pushing the deeper process rather than just the notes. He suggested pushing the work underway.

Terry O'Malley suggested a template for the presence or absence of good care and using the EHR to generate a report in the background.

- The USCDITF did not seem to support this.

There was a lot of discussion about the level of recommendations that the USCDITF should be putting forward. There was a lot of concern about taking on things without enough information.

Public Comment

Comments in the public chat

Serafina Versaggi: isn't that an example of a notification as opposed to a clinical note

Serafina Versaggi: closing the loop on o/p medication orders

Ken Kawamoto: Sorry to join late (conflicting meeting) - this is Ken Kawamoto, I am now on

Terrence O: Welcome, Ken

Serafina Versaggi: some of the discussion on the HL7 SDWG calls related to USDCI Clinical notes was specific to narrative content - painting the patient's story as well as the clinical's story

Didi Davis (Sequoia Project): ARCH will be used with USDCI for full certification requirements. USDCI only references the data classes and not the exchange standards used.

Next Steps and Adjourn

Health Information Technology Advisory Committee

Office of the National Coordinator for Health Information Technology



The next meeting will be held on Monday, April 1 at 1:30 p.m. ET

Lauren Richie adjourned the meeting at 3:00 p.m. ET