U.S. Core Data for Interoperability Task Force

Transcript

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Virtual Meeting

Speakers

Name	Organization	Organization Type
Christina Caraballo	Audacious Inquiry	Co-Chair
Terrence O'Malley	Massachusetts General Hospital	Co-Chair
Tina Esposito	Advocate Aurora Health	Member
Valerie Grey	New York eHealth Collaborative	Member
Ken Kawamoto	University of Utah Health	Member
Steven Lane	Sutter Health	Member
Leslie Lenert	Medical University of South Carolina	Member
Clem McDonald	National Library of Medicine	Member
Brett Oliver	Baptist Health	Member
Steve Ready	Norton Healthcare	Member
Sheryl Turney	Anthem Blue Cross Blue Shield	Member
Cassandra Hadley	Office of the National Coordinator	HITAC Back up/ Support
Al Taylor	Office of the National Coordinator	Staff Lead
Adam Wong	Office of the National Coordinator	Back up/ Support
Johnny Bender	Office of the National Coordinator	SME

Operator

Thank you. All lines are now bridged.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support

Thank you. Good afternoon, everyone, and welcome to the USCDI task force meeting. Today, the task force will continue their discussion on the promotional model criterion levels. So, let me begin by just taking a quick roll. Christina Caraballo.

Christina Caraballo - Audacious Inquiry - Co-Chair

Present.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support

Terrence O'Malley.

Christina Caraballo - Audacious Inquiry - Co-Chair

He's not joining us today.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support

Oh, okay. Tina Esposito. Valerie Grey. Ken Kawamoto. Steven Lane.

Steven Lane - Sutter Health - Member

Here.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support

Thank you. Leslie Lenert. Clem McDonald. Brett Oliver.

Brett Oliver - Baptist Health - Member

Here.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support

Thank you. Steve Ready. Mark Roche. Okay. So, I'll hand it over to Christina to get us started.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay. Great.

Brett Oliver - Baptist Health - Member

There were two more on that roll.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support
I'm sorry?

Brett Oliver - Baptist Health - Member
There were two more on the roll I didn't hear that you called, Sasha and Sheryl.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support
Oh, I'm sorry. Sasha TerMaat. Sorry about that.

Sasha TerMaat - Epic - Member
Here.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support
And Sheryl Turney. All right. Thank you. I see Sheryl dialed in. Okay. She might be a few minutes late.

Christina Caraballo - Audacious Inquiry - Co-Chair
Okay. Great. So, today we are going to focus on the discussion of the promotion model criteria. We're going to go through the Google doc. So, if we could right on to the next slide, just an overview and a little reminder of our task force charge is providing feedback on the USCDI promotion model looking at the following recommendations. We have given the first round on the first bullet here, which is the promotion model lifecycle for the submitted data elements. And today, we are going to be focusing on the data element submission information and promotion criteria. So, if we could go ahead, actually, we're going to move right into the Google doc. So, I am going to share my screen. And, of course, I lost the – can you guys see my screen?

Steven Lane - Sutter Health - Member
There it is. We got it.

Brett Oliver - Baptist Health - Member
Yes.

Steven Lane - Sutter Health - Member
Probably a little bigger.

Christina Caraballo - Audacious Inquiry - Co-Chair
Okay. When I did that, my whole UI just went whacky and now I can't find the meeting. This is my first time sharing my screen on this and I thought I had tested it.

Johnny Bender- Office of the National Coordinator - SME
You can zoom in on the Google doc on the top left where it says 100 percent if you click the drop-down on the top left.

Christina Caraballo - Audacious Inquiry - Co-Chair
Thanks. Is that good, guys?

Steven Lane - Sutter Health - Member
That's nice.

Christina Caraballo - Audacious Inquiry - Co-Chair
Okay, perfect. So, I cannot see the chat right now or hand raising so we've got a small group today so feel free to just jump in until I figure out how to get that back up. But I can't see either one of them. Okay. So, we've done a few revisions to the Google doc since our last meeting and did some restructuring. Just in general, we've added an introduction with a section on general discussion and overarching themes. Terry and I figured this would be a good place to add any key thoughts or things that carry over to other areas in the promotion model and then, also anything that doesn't have an actual place. So, any pressing thoughts or areas of discussion, feel free to dump them in here. This doesn't necessarily need to change into a paragraph or text. It's kind of a way to capture anything that doesn't have a place within the document.

So, then as we go in, what we've done is, for each of the five sections, I'll just use this first one as an example, we've broken it into a grid. And in the left column, you will see the area of the USCDI that we are looking at with text from the actual draft. So, please do not change any of this text. It's not meant to be edited. But we have any proposed changes to the language in red throughout. And then, in the right-hand column are our task force recommendations and discussion. So, again, that is for all five areas in the promotion model. So, after each of the grids in the section, there is an area for just general discussion and any additional thoughts that folks may have. Please feel free to use that as we're living in the Google document. So, I'm going to move us right along. We've kind of taken a first round of the promotion model guidelines and the promotion model lifecycle for submitted data elements.

That said, we do think we will revisit these sections as they will probably grow and change as we kind of hash out our recommendations for the remainder of this section. So, again, we'll revisit that. For today's call, we're going to focus on Section 3 and Section 4 within the Google doc. All comments to date have been just included in the right-hand column unless people went in with the last day or two but continue to put those in as suggesting forms. So, before we dive in, does anybody have any questions? Okay. So, we're kind of thinking that we don't have to be as prescriptive on topics but can kind of jump around in this document as needed. We kind of have the luxury of having a really consolidated four pages of text to work through. So, it enables us to kind of jump around a little bit. But with that, I guess, let's go ahead and dive into the section with the data element submission information.

Steven is in there making a suggestion already. Let's say we've got the following fields would be needed to address the data element submission to be considered for level classification so our contact information would be collected separately. And we have six items under here with comments. We have some just general comments that the task force has put in. I'll give folks a chance to read here.

Sasha TerMaat - Epic - Member
Is there, and this is just for my mental model, is there an example that we would use of a current USCDI item just so we know. So, like the data element proposed name, is this an element or a class?

Christina Caraballo - Audacious Inquiry - Co-Chair
So, it can come in at basic form is my understanding as a data element or you can propose a data class. But the original submission could just come in as small as a data element. And that is something, Sasha, that we might want to include within our recommendations. If it comes in as a class versus just a single element, what's the process and is it different?

Sasha TerMaat - Epic - Member
Okay. So, if I just think of this in my head, someone might be suggesting housing and security as a data element, which might fall into a data class of social determinants. But they might specifically be focused on housing and security with this submission. Is that just a fair analogy so I can kind of think this through?

Christina Caraballo - Audacious Inquiry - Co-Chair
Yeah, that's perfect.

Sasha TerMaat - Epic - Member
Okay. Thank you.

Christina Caraballo - Audacious Inquiry - Co-Chair
So, moving in, we've got the data element, proposed name, and description. Lots of comments here. I may actually – I'm struggling with the best place to start. I might actually move us into the promotion criteria unless we had some thoughts on the submission information.

Sasha TerMaat - Epic - Member
The only thought I had was that in the standards question, we might want to specifically suggest looking at the ISA.

Christina Caraballo - Audacious Inquiry - Co-Chair
Yeah, where are you, Sasha?

Sasha TerMaat - Epic - Member
It's below, I believe. Four. So, I guess, in particular, if there were standards identified for this

data element in the interoperability standards advisory that would be especially pertinent. Though even if there are standards outside of that, it would be very helpful to collect.

Christina Caraballo - Audacious Inquiry - Co-Chair
Yeah. Good point. We've actually had some references like how will this fit into or work with ISA and where it's pointed to. And how does USCDI interact with ISA? I think those are a couple of questions that have come up. And it's my understanding that USCDI will have a home in ISA.

Sasha TerMaat - Epic - Member
And then, in three, I think we're particularly interested in structured capture of this data element. I don't know if we want to call that out or if there's like a sub-question that would encourage the submitter to elaborate. But many things, almost anything, could be captured in a free text note. But I think for submitting a new data element that we would identify specifically in USCDI, we're really interested in structured capture. Is that the sense of the rest of the group?

Steven Lane - Sutter Health - Member
Yeah, I agree.

Christina Caraballo - Audacious Inquiry - Co-Chair
I don't know what happened to my – I give up on this. All of my settings got messed up when I decided to share my screen. Okay. Any other thoughts on this? Let's see, we've got a little more – this section is somewhat straight forward. So, on process point, it looks like with the data class versus data element, are there any other thoughts on the proposed name and description? Because it seems like that idea would live under here. Do we think we should recommend that someone can submit a data class or a data element? And then, if it's a data class, put a list of data elements underneath?

Sasha TerMaat - Epic - Member
I think it would be reasonable to accept either. I also think that some submitters might not even know if their idea or concept is appropriately an element or a class. And, in fact, I would say across the industry, there are a fair amount of things that are sort of disputed as to whether they are an element or a class or which class a particular element would appropriately belong into. So, from my perspective, I think it would be helpful to be able to collect whether someone was proposing I think we need a whole other class of data elements to express patient preferences and then, individual elements for communication preference and language preference and, I don't know, provider gender preference and so forth versus just I want to suggest housing and security as a specific data element.

And the data class of social determinants may already exist and I could say it belongs there. Or it could be there is no appropriate data class for this. Yes, we also need to create a data class. It should be social determinants. Or it might be I don't know what the data class would be. That's part of the work that has to happen in promoting this.

Steven Lane - Sutter Health - Member

I agree with everything you just said, Sasha. The other thing you might want to propose is, and I think it might be in here elsewhere, is individual items that would satisfy a data element, a list, for example, of things that should be included. That might be proposed as well, responses.

Christina Caraballo - Audacious Inquiry - Co-Chair

What do you mean by a list, Steven? I missed that comment.

Steven Lane - Sutter Health - Member

I mean, as Sasha was talking about housing and so housing is not assumed we don't just want a free text field that says housing. That we want some categorization. That there is some category list, if you will, that goes with this data element that's being proposed.

Sasha TerMaat - Epic - Member

I would guess, Steven, that if there's a standard that would provide the category list. So, there would be for education, the category list is actually a specific link grouping of educational levels. But if that does not exist and there are details of that, that would also be very helpful to capture.

Steven Lane - Sutter Health - Member

Right. That was my point. Somebody might come out of left field with something new that hasn't been done and they want to propose it and this is where they bring it.

Sasha TerMaat - Epic - Member

Yeah. Getting as much information as possible about a submitted thing seems like it would be advantageous.

Steven Lane - Sutter Health - Member

Lefthanded, righthanded, ambidextrous, don't know. Right?

Christina Caraballo - Audacious Inquiry - Co-Chair

I think that will also be important there if there's a data class that's already been proposed where they could be two of just different names but the same thing and being able to cross reference things that have been submitted.

Steven Lane - Sutter Health - Member

The other thing that's sort of come up in our discussions and I don't know if we've captured it anywhere is it seems like there are some data elements that we really want to be required in USCDI. And there are some data elements that we want to say, and we've said this before, if you capture it, send it. And I don't know if ONC has really embraced that differentiation yet that USCDI may really be all about you must capture it and send it. But a lot of whether or not you capture it has to do with what your business is and what your workflow is. And so, I'm personally still confused about this notion. When CMS said the payers have to exchange

USCDI, does that mean that payers have to collect USCDI? There's a lot of clinical stuff in there that I don't think the payers really necessarily have a need for.

So, somewhere in here, we have to differentiate is this a thou shalt collect and exchange or if you have it, you have to exchange it? Am I making sense?

Sasha TerMaat - Epic - Member
I think that's really important, Steven. I think Terry had explained it well to me previously that none of this was about that level of detail. But it's very important, I think, from my perspective, because if this is incorporated into certification, there are important differentiators where if you're bar coding an implant, it makes sense to be able to bar code it in a surgical suite. But you might want to be able to look at the bar code information in an ambulatory clinic but you're not likely to be barcoding it in that setting. And so, those types of differentiations of where is it likely to be captured and how and where do you need to view it but you're not necessarily going to capture it, I think, are going to grow in significance as we add to USCDI and incorporate more data that might have more limited capture.

Just as an example, if we added claims data to USCDI that is captured or produced in certain places and used in others. And I don't think the implication would be, in including it in USCDI, that it should be produced in places where it's not currently. More just that it should be exchanged when it's had. And so, I do think that we should all be clear within ourselves what does it mean to include something in USCDI. And also, I think, with others about those pieces. It's certainly very different to say exchange if you have it versus a mandate to capture. And those would need to be evaluated very differently.

Steven Lane - Sutter Health - Member
I'm glad I brought it up because I was confused by it.

Christina Caraballo - Audacious Inquiry - Co-Chair
Okay. I captured that in our general discussion but feel free to go in and add. Let's see, where are we? Are there any other thoughts on these areas with systems that currently capture the data, existing standards, connect with the pilot, testing? This seems pretty straight forward capturing information. Okay. Let's go ahead. We can come back to this but let's move into the promotion criteria. Okay. We've got a lot of comments here so far. Level 1 to be formally entered into the USCDI promotion process at Level 1, a data element must have a complete data element submission and meet the following requirements. Identify at least one developed use case, including the relevance to nationwide exchange, identify at least one published content standard or implementation guide with which it can be used, and demonstrate that it has been tested for exchange.

So, a couple of things that we actually have a good list of discussion right now. The first is we have defined what a developed use case would be. So, we can pause and talk about that a little bit.

Steven Lane - Sutter Health - Member

I've got an example that I've been involved with over the last year or two here in California, which is the data element date of diagnosis. And this came up locally in some work I did with the Public Health Department where they're trying to be able to capture incidents and prevalence data on reported cases of Parkinson's disease. And they passed a law that said that everybody had to send in the date of diagnosis for the Parkinson's diagnosis. But I had to explain to them that that wasn't a thing. That we don't capture the date of diagnosis in EHR's. And I told them I'd love to help them make that happen for the good of public health. So, they understood that finally. But that's sort of my little pet example of something that I'm going to try to push through USCDI someday if I live long enough. But it's interesting because as I think about that, this is a really high bar to have a published content standard or implementation guide and to demonstrate that it has been tested for exchange.

Wow. Sasha, you can just imagine what that would involve just for a little old date of diagnosis, right. So, I'm struck as I look at this that when we did our whatever it was, seven levels last time, part of that was this notion that even people without tons of resources should be able to bring ideas forward. But this suggested something has to be really well established even to be brought forward.

Sasha TerMaat - Epic - Member
Well, this is to promote, not to bring forward, right?

Steven Lane - Sutter Health - Member
Well, it's to be assigned. It's not formally entered into the promotion process until it gets into Level 1, right?

Sasha TerMaat - Epic - Member
Fair. The other thing, I guess, would be I think your Parkinson's guide from the California Public Health Agency would satisfy the first two, right?

Steven Lane - Sutter Health - Member
I don't know that I would think of it as – just because they asked us to submit it that, to me, doesn't mean a published content standard. We all know what a date is, right.

Sasha TerMaat - Epic - Member
Well, they have, I think, a California Parkinson's implementation guide, which I would assume if they want that element includes it.

Steven Lane - Sutter Health - Member
Yeah. No, that's true. Okay. So, that would be Bullet 2.

Sasha TerMaat - Epic - Member
Your use case would be submitting data for a case report on Parkinson's. And then, they would have an implementation guide that you could reference. And then, the hard part would be demonstrating that it's been tested for exchange and that is –

Steven Lane - Sutter Health - Member

What does that mean? Does that mean that I convince Epic to create a field called date of diagnosis and then, send it to Parkinson's to the state and then, they say look, we've tested it, it's exchanged? I think we need to understand what each of these things really means.

Sasha TerMaat - Epic - Member

Yeah. And I think there's probably a lot of complexity, too, because in some use cases, the groups use the noted date of diagnosis for that purpose. And so, then there's ambiguity because a particular implementation might have inconsistent usage, which means that, in some places, the noted date is reliably indicating a date –

Steven Lane - Sutter Health – Member

Yeah. We talked through all of that. That was the whole reason why we decided we needed a field because using the noted date isn't the same thing. I can just tell you as a clinician.

Sasha TerMaat - Epic - Member

So, I think that's a tricky one.

Steven Lane - Sutter Health - Member

But I think the point for this exercise is we need clarity around each of these three sub-bullets or these three bullets. And I think you've captured that in the text pretty well.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay.

Brett Oliver - Baptist Health - Member

So, this is Brett. We're not commenting on whether or not the data that's proposed to be exchanged has validity. Because I'm still stuck, Steven, on your example of date of diagnosis of Parkinson's. I wish it was that clear. That's crazy. And so, somebody who doesn't realize it from a clinical standpoint that that's a really soft term and it's going to base financial legislative decisions on that. Do we have a comment there or we're just there to see if it's exchangeable?

Steven Lane - Sutter Health - Member

Yeah. I think it's more the latter but, yeah, just, again, to worry that my specific example, we got into the difference between the date of onset and date of diagnosis and date noted in a given EHR system. Date of onset is super fuzzy. Date of diagnosis, at some date, somebody made a diagnosis, right. If you're the system wherein the diagnosis was made, you can point to it. On this date, this Tuesday visit in neurology, they decided this person had Parkinson's disease. But if the patient comes to you and you say when were you diagnosed, I don't know, three years ago. And when did your symptoms start? Oh, I don't know, four years ago. So, yeah, you're right. These things get fuzzy. But that's not what this is about. This is about public health needs date of diagnosis to do certain things. And we should give them a feel for it.

Brett Oliver - Baptist Health - Member

I guess what I'm saying, to your point, who makes the determination like we're going to go through all of this rigmarole to get them to feel that they think they need but they don't understand the inaccuracy of that. Where does that happen? Because I'm not blaming them for wanting it. I'm not blaming them for not understanding clinically how that happens because we could get into a lot of data elements that are like why are we – that's not valid for what their use case was. Or am I just repeating what you were saying?

Steven Lane - Sutter Health - Member

I hear what you're saying. And I'm sure that will come up. It's inevitable that as things get suggested or promoted through USCDI that there will be people saying that's not a good idea and these are all of the reasons. I don't think now is the time for us to think about that.

Brett Oliver - Baptist Health - Member

I just wanted to make sure the process was in place and that we didn't get proving testing before we determined that it's even something worthy of exchange.

Steven Lane - Sutter Health - Member

That's a really good point.

Christina Caraballo - Audacious Inquiry - Co-Chair

So, we've got a lot of questions here. Why don't we formulate some recommendations and some thoughts around it? So, if we look at the first bullet, identify at least one developed use case including its relevance. We're asking to define the developed use case. What would we recommend that that definition look like? So, I think for each of these bullets, let's go through and we've asked the questions, now let's try to answer our questions within a recommended format and see if we can start working through this.

Steven Lane - Sutter Health - Member

So, what do we think that ONC meant by developed? Does that mean published? Does that mean – what does that mean?

Christina Caraballo - Audacious Inquiry - Co-Chair

And we have some ONC team on the phone if Al or Adam have any clarity around this.

Adam Wong - Office of the National Coordinator for Health Information Technology - Back up/ Support

By developed, we just meant something that – we didn't define a specific definition, obviously, of developed but something that is well thought through could include an example of use within that use case. It could include references to published materials or academic studies. Something that's more than like a paragraph. It's something that is just indicative of having been thought through in a practical sense.

Steven Lane - Sutter Health - Member

So, I wonder if it would be helpful to say in whatever we end up publishing like a list of examples of what might be considered developed use cases. In my Parkinson's example, it's actually legislation that was passed. That would seem to be a pretty developed use case. Somebody wrote a law that said we needed this.

Al Taylor- Office of the National Coordinator for Health Information Technology - Staff Lead

This is Al. Even something like possibly adding language that you're making a recommendation that says provide this specific example or reason why this data is important. I think that's what Adam is getting to. And I think sometimes we get wrapped up in the language of the use case. But what it really is is it answers the why question.

Steven Lane - Sutter Health - Member

And I think to Brett's point, not only why is it important but why would this data be valuable and reliable and meaningful.

Brett Oliver - Baptist Health - Member

Yeah. Your example, Steven, has really got me thinking here because you were talking about defined as published and things like that. Let's say in the payer world if they know the onset of diagnosis, that date they can intervene in a particular problem. But, again, if it's not **[audio interference]**, do you know what I'm saying? You could have published data that it's okay, that's important to collect but then, not understand the clinical side. And I'm sure there are examples from the payer world that I wouldn't get as well. The same rabbit hole. I'm sorry, I'm stuck.

Steven Lane - Sutter Health - Member

Sorry I did that to you.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay. So, are there any other thoughts on the use case or more clarity around what a use case is and sample? All right. Let's move on to just identify at least one. We added publish content standard or IG. One of our questions was how do we level the playing field for the haves and the have nots so people that know exactly what an implementation guide is and those who have really good use cases or examples or importances but don't necessarily even know where to begin. How do we bake that into this process?

Adam Wong - Office of the National Coordinator for Health Information Technology - Back up/ Support

Hey, Christina, can I just jump in real quick, again, to just jump back to the use case real quick? I also note that in the data element submission information, in No. 2, it is stated why should this data element be captured and available for exchange nationwide to provide applicable use cases with a focus on the following specific setting, for example, outpatient/ambulatory or inpatient specialty area and/or federal/state/local regulatory requirements. So, that can also factor into that specification of a "developed" use case.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay. Where was that? Adam, where were you reading from? Can you guys still hear me?

Steven Lane - Sutter Health - Member

Yeah. Just not Adam.

Christina Caraballo - Audacious Inquiry - Co-Chair

All right. So, on the standards and implementation guides, do we have any other thoughts or recommendations on these? I think this was originally Ken's comment. Where can it be published as an example? And as a minimum, just anywhere should be sufficient in the summary. And we have the applicable link to ISA. One thing I want to remind the group, too, is when it's submitted in the first phase or initially submitted, a stakeholder can bring that in and anybody can. And they might just kind of give the list of everything they know. And then, my assumption would be that ONC would look at that and kind of validate and potentially add. And maybe that's where we can start addressing the haves and have nots in Bullet 3 here is to have a process in place between submission and getting to Level 1.

ONC does an evaluation and kind of does that cross-referenced to ISA, looks at what implementation guides exist, looks at what other data classes or data elements have been submitted where the new submission might fall. I don't know if anybody has any thoughts on that. It's a quiet group today. Okay.

Steven Lane - Sutter Health - Member

Christina, I had a chance to chat with Steve yesterday about this idea that there needs to be a process of some sort to sort of, what's the right word, to create equal opportunity for data classes and elements that may not have a powerful or vocal constituency. And he agreed that was a good idea.

Christina Caraballo - Audacious Inquiry - Co-Chair

So, any specific things we should capture in these recommendations or just conceptually creating that in general?

Steven Lane - Sutter Health - Member

Well, we were talking the other day with Terry about the idea of a committee whose job it would be to kind of promote equal opportunity for folks who needed it. Affirmative action, that's the word I've been trying to think of in my head. Affirmative action for data elements.

Christina Caraballo - Audacious Inquiry - Co-Chair

Yeah. That's actually a good thing to bring up here. I dumped that into the HITAC process but it makes sense to look at here. So, for the rest of the group, during our planning call, we were talking about ONC being a convening authority to potentially set up a USCDI advisory committee to form on health data priorities. And then, the USCDI advisory committee, which would have industry thought leaders and experts. And it would include stakeholders from public health and different groups who would then provide recommendations, potentially, to the HITAC. But a part of this process is that the HITAC has an annual review within the draft

of this to look at the data elements. So, that's kind of a synopsis of what Steve was referencing and saying maybe that kind of lives up here. What did we call it? Any thoughts on that concept? Okay.

Steven Lane - Sutter Health - Member

But we should probably spell it out a little bit more. It's like a standing USCDI oversight committee or something like that separate from the task force. This task force, which may or may not exist at any given time separate from the HITAC's review but kind of like a standing body, as you say, with broad representation.

Christina Caraballo - Audacious Inquiry - Co-Chair

Yeah. These are just my chicken scratch notes. I agree. Okay. I think that's something that we can definitely think about more and get some language around. Are there any other thoughts on that? Do other folks like that idea, dislike that idea?

Brett Oliver - Baptist Health - Member

I like the idea.

Christina Caraballo - Audacious Inquiry - Co-Chair

Thanks, Brett. Okay. So, we'll move us along and, again, any of these areas we can come back to. So, the demonstration that the data element has been tested for exchange. I've got a couple of questions here. What qualifies for this? Take the data from EHR and making good use of it. We have an example. So, I'll go ahead and open it up for discussion on this for a Level 1 classification. And is it tested in the real world versus –

Steven Lane - Sutter Health - Member

Well, back to my sort of imperfect example of the date of diagnosis, what would qualify as testing for exchange of date of diagnosis? If I just found some funky custom date field and I installed it in my EHR and then, I somehow figured out how to send that field as a message or in a document or as a fire resource from my system to a receiving system, does that qualify as testing? Does it just mean you were able to get it from System A to System B? Is that enough? Or are we talking about something much more formal, Connectithon, HL7, etc.? I'm curious from the ONC folks. What are your thoughts on this? What did you envision with this notion that has been tested?

Adam Wong - Office of the National Coordinator for Health Information Technology - Back up/ Support

So, we did not specify a certain level there as it's currently stated in those submission criteria questions. Has the system really captured this data element? Do standards exist to represent exchange data elements? Please describe any Connectithon, testing, pilots, or production use of the data element. What we were really thinking for Level 1 is that that would be kind of a relatively low standard of technical development kind of like has there been enough development around this to do some testing type work around this? And Level 2 represents a higher level of technical advancement. But no, we did not define a specific baseline other than is technical exchange work doable, testable around the proposed data element. And we

seek the task force's feedback on what that level should be.

Al Taylor- Office of the National Coordinator for Health Information Technology - Staff Lead

This is Al. Given the combination of the criteria for availability of standards or implementation guides, those implementation guides have some specificity as far as how those IG's and the standards have specifications as to how that data ought to be represented. And the testing, I think, ought to generally conform to what those available standards are. I think if the proposal says there's an available standard and the testing doesn't test that standard, I think that's something that would be taken into consideration for placing it in Level 1 or not.

Christina Caraballo - Audacious Inquiry - Co-Chair

Thanks, Al. Are there any other thoughts on Level 1 or any other questions that we have? Okay. So, should we go ahead and move on to look at Level 2? All right. To be eligible to be assigned or promoted to Level 2, a data element must complete data element submission, meet the Level 1 requirements, and demonstrate that it has achieved sufficient technical development to be tested at scale. I've got two bullets on this. The first is to have a definition for the data element including technical representation, structured or unstructured, and at least one published content standard, if applicable, vocabulary or value set binding and has been tested successfully in at least two independent systems. I think this is kind of the same as the last one where we've got a lot of questions on the side of what defines these bullets. So, we can go ahead and go right into that and I'll open it for discussion.

So, are there any thoughts on what is meant by testing at scale or how we would define this or recommend defining it?

Sasha TerMaat - Epic - Member

Well, testing at scale seems sort of different to me than being tested in at least two independent systems because one of the challenges in the quality measurement world is that quality measures are often tested in one practice or one hospital. And that's important. It's an important part of the process. But for any number of reasons, one particular hospital or one particular practice is not representative of the entire country. And so, documentation that might be routinely captured in a clinic that really focuses on a particular condition might not be routinely captured in clinics of other specialties, using other health IT systems, or simply focusing on other conditions. And so, I think that that type of testing is important but it's not necessarily, again, deems it ready for all settings. It's ready for at least some settings.

And so, I guess, I would take out the at scale if what we really mean is at least two independent systems have tested it or if what we really mean is that we're testing it at scale and we're thinking about rolling it out to the entire country. Then, we should be testing in some portion of settings that are representative. If it's going to be used in all clinics across the country then, maybe it should be tested in at least five percent of the clinics to be ready for at scale deployment.

Christina Caraballo - Audacious Inquiry - Co-Chair

That's a really good point.

Steven Lane - Sutter Health - Member

Yeah.

Christina Caraballo - Audacious Inquiry - Co-Chair

So, Sasha brings up two very different approaches and goals. So, I think that is something we should discuss. The goal of the USCDI is to be used nationwide, right. So, by default, it would be at scale. But then, going back to what was discussed earlier, it's like what stakeholders and who is the person that generates the data and who is the person receiving it. And I think this is a really important discussion that I don't have all of the answers to.

Sasha TerMaat - Epic - Member

Right. If we take Steven's earlier example if California requires the capture of certain information about Parkinson's by law then, a pilot, which tests a Parkinson's related data element in California will say this is why they adopted it. Everyone is capturing it. It's exchanged today. It's ready for the nationwide requirement in the USCDI. But a pilot that tested that in, I don't know, Wisconsin or another state might not find the same thing because there was the condition of the California law that changed data capture and exchange practices in that locale. So, if the idea is to actually deploy nationwide, it seems like we need a scale representation that's also varied in terms of the settings that would do it so more than two. It would have to be settings that represent different specialties, different care settings, different geographic locations, and so forth.

Christina Caraballo - Audacious Inquiry - Co-Chair

Are there any other thoughts on this area or solutions?

Steven Lane - Sutter Health - Member

This notion of political maturity that seems a little fraught. What are we trying to say there?

Christina Caraballo - Audacious Inquiry - Co-Chair

I would have to look at the reference edition on this.

Adam Wong - Office of the National Coordinator for Health Information Technology - Back up/ Support

I think that was a Terry idea.

Steven Lane - Sutter Health - Member

Yeah. It sounds like a Terry comment.

Adam Wong - Office of the National Coordinator for Health Information Technology - Back up/ Support

I think it revolved around a certain amount of buy-in from multiple stakeholders or something along those lines.

Steven Lane - Sutter Health - Member

Yeah, okay.

Christina Caraballo - Audacious Inquiry - Co-Chair

The haves and the have nots and how do we push it through if it's a high impact for some stakeholders.

Steven Lane - Sutter Health - Member

Yeah. That's sort of what I was getting at in my reference to the popular kids.

Christina Caraballo - Audacious Inquiry - Co-Chair

Yes. Okay.

Steven Lane - Sutter Health - Member

You've got a little typo there. It says has this meat, it should say has this met.

Christina Caraballo - Audacious Inquiry - Co-Chair

Where are you?

Steven Lane - Sutter Health - Member

Sub Bullet 1 there. It's just a little typo. I can fix it.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay. Oh.

Steven Lane - Sutter Health - Member

Yeah.

Christina Caraballo - Audacious Inquiry - Co-Chair

Thanks, editor in chief.

Steven Lane - Sutter Health - Member

Anonymous ferret. That's what I am.

Christina Caraballo - Audacious Inquiry - Co-Chair

That's funny. I can't even see that. I can't get to my top screen, my navigation. I'm a mess. Okay. So, should we move on and get initial reactions from the group on the USCDI? I'm sure you guys don't want me to read this whole thing to you. We've got, in summary, to be eligible for USCDI, a Level 2 data element must address the following. Two dimensions prior to the start of the public comment period cycle and be assessed by the HITAC. The first is the technical maturity and the second is nationwide applicability. So, let's see. We're moving up to the technical maturity as the four independent systems. I think we've got the same concept here that Sasha brought to our attention with the independent systems versus

scalability in who is using the data.

Informal published documentation. Feel free to jump in if anybody has any thoughts. Okay. So, let's see. The first comment that we have for discussion is are there any circumstances where a data element that is not at Level 2 is considered for USCDI. This is something we had kind of thought about like is there, for lack of a better word, a fast track data element or data class that the industry has decided needs to move through more quickly. And is there a way to target or star it? Are there any thoughts from folks on that?

Steven Lane - Sutter Health - Member
I thought that we'd heard pretty clearly that things needed to go through this maturity – these levels before they got to USCDI. It seems like all of the things that we're pushing in Donovo are going in in Version 1 and that everything else is going to need to go through this vetting process. So, given the discussions we've had, I have a hard time imagining that an element would go in the USCDI without going through Level 2. But you can certainly imagine that there might be a data class that's established and has a set of data elements. And then, something happens in science or industry or government and, suddenly, there's a new element that like everybody knows this class has a new element. And you would want to get it out of the USCDI as quickly as possible. And you wouldn't want it to have to spend a cycle in one and/or a cycle in two before you added it. So, I guess maybe that's what you're getting at.

Christina Caraballo - Audacious Inquiry - Co-Chair
I'm just taking notes myself. I hear you with the needing to go through the process. And it made me think like is there still a way to kind of tag and alert industry's ideas for transparency that we think something might move along more quickly. And that still means it's going to go through Level 1 and then, progress to Level 2. You can kind of see it going through more quickly and then, get to USCDI. I forget what the proposed timelines where in each of the levels. But we've kind of discussed in our last call what those timelines look like and are the timelines different depending on different factors in a data class/data element.

Adam Wong - Office of the National Coordinator for Health Information Technology - Back up/ Support
A circumstance like that could be an area where the USCDI advisory council or the HITAC or something like that has a special role.

Al Taylor- Office of the National Coordinator for Health Information Technology - Staff Lead
The idea that I think I mentioned this, we talked about it last time I was on the call, that something might if it met the criteria for USCDI, be able to skip from one to USCDI. Was that the question?

Christina Caraballo - Audacious Inquiry - Co-Chair
Yeah.

Al Taylor- Office of the National Coordinator for Health Information Technology - Staff Lead

Or just in general bypass the levels? I think that if that is a specific recommendation of the task force to consider skipping a level if it already clearly met the criteria for that next level, with the exception of directly to USCDI. I think that we've been clear that we want to, as Steven said, go through the process. But if something gets in there and then, it's clearly established, maybe not all of the documentation was in place but it's clearly established quickly that it meets the criteria for USCDI, the recommendation could be to consider directly going to USCDI rather than taking another year through Level 2.

Christina Caraballo - Audacious Inquiry - Co-Chair

Thanks, Al. Any thoughts on that? I do like the idea of the valuation on the advisory committee. All right. So, Al, let me just make sure I heard you correctly. Even if something were kind of to go through the process more quickly, would it still touch each stage or would you say it could bypass a stage? Do we think it's important, as Steven just said, that it lives in each stage for at least a touch point and how long is that? And I guess, is that important for industry transparency as well?

Al Taylor- Office of the National Coordinator for Health Information Technology - Staff Lead

So, the way that we have it written it can come directly into one or directly into two but has to go from two to USCDI. And so, that's the way that it's written. And so, if there was a suggestion, and this kind of goes back to would there be a consideration for fast track, the recommendation could be reconsidering the piece of it has to be in two before it goes to USCDI if it meets the criteria to go to USCDI from one. If it starts off and it's considered and it's assigned to Level 1 but then, everything is in place within the next cycle for it to be considered and it meets the criteria for USCDI, it would bypass that step that's currently written in there that says it has to go from two to USCDI. Because we're looking for your recommendations as if this is as it should be. So, I would suggest that's a way to phrase this. Consider something that would allow things to be fast-tracked. Does that answer your question? I'm sorry if it didn't.

Christina Caraballo - Audacious Inquiry - Co-Chair

No, it does. And as much as I want all of the data, I do think that moving things quickly through but still coming into Level 2 is probably important. So, a fast track or ushering something through to get to Level 2 but then, going through the process that Level 2 kind of makes sense because that's when you're going to have the more thorough review by ONC, HITAC, and others. Do you remember if there's a set time period for being in Level 2? I don't think so.

Al Taylor- Office of the National Coordinator for Health Information Technology - Staff Lead

Well, the cycle is going to be annual. And then, there's a consideration period that's part of that year.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay. Are there any other thoughts on this or comments? Sasha, putting you on the spot, I'm assuming that having something paused for that no matter how quickly the industry wants it at that Level 2 for the year cycle would make the most sense just for overall industry buy-in.

Sasha TerMaat - Epic - Member

Well, yes, I do think it will be important to have insight into the direction that's coming. I do worry that it might still be hard to make technical investments based on something that is at this level of the promotion status. For example, just to give some sense of why I'm hesitant and why I suspect other health IT developers would be hesitant also, some health IT developers have previously tried to make investments based on a proposed rule, for example. And that has not always been a gamble that turns out to be a good investment because sometimes, things that are in a proposed rule change significantly or standard that's referenced is changed, certain requirements are removed or modified or deferred or added in ways that mean that making that preliminary investment may not have been a good use of time.

And so, certainly, time is one thing that is important for adopting a standard across the industry in a consistent way that's effective. Another element though that's going to be important is a degree of certainty. And so, for adding it to a project, let's just say, this is a good investment for all health IT developers to make, they will want both sufficient time and this time and status might be important to that. But they'll also want a degree of certainty about what it is that they're doing. Do they have enough information to program it into their software in terms of a standard that has consensus and that is not dramatically in flux and a degree of prioritization that's important? If there are 500 things at this level and only 5 of them are going to be promoted next year, it's not going to be a good investment to invest in all 500 at this point. If there are five things and they're all going to be promoted next year then, it's a nice head start.

And I don't know that I understand yet how useful this sort of staging will be for development and investment. And maybe that's partly since we're still figuring it out. But partly, I guess, I'm still trying to know would there be enough knowledge and certainty of what you would go program at this point in time that it would even be useful?

Christina Caraballo - Audacious Inquiry - Co-Chair

That's an excellent point. I didn't really capture that but I understand my notes. Thanks, Sasha.

Steven Lane - Sutter Health - Member

And, again, Sasha, I'm not sure that it would make sense for a developer to be programming things long before they got to USCDI. If we scroll up to the graphic that ONC gave us, they're suggesting there are hundreds of things in the comment phase, less than 100 in Level 1, tens in Level 2 and then, smaller numbers going in to USCDI each time we actually do a cycle of it. Maybe developers, when things got to Level 2, would want to start to play with them and see if there are any gotcha's but do that to then be able to provide feedback to the process. But it seems like when you're down in the hundreds, there certainly would be no need for that. But, again, as we've discussed, it seems like promoting something to USCDI, there will inevitably be still a waiting period or there will be a period of time before it becomes required by regulation.

And USCDI is meant to be a leading indicator. Once something gets to USCDI then, all of the

developers should start working on it because they want to be able to say we're doing the right thing and now we support USCDI Version 4. But the regs will only be requiring USCDI Version 2 for probably some period of time. So, again, it doesn't seem like development is going to happen when things are down in Level 1 or certainly as comments. But you might play around in Level 2 but it really wouldn't be until things got to USCDI that people would say okay, I've got to go develop that now.

Christina Caraballo - Audacious Inquiry - Co-Chair
Yeah.

Sasha TerMaat - Epic - Member
That's a good point. Perhaps the earlier stages won't play a significant role in development prioritization. And the time that's spent in them would have less impact that way as long as sufficient time is available once it gets into the USCDI stage for the development to happen at that point.

Christina Caraballo - Audacious Inquiry - Co-Chair
I'm just trying to delete this last comment. I'll go back in after our meeting.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support
Christina, are you ready for public comments?

Christina Caraballo - Audacious Inquiry - Co-Chair
It's 3:50. It sounds good.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support
Operator, can you open the lines for public comments?

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. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support
And do we have any comments in the cue?

Operator
There are no comments at this time.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology -

HITAC Back up/ Support

Thank you. Christina.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay. Where were we? I lost where I was in the middle of the document. Sorry, guys. There we go. Okay. I'm just reading some of these other bullets and seeing what a good area would be to discuss but anybody feel free to jump in. We can go to the next one. For the technical maturity, there was a suggestion or question to add a sub-bullet or another category for an assessment of how an element may replace or alter existing USCDI elements. Is this addressed somewhere in the promotion model? And then, it's important to call the need to ensure a level of relevancy of anything or at Level 3. I do not believe this is anywhere in the promotion model but others or ONC, feel free to chime in.

Adam Wong - Office of the National Coordinator for Health Information Technology - Back up/ Support

That's correct. It is not addressed.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay. So, we talked about this a little bit. And I think it is a good recommendation. Are there any other thoughts here? And if people agree, we can turn it into text as opposed to a question, which is what I think I'll do. Okay. So, next, changing text. I want to make sure we're including a broad range of stakeholders and we'll make sure that's incorporated throughout our recommendations. There are multiple comments from task force members in agreement that it's important to include the impact of the quality of care and cost of care to health systems as well as to the individuals. So, some changes. I think this is all stuff that can be incorporated into a draft of our recommendations because this was a lot of thumbs up in the original Google doc version.

Are there any more comments on this area? Okay. So, we've gone through an initial round of the two sections that we wanted to go through today. Adam and Al, should we just go ahead and let people have five minutes back?

Adam Wong - Office of the National Coordinator for Health Information Technology - Back up/ Support

That's up to you.

Christina Caraballo - Audacious Inquiry - Co-Chair

Okay. Well, if we want, we can start talking about the next thing to think about is on the HITAC role and the promotion process. So, if people could start thinking about the new USCDI advisory committee that we talked about and HITAC's role that will be what we discuss in two weeks. Great. So, I will hand it back to the ONC team.

Cassandra Hadley - Office of the National Coordinator for Health Information Technology - HITAC Back up/ Support

Operator, can you check one more time to see if there are any comments from the public?

There are no comments. They just wrote that. Okay. We are done then for the afternoon.

Christina Caraballo - Audacious Inquiry - Co-Chair
Thanks, everyone.