The Office of the National Coordinator for Health Information Technology

Meeting Notes

U.S. CORE DATA FOR INTEROPERABILITY TASK FORCE 2021

February 2, 2021, 10:30 a.m. – 12:00 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Steven Lane and **Terry O'Malley,** co-chairs, welcomed members to the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF) Virtual meeting. The co-chairs and all of the members of the USCDI TF who were present introduced themselves. The co-chairs and **Al Taylor,** of ONC, presented a summary of the draft USCDI Version 2 and led an overview of the TF Charge, Priorities, and Breakdown. TF members discussed the presentation and submitted feedback. The co-chairs briefly reviewed the timeline and meeting schedule. There were no public comments submitted by phone. There were several comments submitted via chat in Adobe Connect.

AGENDA

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Welcome and Introductions
10:50 a.m.	Overview of Task Force Charge
11:00 a.m.	Summary of Draft USCDI v2
11:05 a.m.	Task/Charge Priorities and Breakdown
11:45 a.m.	Timeline and Meeting Schedule
11:55 a.m.	Public Comment
12:00 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL

Michael Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the February 2, 2021, meeting of the USCDI TF to order at 10:32 a.m. ET.

ROLL CALL

Steven Lane, Sutter Health, Co-Chair
Terry O'Malley, Individual, Co-Chair
Ricky Bloomfield, Apple
Hans Buitendijk, Cerner
Leslie Kelly Hall, Engaging Patient Strategy
Jim Jirjis, HCA Healthcare
Ken Kawamoto, University of Utah Health
Les Lenert, Medical University of South Carolina
Clem McDonald, National Library of Medicine
Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin
Brett Oliver, Baptist Health
Mark Savage, University of California, San Francisco's Center for Digital Health Innovation
Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)
Sasha TerMaat, Epic
Sheryl Turney, Anthem, Inc.
Dan Vreeman, RTI International
Denise Webb, Indiana Hemophilia and Thrombosis Center

MEMBERS NOT IN ATTENDANCE

Valerie Grey, New York eHealth Collaborative
Andrew Truscott, Accenture

WELCOME AND INTRODUCTIONS

Steven Lane and **Terry O'Malley,** co-chairs, welcomed members to the first meeting of the second iteration of the U.S. Core Data for Interoperability Task Force (USCDI TF). Terry thanked the returning members and welcome new members to the TF. The co-chairs and all of the members who were present introduced themselves and shared information on their recent related work and areas of focus.

Introductions

- **Terry O'Malley** is a geriatrician who focused on post-acute care and recently retired from Massachusetts General Hospital. **Terry** is a member of the Information Technology Standards Committee, representing post-acute care, and is focused on transitions of care and the related exchange of information. He was a co-chair of the previous iteration of the USCDI TF.
- **Steven Lane** is a practicing family medicine physician at Sutter Health in Northern California and participated in the first iteration of the USCDI TF. He looks forward to continuing to advance nationwide interoperability and the exchange of discrete data to support workflows for all stakeholders.
- **Ken Kawamoto** is from the University of Utah and is interested in promoting items that are lower down on the USCDI list.
- **Sasha TerMaat** is from Epic, participates in the Electronic Health Records Association (EHRA), and looks forward to bringing a developer's perspective to advancing the USCDI effectively.
- **Brett Oliver** is a family physician and the chief medical information officer for Baptist Health in Kentucky and Indiana, was a member of the first USCDI TF, and is interested in making the exchange of data as efficient and actionable as possible.
- **Michelle Schreiber** is the Director of the Quality Measurement and Value-based Incentives Group (QMVIG) and the Deputy Director of Center for Clinical Standards and Quality (CCSQ) at CMS. In the past, she was a primary care physician in Detroit, chief quality officer, acting chief medical information officer, and has worked rolling out many electronic medical record (EMR) systems. She is involved with interoperability work and quality measurements and standards at CMS. She stated that CMS is supportive of the standardized, meaningful, and efficient communication of interoperable data.
- **Jim Jirjis** is the Chief Health Information Officer at HCA and supports the expansion and adoption of the USCDI to solve business needs. He discussed the challenges of having 185 hospitals, over 1,000 clinics, and many free-standing ERs in a system with many different EMRs, noting that expanding the USCDI will help. He looks forward to understanding different use cases and improving value and adoption.
- **Hans Buitendijk** is a director at Cerner, is active in EHRA and other industry initiatives to move interoperability standards forward, and looks forward to growing the USCDI.
- **Ricky Bloomfield** is a physician, leads the clinical health and informatics work at Apple, participated in the Interoperability Standards Priorities Task Force, and is looking forward to participating in the USCDI to help enable patients to access their data.
- **Leslie Kelly Hall** is the founder of Engaging Patient Strategy and was formerly a Chief Information Officer and Chief Marketing Officer at a health system and is now on the board of directors. She was on the original Standards and Meaningful Use Committees, chaired some of the Patient-Generated Health Data Committees, and was on the Open API Task Force. She advocates for patients and health information technology (health IT) on the board of DirectTrust and on the Carequality Steering Committee.

- **Mark Savage** is the director of health policy at UC-San Francisco (UCSF) Center of Digital Health Innovation and has served on other related task forces. UCSF is active around the USCDI, interoperability, and patient access work, including submitting letters in support of additional elements to the USCDI. He is the SDOH policy director for The Gravity Project and is working on promoting social determinants of health (SDOH).
- **Sheryl Turney** leads data interoperability at Anthem. She represents payers to the USCDI and looks forward to bringing elements further down the list to the top.
- **Denise Webb** is the CIO at the Indiana Hemophilia and Thrombosis Center in Indianapolis, the only federal designated hemophilia treatment center in Indiana. She looks forward to bringing the Center's unique data needs to the USCDI TF and is interested in streamlining the exchange of discrete data between providers and public health. She wants to advance public health, especially in light of the COVID-19 pandemic and looks forward to moving interoperability forward across the nation. Her career has been in public health, and she was previously the state health IT coordinator in Wisconsin.
- **Dan Vreeman** is a physical therapist and informatician at RTI International. He is interested in helping move data elements through the progression of maturity in the USCDI and strategic planning for growing the overall model.
- **Clem McDonald** is from the National Library of Medicine and wants the USCDI TF to focus on the items that have already been suggested by physicians and have been quantitatively analyzed. He asked USCDI TF members to be sensitive to physicians' needs and realize that they have to answer to patients.
- **Les Lenert** is the Assistant Provost for Data Science and Informatics and Chief Research Information Officer and runs the Biomedical Informatics Center at the University of South Carolina and helps run health information exchanges (HIEs) in South Carolina. He would like to support interoperability strategies that are consistent with the public's data needs, allowing public health to return data to healthcare systems for population health efforts and honoring patient preferences for healthcare delivery within interoperability. He is interested in how the USCDI can help with the redistribution of data, moving toward peer-to-peer or episode of care exchanges.

Steven Lane welcomed everyone and thanked them for sharing.

SUMMARY OF DRAFT USCDI V2

Al Taylor, Medical Informatics Officer at ONC and technical lead on advancement and development for the USCDI described the USCDI ONDEC (ONC New Data Element and Class) submission system and rubric/scoring process. The results for USCDI Version 2 included the following scoring assignments:

- 109 data elements for Level 2
- 55 data elements for Level 1
- 140 data elements at the comment level
- 664 total data elements submitted

Al explained that elements scored as Level 2 are the highest level of maturity and are considered ready to be considered for addition to the USCDI. He displayed the submission evaluation criteria used in the process, which was included on slide #6 in the presentation materials, and explained that it was organized by the comment level, Level 1, and Level 2 and criteria, including maturity—current standards, maturity—current use, maturity—current exchange, and use cases – number of stakeholders impacted. Al explained that this information was provided to the submitters during the submission process.

Al discussed the draft USCDI version 2 update process and explained that the ONC Prioritization criteria for Level 2 data elements included the following points:

- Significant gaps in USCDI Version 1 concepts
- Supported by existing ONC Certification
- Modest technical standards development
- Modest aggregate lift for vendor development and implementation, esp. during a pandemic

AI discussed the Draft USCDI Version 2, which was displayed during the meeting and is depicted on slide #8 in the presentation materials. New data classes and elements were denoted, and **AI** explained that several data elements were reclassified. The new data classes and elements in the draft USCDI Version 2 included:

- Care Team Members
  - Provider Name
  - Provider Identifier
- Diagnostic Imaging
  - Diagnostic Imaging Order
  - Diagnostic Imaging Report
- Encounter Information
  - Encounter Type
  - Encounter Diagnosis
  - Encounter Time
- Problems
  - Date of Diagnosis
  - Date of Resolution

The reclassified clinical notes data elements split diagnostic imaging and laboratory apart from clinical notes, and these data elements included:

- Clinical Notes
  - Consultation Note
  - Discharge Summary Note
  - History & Physical
  - Procedure Note
  - Progress Note
- Diagnostic Imaging
  - Diagnostic Imaging Narrative
- Laboratory
  - Laboratory Report Narrative
  - Pathology Report Narrative

AI informed the USCDI TF that all supporting information is available in summary and detailed versions on the USCDI's website: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi

AI provided a brief overview of the USCDI version update process and timeline, depicted on slide #9 in the presentation materials. He explained that the Draft Version 2 has been published and is open for comments from the public, the HITAC, and the USCDI TF; this comment period will extend through April 15, 2021. Following the public comment period, comments will be reviewed to determine what will be included in the final USCDI Version 2. This will be published around July 1, 2021. Then the USCDI will be considered for inclusion in the standards version advancement process (SVAP), under which certified health IT developers are permitted to voluntarily use a more advanced version of the standard(s) and implementation specification(s) approved by the National Coordinator than is adopted in the ONC 2015

Edition Certification Criteria.

OVERVIEW OF TASK FORCE CHARGE, PRIORITIES, AND BREAKDOWN

Terry O'Malley emphasized that the USCDI TF would have to meet the due dates listed for each specific charge.

Steven Lane discussed the overarching charge of the USCDI TF to review and provide feedback to the HITAC on the Draft USCDI Version 2 content and process. The specific charges of the USCDI TF are:

- Due April 15, 2021: Evaluate Draft USCDI Version 2 and provide HITAC with recommendations for:
  - Data classes and elements from USCDI Version 1, including applicable standards version updates
  - New data classes and elements from Draft USCDI Version 2, including applicable standards
  - Level 2 data classes and elements not included in Draft USCDI Version 2
  - The USCDI TF will present to the HITAC at a yet to be determined meeting date.
- Due September 9, 2021: Evaluate the USCDI expansion process and provide the HITAC with recommendations for:
  - ONDEC submission system improvements
  - Evaluation criteria and process used to assign levels to submitted data classes and elements
  - Prioritization process used by ONC to select new data classes and elements for Draft USCDI Version 2
- September 9, 2021: Recommend prioritization areas for USCDI Version 3 submission cycle

Steven explained that the USCDI TF would likely be rechartered in another year's time to work on Version 3.

Discussion:

- **Clem McDonald** asked for clarification on whether Version 1 was included in Version 2 and, if it is not, asked that a list of elements that were not included be provided to the USCDI TF. He inquired about the variables presented in one of the Rules and if they were included. Also, he asked about metrics/units.
  - **Steven Lane** responded that everything from Version 1 has been moved forward into and built upon for Version 2. He added that there are specific standards attached to many of the data classes, so the USCDI TF should be sure to bring the commentary from Version 1 forward into Version 2 for improved clarity.
- **Hans Buitendijk** requested clarification around the boundaries of ONC's prioritization criteria for the Level 2 data elements identified for inclusion in Version 2 of the USCDI. He asked if the USCDI works with existing standards, like Fast Healthcare Interoperability Resources (FHIR), or if additional implementation guides would need to be developed.

- **Al Taylor** responded that the prioritization criteria listed in the current presentation were for the USCDI TF's work on Version 2, not the permanent standing order to develop the ONC certification. Due to the burden of the COVID-19 pandemic, developers and implementers are still working to adopt Version 1, so the Draft Version 2 was intentionally a modest update. For the elements to be in ONC certification or U.S. Core were recognized as reasonable limits for the current time. Priorities for additions to USCDI could change to be more expansive/inclusive in the future.
- **Hans** asked if the USCDI TF objective (up to April 15, 2021) is to stay as close as possible to current standards and ONC's certification and then open the criteria up to new capabilities.
- **Al** responded that the USCDI TF is looking for input on the proposed data elements and also the priorities, and the process itself.

- **Mark Savage** requested greater clarification around the "voluntary nature" of Version 2 and asked if adopted changes to applicable standards in Version 1 would be voluntary or mandatory. He also asked if the September 9, 2021, deadline for recommending prioritization areas for the USCDI Version 3 submission cycle was internal or external and if it was possible to move it back, if necessary.
  - **Steven Lane** responded that ONC will publish Version 2, which will then be made public, but there will not be requirements attached to it. Rather, all requirements are in rulemaking, which currently focuses on Version 1. The decision to include Version 2 in SVAP would elevate the new version to allow IT developers to utilize the new standard in place of the old one. Rulemaking by CMS, ONC, or another body will probably require the use of Version 2 at some point. He explained that the USCDI advances ahead of requirements to give everyone the opportunity to develop.
  - **Al Taylor** explained that these elements cannot be made mandatory without rulemaking. He stated that promoting the adoption and evolution of the USCDI will advance interoperability and could encourage the gradual advancement of standards ahead of rulemaking.
  - **Jim Jirjis** noted that certification could be one lever of rulemaking and asked if CMS could require certain versions, separate from ONC, as another lever.
  - **Michelle Schreiber** explained that CMS intends to stay as aligned with ONC as possible through close collaboration and via participation in USCDI. CMS wants to converge its standards with ONC's, though it has the authority to diverge and create its own.
- **Ricky Bloomfield** echoed **Hans'** previous comments and asked if there is a defined set of principles that inform the priorities of the USCDI TF's work. Also, he asked how the USCDI plans to support the efforts of U.S. Core and other accelerators, such as the Argonaut Project, CARIN Alliance, the Da Vinci Project, the Gravity Project.
  - **Terry O'Malley** responded that this is a work in progress. He explained that there are overarching and high-level priorities to increase data availability to patients and individuals to promote public health and research. However, the USCDI TF has allowed the industry to identify particular data elements or data classes as important. ONC has standards for implementation and for defining the quantity and quality of data elements, but the TF could work to identify a firm set of standards.
  - **Steven Lane** asked anyone with input on priorities to submit them and explained that they will inform the TF's work after the April 15 deadline.
- **Leslie Kelly Hall** stated that the update and selection processes are lacking in patient-centeredness. The USCDI TF should inform its work by looking into the particular data element patients access most often in their portals.

- **Steven Lane** discussed the process for adding Version 2 to the SVAP, noting that only when Version 2 has been published and added to the SVAP will the standards in Version 2 become optional/elective. He asked **Al** to elaborate on the process and timeline.
  - **Al Taylor** explained that when Version 2 is received in July 2021, it will be considered for the SVAP, along with other standards that update annually. He explained that by using the SVAP, certified health IT developers are permitted to voluntarily use a more advanced version of the standards and implementation specifications for their EHRs, which are subject to "Real World Testing." This system that is voluntarily updated has to be able to capture and exchange all of the new data elements from USCDI Version 2 and then capture, access, and exchange through the different exchange criterions. Entering into this update is voluntary, but then the systems must properly use all updated standards and must also provide updates to their customers.
    - **Matt Rahn** (ONC) clarified that updating for a standard is criterion-based and discussed examples.
- **Steven Lane** suggested asking ONC to expand the USCDI TF's charge by adding a sub-bullet under the third bullet listed under the TF's specific charges. This new sub-charge would recommend the development of a set of principles to drive the prioritization process.
  - **Al Taylor** responded that the list of charges is what the USCDI TF should be doing, and the "how" has been left as more flexible. He suggested creating a list of guiding principles for the TF.
  - **Steven** agreed that creating a set of guiding principles would be beneficial and suggested that it could be done during the period of work between April and September. He noted that the USCDI TF needs ONC's permission for this.
- **Hans Buitendijk** commented that as future versions of the USCDI are adopted, and it grows larger, the TF should consider the expectations surrounding adoption: should all systems be required to support everything in a version or just support it for the scope/focus of what the system maintains?
  - **Steven Lane** responded that he, Terry O'Malley, and others at ONC have discussed this same important point.
- **Clem McDonald** commented that the USCDI TF should focus on the low-hanging fruit in the Version 2 that require minimal labor and include already collected and structured data.
  - **Steven Lane** responded that this point would be considered when the TF discusses the criteria and process used to assign levels for upcoming versions.

The co-chairs discussed how the USCDI TF's work schedule will be set up in terms of work products to meet reporting obligations. **Terry O'Malley** stated that he, together with **Steven Lane,** will build a detailed and ambitious work plan for the TF, which will include homework assignments. These will be given out a week in advance, and TF members will be asked to complete them between meetings.

Steven asked all TF members to ensure that they have a functional login to the ONC's USCDI website. Steven explained that he and Terry, with the assistance of Andy Truscott, have already sent emails to about 30 stakeholder groups across the industry to invite their input, as well as from the public. All comments and input will be made public, and the format/location of these comments will be announced.

UPDATED APPLICABLE STANDARDS VERSIONS

Steven Lane explained that one of the first sub-charges of the USCDI TF was to update the existing versions of the terminology code sets that comprised the applicable standards within USCDI Version 1.

The USCDI Version 1 standards included:

- RxNorm - January 6, 2020
- SNOMED CT - September 2019
- LOINC 2.67
- ICD-10-PCS 2020
- CVX - January 31, 2020
- Vaccine NDC Linker – January 31, 2020
- CPT 2020

These were updated in the following manner in the draft USCDI Version 2:

- RxNorm - January 4, 2021
- SNOMED CT - September 2020
- LOINC 2.69
- ICD-10-PCS 2021
- CVX - November 16, 2020
- Vaccine NDC Linker – November 13, 2020
- CPT 2021

Discussion:

- **Al Taylor** explained that this was one of three major categories of changes made to the USCDI and is only pertinent to the change made to update standards. The others were the reorganization of the clinical notes and data elements and the addition of new data elements and classes. None of the characteristics of the three reorganized data elements were changed.
- **Clem McDonald** asked if the USCDI TF had agreed in the past that changes that occur regularly do not need to be explicitly called out in the new version.
  - **Steven Lane** responded that this is the version advancement process, which is included in the next version of the USCDI, then is added to the SVAP, and finally can be used by developers.
  - **Avinash Shanbhag** (ONC) noted that Clem was correct and clarified that the standards in each version are the floor for developers/vendors. He explained how the floor for standards changes as different versions of the USCDI are integrated.
  - **Matt Rahn** added that, for the purposes of certification, vendors are allowed to update their products to newer versions of individual standards without going through the SVAP process which would include fully updating to the new version of USCDI. Each version of the USCDI is just the floor, and vendors may choose to go beyond it with their newer updates.
  - ONC staff and TF members discussed specific examples to provide greater clarification. Also, they explained that the floor for standards changes with the adoption of each new version of the USCDI.
  - In response to a question from **Hans Buitendijk, Avinash** explained that when a vendor elects to go to Version 2 through SVAP, they will be required to implement, adopt, and support all criterion of that version. He discussed the nuance of information blocking and stated that the EHR that updates to a specific version of the USCDI through SVAP are subject to “Real World Testing” and must demonstrate and certify their capability to exchange all of the information that is a part of that specific version.
  - **Steven** commented that this is a slightly confusing requirement and that he looks forward to hearing about vendors’ experience. He echoed **Hans’** previous comment that vendors might question if they could just support portions of the USCDI that are applicable to their

use cases and customer bases.

- **Steven Lane** asked everyone to prepare comments and feedback on the standards and charges for discussion at the next USCDI TF meeting. The TF's initial focus should be on the first charge, and he directed TF members to his comments in the public chat on creating an account on the ISA website. After a login has been created, a member will be able to add comments.

TIMELINE AND MEETING SCHEDULE

Steven Lane discussed the meeting schedule for upcoming USCDI TF Meetings for the next month, which was:

- February 9, 2021, 10:30 am - 12:00 pm ET
- February 16, 2021, 10:30 am - 12:00 pm ET
- February 23, 2021, 10:30 am - 12:00 pm ET

Discussion, continued:

- **Steven Lane** asked USCDI TF members to comment on the proposed updated applicable standards versions, which were presented earlier in the meeting.
- **Hans Buitendijk** commented that the standards noted on the slides are predominantly vocabulary and, once they get to the standards that have been called out to support (like Consolidated Clinical Document Architecture (C-CDA) and FHIR), the TF will receive more questions about gaps.
- **Ricky Bloomfield** agreed that the terminology is well covered in U.S. Core, but the USCDI TF should verify that the proposed new standards still fit within U.S. Core, given recent updates.
- **Les Lenert** commented that a result identifier is still needed in the USCDI to allow for the flagging of duplicate or new results as data is exchanged. He would like this to be added to the agenda to cut back on the repetition of data.
  - **Steven Lane** thanked him for his suggestion and encouraged others to submit comments. He also encouraged them to check on the USCDI website to see if their suggestion has already been submitted and to what level it had been assigned. Individual comments regarding the level designation can be submitted directly through the web site.

Michael Berry opened the meeting up for public comment:

PUBLIC COMMENT

There were no public comments received by telephone.

Questions and Comments Received via Adobe Connect

Steven Lane: Welcome to the first meeting of the ONC's USCDI Version 2 Taskforce meeting. We look forward to hearing your public comments near the end of the meeting.

Steven Lane: You are also welcome to make comments here in the Public Chat during the course of the meeting.

Hans Buitendijk: I'm on, but still working on video.

Clem McDonald: I am here. **Clem McDonald**: Just havn't *[sic]* got voice and video working *[sic]*

Ricky Bloomfield: I'm now connected to audio.

Michelle Schreiber: hi. this is Michelle Schreiber I am on

Hans Buitendijk: I'm not able to get to video working, while it is not clear my audio actually works (I can hear everybody).

Ricky Bloomfield: @Hans, the audio only works by phone.

Leslie Lenert: connected now—didn't know I needed to dial in

Ricky Bloomfield: It's a really strange technical setup. They offer video but no 2-way audio through the app!

Steven Lane: This is really an amazing group of diverse and committed Health IT rock stars. Thank you all for your engagement.

Clem McDonald: Denise, good to meet another Indiana physician. I know (and see) your partner Ann Greist

Steven Lane: Members of the public who would like to are welcome to introduce yourself here, including your interest in the work of the taskforce. While we may not be able to address issues raised in real time, I believe that this chat is captured and available for future review.

Zoe Barber: Thanks Steven! Zoe Barber, New York eHealth Collaborative. I was formerly at ONC and worked on the first draft of the USCDI and led the TEFCA task forces.

Steven Lane: Welcome Zoe!

Grace Cordovano: Good morning everyone! Grace Cordovano, board-certified patient advocate joining from NJ. Thank you for a great overview on tasks and priorities. I look forward to sharing feedback from the patient and carepartner perspective. There are a number of questions that I have as well as suggestions on essential elements that would be important to consider including moving forward.

Leslie Kelly Hall: Hey Grace, great to see you listening in!

Aaron Miri: hi Aaron here

Ricky Bloomfield: I got kicked off the phone, calling in again.

Ricky Bloomfield: I'm back.

Jim Jirjis: thank you

Jim Jirjis: Michelle

Steven Lane: We invite all members of the taskforce and the public to go to https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#blocktabs-uscdi_data_class_element_list-2 and establish a personal Interoperability Standards Advisory (ISA) login so that you are able to provide specific comments that will be visible to all and incorporated into ONC's deliberations. We encourage taskforce members to bring their class and element-specific comments here for dicussion *[sic]* before posting them publicly .

Mark Savage: So short answer is updates to applicable standards for v1 data elements are "voluntary" until promulgated by regulation?

Sasha TerMaat: Alignment with quality reporting will definitely be important, it's one thing to keep in mind as we add data elements to USCDI that are already used in quality reporting, so I think the quality reporting data model will be an important reference point.

Michelle Schreiber: reading the typing coming thru - the intent of CMS is to be as ALIGNED as possible - not as streamlined as possible which is written (although we should be streamlined as well).

Grace Cordovano: As a follow up to Ricky's question: Based on the comments and feedback received to date on this entire body of work, what is the approximate percentage of responses by stakeholder category? For example, how much feedback and guidance has been received from vendors, payors, representatives from the government, clinicians, actual patients, carepartners, and respective advocacy groups? A simple pie chart would even help define this with more transparency. The suggestion of new elements, prioritization of data classes and data elements, and implementation will be a direct consequence of the representation of stakeholders. If patients, carepartners, and advocates have not been well represented, the USCDI expansion will not be inclusive of diverse voices nor represent the unmet needs of patients and their families.

Ricky Bloomfield: I think it would be very helpful to have a set of principles that define out we prioritize. There are many great perspectives here and we want to make sure they are all reflected in a balanced way while also acknowledging the realities of the current standards ecosystem and how quickly new data elements can be profiled. So coming up with a set of clear principles would be a helpful exercise as soon as we're done reviewing USCDI v2.

Steven Lane: Welcome Aaron and Grace!

Grace Cordovano: Thank you Steven!

Sasha TerMaat: I thought SVAP actually permitted each criterion to be SVAP'd separately?

Hans Buitendijk: As USCDI grows, it is not clear that all systems must be able support all USCDI. Can you clarify that as it seems only to the extent they have such data, and perhaps with a growing question whether they are appropriate 'primary' source.

Ricky Bloomfield: I would echo Grace's comment. The patient and caregiver perspective is often underrepresented simply because these consituents *[sic]* are less likely to provide direct comment when the ONC solicits feedback.

Grace Cordovano: I have submitted high-level comments and concerns after carefully reviewing draft USCDI v2 and forwarded them to Andrew last night. Happy to more broadly share , just not sure what the correct order of operations is as a newcomer to this group.

Leslie Kelly Hall: Happy to help! @Grace and @RIcky!

Grace Cordovano: Thanks Leslie!

Mark Savage: Welcome @Zoe! Welcome @Grace!

Grace Cordovano: Thanks Mark! Glad to be here.

Denise Webb: On Hans' comment, I think that goes back to tying USCDI elements to specific product certification criteria and possibly not all products will have to certify to all crtieria *[sic]* depending on the function of the product

Grace Cordovano: Thank you. I appreciate that!

Leslie Kelly Hall: Steven mentioned a log on that we need? Please provide info via email.

Steven Lane: Adobe Connect required me to re-load the application and I lost access to the private chat and raised hands function, so will ask Terry to move us forward.

Leslie Kelly Hall: CNa staff send an email with these instructinos *[sic]*

Clem McDonald: I think what is there is perfect.

Lauren Richie: To make a comment please call: 1-877-407-7192(once connected, press "*1" to speak)

Steven Lane: Thanks Clem.

ADJOURN

Steven Lane and **Terry O'Malley** thanked everyone for their participation and asked USCDI TF members to watch their emails for TF homework.

Steven invited **Aaron Miri** to introduce himself, as he had entered the meeting after the introduction of members. **Aaron** explained that he is the CIO at the Dell Medical School at UT Health Austin, University of Texas at Austin. Also, he is one of the co-chairs of the HITAC.

The meeting was adjourned at 11:58 a.m. ET.