HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) U.S. CORE DATA FOR INTEROPERABILITY TASK FORCE MEETING

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

VIRTUAL

Speakers

Name	Organization	Role
Steven Lane	**Sutter Health**	**Co-Chair**
Terrence O'Malley	**Individual**	**Co-Chair**
Ricky Bloomfield	Apple	Member
Hans Buitendijk	Cerner	Member
Valerie Grey	New York eHealth Collaborative	Member
Leslie Kelly Hall	Engaging Patient Strategy	Member
Jim Jirjis	HCA Healthcare	Member
Ken Kawamoto	University of Utah Health	Member
Leslie Lenert	Medical University of South Carolina	Member
Clement McDonald	National Library of Medicine	Member
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Member
Brett Oliver	Baptist Health	Member
Mark Savage	University of California, San Francisco's Center for Digital Health Innovation	Member
Michelle Schreiber	Centers for Medicare and Medicaid Services	Member
Sasha TerMaat	Epic	Member
Andrew Truscott	Accenture	Member
Sheryl Turney	Anthem, Inc.	Member
Daniel Vreeman	RTI International	Member
Denise Webb	Indiana Hemophilia and Thrombosis Center	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Al Taylor	Office of the National Coordinator for Health Information Technology	Staff Lead
Matt Rahn	Office of the National Coordinator for Health Information Technology	ONC Staff
Avinash Shanbhag	Office of the National Coordinator for Health Information Technology	ONC Staff

Call to Order/Roll Call (00:00:00)

Operator
All lines are now bridged.

Michael Berry
Hello, everyone and good morning. My name is Mike Berry. And on behalf of ONC, I would like to welcome everyone to the kickoff of the USCDI Version 2 virtual task force and express our sincere appreciation for everyone's time and look forward to your feedback. I'm going to start with roll call. So, when I call your name, please indicate if you are present. Steven Lane? Steven, are you on mute?

Steven Lane
There we go. Double muted. Yes, I am here. Thank you.

Michael Berry
Terry O'Malley.

Terry O'Malley
I'm here. Thank you.

Michael Berry
I know Valerie Grey is not able to join us today. She indicated earlier. Clem McDonald. Andy Truscott. I think he might be joining later. Leslie Lenert. Ken Kawamoto.

Ken Kawamoto
I'm on. Good morning.

Michael Berry
Good morning. Sasha TerMaat. Brett Oliver.

Brett Oliver
Good morning.

Michael Berry
Good morning. Michelle Schreiber. I think Michelle is on. Are you on mute, Michelle? We'll come back to Michelle. Jim Jirjis.

Jim Jirjis
I'm here. Can you hear me?

Michael Berry
Yes, thank you. Hans Buitendijk.

Hans Buitendijk
I'm on. I'm **[inaudible] [00:01:59]**.

Michael Berry
Good morning. Ricky Bloomfield. Leslie Kelly Hall.

Leslie Kelly Hall
Yes, I'm here. Thank you.

Michael Berry
Mark Savage.

Mark Savage
Good morning, here. Having a little difficulty with Adobe Connect but I'm working on it on my end.

Michael Berry
Okay. Sheryl Turney.

Sheryl Turney
Sheryl is here. Thank you. Good morning.

Michael Berry
Good morning. Denise Webb.

Denise Webb
I'm present.

Michael Berry
Hi, Denise. Daniel Vreeman.

Daniel Vreeman
Good morning. I'm here.

Michael Berry
Good morning. And Aaron Miri. Okay. Anyone I missed? Clem, Andy, Les, Sasha, Michelle Schreiber –

Sasha TerMaat
This is Sasha. I'm here.

Michael Berry
Great. Michelle Schreiber, Ricky Bloomfield, Aaron Miri.

Steven Lane
We can see many of those folks on the meeting even though we're not hearing from them. I see Clem and Ricky.

Michael Berry

All right. Well, at this time, I'd like to turn over to our co-chairs, Terry and Steven, to kick us off this morning.

Welcome and Introductions (00:03:28)

Terry O'Malley
Great. Let me do the honors then. Welcome, everyone to the next iteration of USCDI. We are absolutely delighted that so many of you prior members could rejoin and a special thanks to the new folks who have signed on not quite knowing what they're getting into. But we welcome them with open arms. And so, I thought what we would do is we'll start off with just introductions. I'd like to go through the roll call in whatever order, Mike, you've got in front of you and just hear from people because we've got a lot of new folks in to hear what got them to join and sign up to USCDI, what they think the major issues are, and what they have been doing, what their major area of focus has been that got them to this point.

So, if we could – I'll kick it off to give you a brief idea. So, I'm a geriatrician retired recently from Mass General Hospital Partner Healthcare in Boston and have spent most of my time in post-acute care. I took a seat on the Standards Committee from John Durr who is a friend and mentor and have tried to advocate for post-acute care and the folks who were never part of HITAC to begin with. And my interest is in transitions of care and the exchange of information of those transitions. And I have had the pleasure of sharing this task force over the last year and a half or so. So, thank you. And Steven, maybe you'll give your brief bio, too.

Steven Lane
Sure. I'm Steven Lane. I'm a practicing primary care physician and clinical informaticist at Sutter Health in Northern California. With Terry and others, I participated in the first two iterations of the USCDI task force. I see USCDI as a really important vehicle for moving forward nationwide interoperability so that we really can exchange discrete data in a meaningful way to really support workflows for all of the various stakeholders. So, as we'll be getting into this, I think this work is really going to contribute to progressive forward motion in that area. And I just join Terry in inviting and welcoming all of you to this meeting. We're very excited to work together.

Michael Berry
Next on our list is Clem. Clem is on a call.

Steven Lane
Clem, can you introduce yourself?

Michael Berry
It looks like he might be taking a call. How about Leslie Lenert? Has he joined? I don't think I see him in the cue here. Ken?

Ken Kawamoto
Good morning, Ken Kawamoto, associate TMO at University of Utah. I'm primarily interested in what we can do on this committee to take some of the items that are lower down on the current USCDI list and figure out how to help facilitate the move further up the level. Thanks.

Michael Berry

Sasha.

Sasha TerMaat

Good morning. This is Sasha TerMaat. I work at Epic and I'm also a participant in the Electronic Health Records Association. So, I try to bring the developer's perspective to how we can advance the USCDI effectively.

Michael Berry

Thank you. Brett.

Brett Oliver

Hi. I'm a family physician like Steven and CMIO for Baptist Healthcare in Kentucky and Southern Indiana. I was part of the first one and try to bring the provider end user perspective to things. And with all of this information exchange, my interest is in making it as efficient and actionable of an exchange as possible for the folks that are actually affected here.

Michael Berry

Thank you. Michelle.

Michelle Schreiber

Hi, this is Michelle Schreiber from CMS. Can I check that you can hear me?

Michael Berry

Yes.

Michelle Schreiber

Wonderful. It didn't work before. Thank you. So, I'm Michelle Schreiber. I'm from the Centers for Medicare and Medicaid Services where I am the director of the quality medicine value based incentive group and also the deputy director for the Center for Clinical Standards and Quality. In my past history, I have been a primary care physician in the city of Detroit for many years, chief quality officer, acting chief medical information officer. I've done many EMR go lives in my day. I am particularly interested in this because I do some of the interoperability work at CMS and also the quality measurement standards. And so, we clearly are supportive of **[inaudible] [00:08:53]** standardized, meaningful, efficient data that we are all communicating in the same way and widely interoperable. So, thank you for allowing me to join this committee.

Michael Berry

Thank you, Michelle. Jim.

Jim Jirjis

Yeah. Jim Jirjis. Can you hear me?

Michael Berry

Yes.

Jim Jirjis

Chief health information officer for HCA. And our interest and, again, our belief also is that USCDI's expansion and its adoption will be critical to solving a bunch of business needs. We have 185 hospitals, over 1,000 clinics, freestanding ER's, etc. And most of our providers who use our hospitals are not, in fact, employed by us. So, almost by definition, they have different EMR. So, we're hopeful to, as Ken said, understand the use cases and help prioritize what will, actually, bring value and improvement option.

Michael Berry

Thank you. Hans.

Hans Buitendijk

My name is Hans Buitendijk. I'm director of interoperability strategy at Cerner. Like Sasha, I'm active in the EHRA and also active in a number of other industry initiatives to help move interoperability standards forward. So, I'm looking forward to working with everybody to see how we can grow USCDI to closer approximation of EHI.

Michael Berry

Thank you, Hans. Ricky.

Ricky Bloomfield

Good morning. I'm Ricky Bloomfield. I'm a physician and lead the clinical and health informatics work at Apple. I participated in the interoperability standards priorities work group in the past. I'm super excited to join this work group as well. I think our perspective, primarily, is from the patient's point of view and how do we enable patients to access their data in meaningful ways.

Michael Berry

Thank you. Leslie Kelly Hall.

Leslie Kelly Hall

Hi. Thank you. I'm Leslie Kelly Hall. And I'm really thrilled to be here and see many of my heroes. My experience is a former CIO and chief marketing officer of the health system. I'm now on the board of directors of that health system. I was on the original standards committee, meaningful use committee, chaired much of the patient generated health committee, and also was on the opening PI task force. My career changed when I realized how much access to the medical records changed patients' lives and helped them engage better with their physicians. And so, I have been advocating for patients and health information technology. I'm on the direct trust board of directors as well as the care equality steering committee and am the founder of Engaging Patient Strategies. Thank you.

Michael Berry

Thank you. Mark.

Mark Savage

Good morning. Mark Savage. I'm the director of health policy at UC San Francisco Center for Digital Health Innovation. I've been on many task forces in earlier iterations. Very glad to be here. UCSF has been pretty active around USCDI and, in particular, interoperability in general, patient access in general. We have

submitted letters urging that more elements be added because our clinicians at UCSF say they need them now. I'm also the policy director for the Gravity Project working on social determinants of health and trying to make that possible for interoperable exchange. Thanks so much for the invitation to be here with you.

Michael Berry
Thank you. Sheryl.

Sheryl Turney
Hi. This is Sheryl Turney. Good morning, everyone. I work at Anthem and I lead the data interoperability. And I'm here to, hopefully, represent payers relative to USCDI and, hopefully again, as was already expressed, bring some of those data elements that are further down the list up to the top of the list. So, thank you all and I'm looking forward to it.

Michael Berry
Thank you, Sheryl. Denise.

Denise Webb
Yes, good morning. Denise Webb. And I'm presently the CIO at the Indiana Hemophilia and Thrombosis Center in Indianapolis. It is the only federally designated hemophilia treatment center in Indiana. And being a subspecialty, they have a lot of unique data needs. So, hopefully, I can bring some of that perspective to the task force. But I'm particularly interested in streamlining the exchange of discrete data between providers and public health and being able to, particularly given the pandemic, advance population health. I worked in public health before. I was the state health IT coordinator for Wisconsin. And I've been on this interoperability journey since about 2006, maybe not as long as some folks. But I really want to see us advance interoperability nationwide, globally. And it's a passion. So, thank you. I'm happy to be on the task force.

Michael Berry
Thank you, Denise. Dan.

Daniel Vreeman
Hi, this is Dan Vreeman. I'm a physical therapist and informatician at RTI International. I've had the pleasure of working with many of you on a variety of standards things in the past. I'm really excited to be here in this iteration. I'm particularly interested in helping move data elements through the progression, advancing it in maturity and the representation, as well as thinking strategically about the overall model and how we're going to grow from similar starting points to a larger collection of data elements. But I believe USCDI is a landmark piece of the national interoperability strategy. And a variety of projects at RTI would make use of that data. And I'm really excited to see it advance. Thanks.

Michael Berry
Thanks, Dan. Let's circle back to Clem.

Clem McDonald
Can you hear me now? Is it working?

Steven Lane
Yes.

Clem McDonald
You can hear me?

Steven Lane
Yes.

Clem McDonald
Okay. It's through a phone. I'm Clem McDonald. I'm probably one of the ancients in standards on this committee. And I'm really just kind of so excited about what has happened in recent years where data is actually being standardized and is being sent around. And I just would caution enthusiasm to collect everything to be sensitive to things that require a physician to type it into the computer and at least go after all of that stuff that's already quantitative and sitting around in machines and elsewhere. There are things like **[inaudible] [00:16:24]**, just easy stuff early before we make physicians do too much. Nursing staff and ancillary staff can certainly put in some material and so can the patient. But just protect the physician so they can actually see the patients.

Michael Berry
Thank you, Clem. Leslie Lenert.

Leslie Lenert
Hi. Leslie Lenert. I'm at the Medical University of South Carolina where I'm the assistant provost for data science and informatics. And I run the Biomedical Informatics Center. I have a broad range of interests. I think I'm here on this committee to ensure that the data produced by the health system are available for large scale research and can be combined across institutions. I have some experience in public health leading public health informatics at CDC. And I'm very interested in making sure that our interoperability strategies are consistent with the data needs of public health and also allow public health to return data to the healthcare system for population health efforts. Third, I have a fair amount of experience in patient preferences. And it's really important that the interoperability strategies that we talk about include patient preferences for how they want their healthcare delivered and what their priorities are. And that's often an underrepresented part of health data exchange.

So, I think that it's a great honor to be here and to work on this. I also help run health information exchanges in the state of South Carolina. And I think also that there are some amazing things that can be done with the USCDI as far as the redistribution of data and rethinking of models of health information exchange and where we have much more peer to peer exchange or that we move toward episode of care based data exchange. So, I think these are great ideas and I think they're interesting ideas myself. I hope they're great but that we could work on it as we're going together with this. And I thank you for the opportunity to work with you all.

Michael Berry
Thank you, Les. I'll just double check to see if Andy Truscott or Aaron Miri joined us. If not, anyone I missed? Okay. Steven, Terry, back to you.

Summary of Draft USCDI v2 (00:19:03)

Steven Lane

Thanks so much, Mike. And again, welcome to everyone who has been able to join us. I think what we want to do now is turn it over to Al Taylor to introduce himself briefly to all of you and then, walk us through the overview of the task force charge.

Al Taylor

Thank you, Steven. Can everybody hear me okay?

Steven Lane

Yes.

Al Taylor

Thanks. Can we advance to the slide regarding the ONC submissions? I think it's Slide 5 or 6. So, I'm Al Taylor. I'm the technical lead at ONC on development and advancement of USCDI. And we've been also leading the group at ONC that does the evaluation and determination for what landed in the draft USCDI Version 2. So, as almost everybody is aware, we have all of the submissions for what might go into Version 2. We were due by the end of October of last year. Until that point, we got over 600 data elements submitted from over 60 different submitters. We used an algorithm or a scoring rubric to determine which of the data elements would be considered Level 2, which is the level of maturity that was considered for data elements to be added to the draft Version 2. We had other data elements that were scored or determined to be a lower level, Level 1 or comment. We also had about almost half of the submissions were duplicated from other submissions or were subsets from other submissions.

Next slide, please. This is part of the scoring rubric that we used and it's the main components of the evaluation that we determined to be the different levels. And sometimes, the submissions, just as a quick point, didn't meet all of the Level 2 criteria or all of the Level 1 criteria or all of the comment level. And sometimes, they landed in a lower level because they didn't meet – meeting a comment level might have sort of downgraded it, if you will, because not all of the elements were met. And this information was provided to the submitters through the submission process so that they had an idea about where they might be landing as they were doing their submissions. Next slide, please. With 190 elements that we determined to be Level 2, we had to come up with some process to winnow the field of data elements in order to determine which could be added to Level 2. Certainly, adding 190 data elements to the next version of USCDI just was not feasible for anybody.

So, of those Level 2 data elements, we determined which of those represented the gaps in USCDI sub concepts that were not present in USCDI Version 1. And the next three elements of prioritization had to do with overall lift, how much additional work needed to be done to accommodate these new data elements. So, some of these data elements were, actually, already part of other certification criteria from ONC including things like view, download, and transmit, and create CCDA. Those criteria sometimes had these data elements. We also were mindful of the burden of developing the technical standards such as CDA and FHIR US Core in order to accommodate this. We also were mindful of the fact that in order to promote the addition of some new data elements, we didn't want to add too many. And this was meant to encourage,

not only help IT developers but also the implementers or the providers that had to adopt the technology with these updates.

And so, we were looking for overall modest effort to develop and implement. And we came up with the fairly short list that I think we're all aware of. And I'll talk about it in a second. Next slide, please. So, this is the entire draft USCDI Version 2. It includes all of the data elements that were part of USCDI Version 1. In addition, there are two new data classes for diagnostic imaging and encounter information. There are two data classes that had additional data elements. Our team members added provider information and problems at date of diagnosis and resolution. The other data elements for diagnostic imaging and encounter are shown here. We also just reorganized three of the clinical notes data elements, the lab and path report narrative and diagnostic imaging narrative where we classified into the respective data classes in order to preserve the context of those narrative data elements. This information is available, not only in summary as you see here but also details about each of the data elements and data classes that were part of the draft Version 2 through the USCDI website.

Next slide. So, this is the summary of the process for USCDI development. And we're in the middle of the block of the red and the dark blue box where we have now published the draft Version 2. And we are open for public comment as well as some directed input and comments from the HITAC and the USCDI task force. This public comment period will extend through April 15. And then, once that's over, we'll take all of the comments from the task force, from the HITAC, and from the public and consider all of that input and spend the next month or two or two months or so to draft the final USCDI Version 2 and to publish that around July 1.

Leslie Lenert
Bernie, have you figured out how you're going to do this on video? We're probably more comfortable with live demos for this kind of stuff.

Bernie
Yeah. We did a –

Michael Berry
Sorry, Steven. I think you're –

Steven Lane
Yeah. I think Leslie Lenert needs to go on mute.

Leslie Lenert
Oh, sorry.

Steven Lane
That sounds better.

Al Taylor
So, once we have a final USCDI Version 2, we will consider that for addition to a process called the standard version advancement process. And what this does is allows developers to adopt these changes in USCDI

Version 2 and other newly updated standards to implement those updated standards for the products and provide those products with the updates to providers, to the implementers, and to the frontline users. The USCDI, potentially, can be one of the approved standards for these voluntary updates. I'm not going to get too much into the details of that process. But that's the timeline for the USCDI version update. Next slide.

Steven Lane
Al, just a comment. When you mentioned incorporating HITAC input along with public comment that HITAC input will be driven by the work of this task force just to be very clear.

Al Taylor
Yes, thank you. If it was not clear, that's exactly correct.

Sheryl Turney
This is Sheryl. I had a question on that last slide also if I may ask it. So, maybe you're going to cover it on this one. I was just trying to get a little clarity on when our comments were going to be due relative to that. So, maybe that's what you're going to talk about.

Overview of Task Force Charge (00:29:03)

Al Taylor
Yes. Thank you. I think I'm going to turn it back over to Steven or Terry to discuss the charges that ONC has made of the HITAC and, subsequently, for the task force. And these are in segments or timing lines. The first one is to evaluate the same parts of the USCDI Version 2 that the public is being asked to comment on. And I think I should turn it over to Steven or Terry now.

Steven Lane
Terry, do you want to walk through this or would you like me to? You're on mute, Terry.

Terry O'Malley
Why don't you go ahead? But I just want to comment that the important column on this slide is the far right one. And so, looking at the due dates, that's our charge. We've got to meet those dates. Steven, it's all yours.

Steven Lane
Great. So, just to drill down on this, we clearly have two different segments of work. The first that is going to be due by mid-April and the second that is going to be due by early September. So, the work before us today is to initially evaluate the draft USCDI Version 2 and provide recommendations back to the HITAC, which will then review those and provide those on to the ONC team as they contemplate finalizing the two. And then, we have three sub charges within that. First is to look at USCDI Version 1, look back at what we, hopefully, all are quite familiar with and make comments about recommended changes to the applicable standards. Obviously, time has passed since the publication of Version 1. And standards continue to advance thank goodness. And the ONC has identified new versions of a number of standards. So, when V2 is published that will include these updated standards versions to apply to the items that still remain from V1.

So, we also, in that process, may have an opportunity to provided additional comment regarding V1. That is to say if there are data classes and/or elements that we feel warrant clarification, updates, questions that people have about V1 items, this will be a good opportunity to bring those forward. And we'd like to get through this part fairly quickly. We might even start this part today if we have time. But that's what we're going to do first is looking in the rear view mirror at V1 and looking at the new standards. We're then going to turn our attention to the draft V2, small and mighty though it may be and really trying to look at what has been included drilling down deeply into each of the new items, the new data classes, the standards that have been applied for them and really trying to ask ourselves the question is there anything in there that's problematic. Is there something that needs clarification, that perhaps needs further elucidation, or different standards? And is there anything in there that perhaps shouldn't have been included that perhaps in the final V2, we should consider putting it back on the shelf for future implementation?

So, looking first at what's in draft V2 and then, looking to the rest of the items that were submitted focusing initially on Level 2 but also looking back into Level 1 and comment items. A number of you expressed an interest in looking at how we can accelerate, how we can bring more things forward. I think we've heard the general approach that the ONC took to choosing a small number of items to move forward in V2. We'll, obviously, have an opportunity to discuss that but that's not going to be our first order of business. But we want to identify if there are any items in Level 2 or even Level 1 or comments that need to be reclassified, we believe, or potentially some small number of items that could be brought forward from Level 2 into V2. I think that will be our chance to do that. So, that's going to be our first charge over the next couple of months. I don't quite know yet exactly what date we're presenting our report back to the HITAC, whether that is on or after April 15. But we'll, obviously, need some time to pull our thoughts together to develop that presentation.

Typically, task force presentations are reviewed by the entire HITAC sometimes with additional adjustments made before they're transmitted to the national coordinator. Then, after April we'll turn our attention to the focus on the USCDI expansion process itself looking at how there might be improvements to the submission process that is available through the online portal today evaluating the criteria and processes used to assign levels. Obviously, we will have had a chance to think deeply about those in our earlier work. And then, looking at the prioritization process as well. This is really an opportunity to look at how work will be done moving forward preparing for Versions 3 and beyond. And then, also finally, looking at the prioritization areas for Version 3. I think many of us have commented that we perhaps expected to see more in Version 2. So, I think preparing the ground for the work to draft Version 3 is going to also be an important part of this group's work.

And then, for those of you who haven't had enough, I suspect we'll re-charter this group again a year from now and do this cycle again. We anticipate that this will be an ongoing process. And again, those of you who can stand us, we'll welcome your ongoing participation.

Clem McDonald
Steven, are questions possible?

Steven Lane
Yes. Are we going to use the hand raising feature? We've got a pretty big group. Let's go ahead. Clem, do you want to go first?

Clem McDonald

Just some clarification. It's not crystal clear. I had assumed that Stage 1 was included in Stage 2. And if it isn't, we should get a list of what's not. There are some other things that were proposed in the last – not in USCDI but in one of the rules. There are 30 variables or social – they want social type things like risk and health – they're just generic things. And I don't know if they're still anywhere in the whole process. And thirdly, I can't tell if they require units of measures anywhere. It might be down deeper.

Steven Lane

Those are great comments, Clem. Thank you. And we need to keep our use of language really crisp because we're using the word version and we're using the word level. And we have to be clear. My understanding is that pretty much everything that was in USCDI Version 1 has been carried forward into Version 2 that we're really building on that. I don't think we've lost anything along the way. No one has fallen off the train yet. And you're right, Clem. There are very specific standards attached to many of the data classes. One of the things that was notable about Version 1 is that there were some data elements that didn't really have specified standards, which I think has confused some people. So, that would be appropriate commentary for us to bring forward as we look back into Version 1. But, certainly, most of the items in Version 2 and as well as in Level 2 and Level 1, do have associated standards. So, you're talking about metrics, units, etc. That's all fair game for us to consider. Hans?

Hans Buitendijk

Yes, thank you. Just a clarification question. In earlier slides, how USCDI Version 2 drafts came about, there were two notes that it's supported by existing ONC certification and modest technical standards development. And on this slide, there was a little bit more of an impression that we might need to look at new standards. And I'm trying to understand a little bit of balance between that because existing ONC certification would indicate what is already in place in certification. Then, there is SVAP that has opportunities to enhance to a more current version that may still not cover some of the new attributes being considered perhaps that we might talk about. So, I'm trying to understand a little bit the perspective on what we're looking at and, maybe not now but at some point in time, understand what are the boundaries where it says it needs to work with existing standards. Let's say FHIR US Core as currently available or it is needed to get an additional implementation guide that doesn't exist yet to make this happen or something else. That boundary is not totally clear.

Al Taylor

Can I make a comment, Steven? I think two things. The priorities that we listed in a previous slide were the priorities for this time around, not necessarily – that's our permanent standing orders to develop standards only that have already been part of ONC certification. The collective reason behind those three primary criteria was because of the overall burden of, not only developing health IT but also implementing health IT in the current pandemic environment. The reality that there are both developers and implementers that are still adjusting to adopting USCDI Version 1. Those things combine to really push us towards a really modest interval change. And it's not specifically that it has to be an ONC certification or it has to already be in US Core in order to be considered. But those were the limits that we recognized as reasonable limits for this time around.

Now, we may change the priorities in the future to focus on specific areas, maybe public health, maybe research, something like that. Or we may change the priorities just to be more expansive and inclusive for the next go around.

Hans Buitendijk
So, if I hear you correctly then, for the objectives and the charges up to April 15, if you will, the intent is to stay as close as possible to current standards and what's being certified after April 15, where we're looking at the next phase. Then, obviously, at that point in time, it might involve more new capabilities in order to achieve that. Is that a fair interpretation?

Al Taylor
Sure. We're looking for a comment, not only for the data elements but also the process itself. So, did we get the priorities right? Are those priorities reasonable priorities for us to have used to make the selection that we did make? So, if the comment was ONC definitely should have considered something else as far as a priority goes then, that's the kind of comment we'd like to see here.

Hans Buitendijk
Thank you.

Steven Lane
Other questions?

Ricky Bloomfield
This is Ricky. I have my hand raised. I'm not sure if it's coming across.

Steven Lane
Ricky, go right ahead. And I do now see that Mark also has his hand raised. So, Ricky, since you spoke up, I'm going to call on Mark first. Mark.

Mark Savage
Sorry, Ricky. Thanks. Two questions. One is we've heard about the voluntary nature of V2. I would appreciate if somebody would flush that out perhaps a little bit. And what brought it up for me on this call was the comment that we were also looking at applicable standards for D1. And so, I'm wondering if recommended changes to those applicable standards, for example if they were adopted, would be voluntary or would they be mandatory? Anyway, that's the reason why that brought a question of voluntary nature of V2 that came to mind. And the second question is about the third item on the prioritization areas. I'm wondering whether that is something internal or something to be telegraphed out to the public for them to consider as they make their submissions. Because if the latter, it seems like September 9 is close to an expected submission date. And I'm wondering whether that needs to be backed up a little bit. Thank you.

Steven Lane
I can take a stab, Mark, at your first question and then, let Al correct me just because I think it might be a little easier. So, the idea, as I understand it, is that ONC will publish Version 2 of the USCDI. That will, at that point, be out in the public sphere for everyone to see. But there are no requirements attached to that. All of the requirements are in rule making, which now, of course, focuses on what's in USCDI Version 1.

With the decision as to whether to include Version 2 in the standards version advancement process, or SVAP, as we'll get used to calling it here that elevates the new version to the point that IT developers have the opportunity to utilize the new standard in place of the old standard with a confidence that they are on the path towards what will almost certainly become future requirements so that their investments will be well placed. And then, at a certain point down the line, there is likely to be rule making that says now you're required to use Version 2. And that could be ONC rule making. It could be CMS rule making. It could be somebody that hasn't even been envisioned yet. And there could be rules that require us to use V2.

And that's the idea is that the USCDI version advances ahead of the requirement to give everyone fair warning and opportunity to develop to it. And Al, please flush that out if you can.

Al Taylor

Yeah. So, the issue about voluntary versus mandatory has to do with some – we are subject to various laws, including Administrative Procedures Act. So, we can't make things mandatory without rule making. But at the same time, we want to promote adoption and evolution of the USCDI to continue to advance interoperability of health data. So, the way that we do that is through this voluntary process of taking standards that are evolving, are updating on a regular basis every year or several times a year and allow these standards to be implemented on a voluntary basis to the benefit of the health IT users. And so, instead of making these changes to USCDI Version 2 and then, Version 3 and then, Version 4 and not having anybody adopt any of these incremental updates. And then, when it comes time around to do a new rule making process and we come out with the 2025 certification criteria, now there are 65 new data elements that need to be updated to comply with that rule. And we want it to promote gradual advancement of these and to provide those benefits of that gradual advancement to users.

Steven Lane

All right. Anything else? Great.

Jim Jirjis

Yeah. I have one quick question.

Steven Lane

Wait, specific to that one, Jim?

Jim Jirjis

Yes, it was going to be specific to that one.

Steven Lane

Okay. Go right ahead.

Jim Jirjis

So, I understand the certification may be one form of rule making. Do we anticipate that CMS in its lever of managing programs for which it's responsible for administration that that might be another avenue for rule making where CMS may require certain versions separate from ONC?

Steven Lane

Well, luckily, we have Michelle here maybe on mute still. And it was very intentional that we brought a representative from CMS because I think we're all well aware that CMS's rules carry a certain weight that is very important to the industry. So, Michelle, do you want to comment?

Michelle Schreiber
Yeah, thanks. Can people hear me? I had trouble before.

Steven Lane
Yes.

Michelle Schreiber
Thank you. Our intention is really to stay as aligned as possible. And that's really one of the reasons that we are so happy to be able to participate in USCDI and have a close collaboration, actually, with ONC overall because we recognize that for CMS to introduce rules and standards and so forth and so on, which we will have to do to really run many of the programs that we have, to diverge that from what we're trying to create as standard data elements and standard ways of transmitting data with ONC, that's not what we want to do. We want to stay very much aligned. But the truth is, as I look at the timeframe of some of this and as I look at some of the data elements that are now on Version 2 that we know we need to have – I'll give you an example. We have 57 ECQM's and only 4 of them are supported with elements in the USCDI. That raises an opportunity for divergence that we don't want. So, yes, we can do things with rule writing. We, certainly, have that authority. We all know that. But our intent is to remain as aligned as possible.

Steven Lane
And we're very happy for that, Michelle. I think it helps the industry tremendously. All right. Ricky, are you back on audio? Ricky was struggling to get back in though his hand is still raised. Let's go to Leslie Kelly Hall.

Ricky Bloomfield
Hello?

Steven Lane
Oh, Ricky, I'm sorry. There you are. Now, I hear you.

Ricky Bloomfield
I guess you can hear me now. I wasn't muted but something wasn't working right. It looks like the host had to give me microphone rights. Perfect. So, my question is very similar to Hans' question, which is that I think there are a couple of different approaches here. And this may be obvious to those who have participated in this work group before. But the USCDI can be expanded to support current profiling efforts that are already out there such as US Core, other work through Argonaut, other HL7 accelerators such as CARIN, DaVinci, Gravity. And then, there are also ways, I think, that this group could help push all of those and help inform future profiling efforts, which would be much longer term. And so, my question, and apologies if this is simple and I may have missed something, but have there been a set of defined principles that inform what our priorities should be so that we know that we're working towards some north star here? And is that something that was developed as part of the last round of the USCDI task force?

Steven Lane

Terry, do you want to take that? I think we did talk about principles and those contributed to the work of ONC.

Terry O'Malley

Yeah. Ricky, you're absolutely right. That's a murky area and an essential one. And it's one that we've sort of approached in several different ways. There are overarching priorities. And that's to increase the availability of data to patients and individuals to promote public health and research. So, there are some high level priorities that are out there. But in terms of, actually, identifying particular data elements or data classes that need to be advanced above others, we've sort of left that, at least in the early rounds, to more of a market based approach. And that is what does the community submitting comments think are most important. And there are limitations to that and we understand that just as there are limitations for setting overall priorities. So, I would say in summary that it's very much a work in progress. And I don't think we've identified a firm set of standards. Although, ONC has standards for implementation and for defining what the quantity and quality of data elements they get into the next version.

But I think that's something we can, as a task force, certainly weigh in on and, hopefully, we will. Steven, do you want to answer that better?

Steven Lane

No, I think that's great. And I think that as people have specific input on priorities, please bring them forward here. We can keep a list. And I think that will inform the work that we're going to be doing after April 15. I think that will be a key part of that discussion later in the year where we're going to want to keep the focus on Version 2, at this point, and helping to optimize that as best we can. Leslie, back to you.

Leslie Kelly Hall

Yes, thank you. Really in line with Ricky's comment that the update process and the selection process seems to be lacking any patient centeredness. And although we are talking about data elements, we can know how much of a particular data type is selected through current patient portals. So, informing our work based upon what patients use most often would help to make it both data specific and patient centered. So, although we have these high level principles that Terry articulated, breaking those down to specific criteria for selection and use, I suggest that we make sure that we're always looking in the eyes of the patient. Thank you.

Steven Lane

And before we move on, I don't see any more hands raised at the moment, I just want Al to finalize the response to Mark Savage's earlier question. So, hopefully soon, we'll be turning our attention to the updated applicable standards version as it applies to items from USCDI Version 1. The standards version advancement itself will also be considered optional or elective when Version 2 is published in and of itself. And it will only be once the decision is made to add Version 2 to the SVAP that those new standards will be applicable. And again, I don't want to say required but they'll be acceptable if you will. Can you clarify that, Al?

Al Taylor

Sure. Thank you. So, when we get the final Version 2 in July that will be one of the standards including things like QRDA IG's, which update annually, generally, other standards that are updating. Someday, FHIR5 will be out. That will be one of those ones that it's considered for addition through the SVAP process. If USCDI Version 2 is added as an approved standard for the standards version advancement process, what that means is one of the conditions of certification for certified EHR technology is that systems are subject to real world testing, which means that they have to perform in certain ways in the wild. And if a product voluntarily updates to USCDI Version 2 that means that that product will have to perform those updates. So, it will have to perform all of the new data elements. It will be able to capture and exchange the new data elements as part of USCDI Version 2, be able to capture, access, and exchange it through the different exchange criteria. And if the system is to update using the SVAP, it will have to perform on each of those updated approved standards.

So, it's voluntary to enter into that update using the SVAP standards. But if they do that, they have to do two things. They have to make sure that it properly uses all of the updated standards in SVAP and provide those updates to their customers. So, it's voluntary to enter into the SVAP program but it means that you have to do all of the things that are in SVAP including –

Matt Rahn
This is Matt Rahn. Can I clarify? Sorry. This is Matt Rahn with ONC. Sorry to interrupt, Al. To clarify, if you're going to update for a standard, it's based on criterion. So, say there was CCBA 3.0 that came out for transitions of care B1 and USCDI, you could update for both of those. But, ultimately, you don't have to update every specific thing that comes out into SVAP. It's criterion based just to be clear.

Steven Lane
Thank you, Matt. And just to continue the discussion about principles, I think it's a really good idea that we suggest to ONC that we expand our charge for Phase 2, if you will, which today says to comment on the prioritization process used by ONC. I think adding maybe a sub bullet there to say recommending a set of principles to drive that prioritization process would be appropriate. So, again, I don't think we get to change our task force charge unilaterally. We can, certainly, go rogue but we'd like to avoid that. But I think, Al, if you can take that back to the team and discuss it with Mickey, etc., and let us know if we can look at that modest expansion of our charge that would be helpful.

Al Taylor
Sure. Steven, can you be specific as to exactly what, if you're considering an expansion of charge, what expansion that would be?

Steven Lane
Sure. Let's back it up to the slide we were on before, the task force charge slide. Thank you. So, there it says the specific charge, Bullet 2, Sub Bullet 3, it says, "Recommendations for prioritization process used by ONC to select new data classes and elements for the draft V2." Actually, perhaps this goes under the third bullet, it says, "Prioritization areas for USCDI V3." But I think maybe a sub bullet there or addition that says, "Recommend prioritization principles and areas for USCDI Version 3." That might be the easiest way to add that in.

Ricky Bloomfield

And Steven, one perspective here is I think what this slide, at least to me what it speaks is that these are the things that we should be doing. So, this is the what. It also seems like the how is left a little bit more open and maybe I'm interpreting that wrong. And I would, actually, consider that coming up with a set of guiding principles to come up with these potential work products that there would be a little bit more flexibility in that. Or do you see that a little bit differently?

Steven Lane
I think I see it similarly. We intentionally gathered a group of very broad thinking individuals here. So, we're going to get what we asked for, which is a lot of great and varying ideas. I think corralling our ideas into a set of principles will be some work. The good news is there is time between April and December to do work, especially if you're all willing to meet over the summer. So, I think we're on the same page.

Ricky Bloomfield
Great. Thanks.

Steven Lane
Again, we do need ONC to give us permission to do that work if we're going to do it since we're using their resources here.

Clem McDonald
Can I comment? I raised my hand but I don't know if that's the right way.

Steven Lane
Actually, Clem, why don't you hold it? Hans had his hand up first so let's go to him first.

Hans Buitendijk
Thank you. Just a very brief clarification question. I think it was Al who indicated that adoption of USCDI Version 2 would require that you support everything in USCDI. Just as a note, particularly as we go into Version 3, 4, 5, and progress and USCDI gets closer and closer to EHI and includes more data that it would be very helpful to understand better, at some point in time, that some systems only support part of it because of the scope and the focus that they have. So, I think it's going to be very important, at some point in time, as we grow, as we add data is what are, actually, the expectations whether a system needs to support everything or that they need to support it for what they maintain. And that is a nuance and a challenge that we will run into the bigger that USCDI gets. So, just a clarification question whether it's already clear or that it's something that over time we need to really be aware of and understand what the expectation really is.

Steven Lane
Thank you, Hans. That is a very important point that Terry and I and the ONC team have discussed as well. And I think we will need to come back to that. Clem, do you want to go ahead?

Clem McDonald
Yeah. I just want to reiterate. There is some kind of easy, low hanging fruit. And I mean easy in the sense that it doesn't require inventing very much. It doesn't require labor on the part of the healthcare system. And that, basically, is the kinds of data that are already stored and collected, typically, from machines. Spirometry, EKG's. There's a whole smear of them that have some structured data that is fairly well

structured already. And it could be sent. And I think we should kind of get at those things. And there's a spectrum of them. Ophthalmology has some that we shouldn't get too inventive until we've kind of cleared the slate of the easy stuff.

Steven Lane

Thank you, Clem. You made that point earlier and I think it's a very good one. And I think it is something that we need to consider as we come back and provide comments on the criteria and process used to assign levels and add them to the upcoming versions. We are closing down the time that we have for the discussion of the task force charged priorities and breakdown. Terry, did you want to look at the applicable standards version slide and get comment on that specifically at this point?

Terry O'Malley

Let me sneak something in before that because I'm not sure if we're going to have time. And that's sort of how the task force work is going to be set up. So, we're going to have a set of work products that we're going to have to come up with to meet our reporting obligations. So, Steven and I will build a pretty detailed work plan for the task force. And with that will come homework assignments. So, we will try our best to get the homework assignment out at least a week in advance to have you guys have sufficient time to do what we're asking you to do between meetings. But I think it's just important. And, unfortunately, it's sort of bait and switch. We got you into the task force and now, we're going to add more work. But that's the way it goes. So, we will try to get that work to you. And we have a pretty ambitious schedule here and we'll do our best to get to it. Now, Steven, do you want to go to the appendix slide?

Steven Lane

Yeah. Thank you, Terry, yeah. And as Terry said, I put one little homework assignment into the chat inviting everyone to make sure that you've got a functional log on to the ISA site. So, if you missed that in the chat, go back up to it. I also want to make a comment in response to Grace. Grace, thank you for joining us and thank you for putting together some high level comments and concerns. I wanted to acknowledge that Terry and I did meet ahead of time and determined that we wanted to get early outreach out to a number of stakeholder groups. So, we sent a number of emails, maybe 30 or so, to different folks across the industry. Some of you, actually, got some of those before you were invited to join the task force. And we are starting to collect input from a number of sources separate from and in parallel to the formal public comment process, which is open today. So, we'll be collecting the input that we've received. I think, Grace, what you're contemplating together would fall into that category.

And we're going to determine with the ONC team how to get those kinds of comments out to all of you for consideration. But we're still working that out. So, now we've brought up the draft USCDI V2 applicable standards slide. And you'll recall that this was really our very first sub charge was to look at this and provide feedback. Again, we don't have a lot of time but I would be interested if anyone on the task force has specific thoughts about these proposed changes, either questions for clarification or concerns that you might have. And feel free to raise your hand.

Al Taylor

Steven, can I just make a quick comment?

Steven Lane

Please do.

Al Taylor

This is one of three major categories of changes that we did in USCDI. We updated the standards for the Version 1 data elements. That's one change. We reorganized the clinical notes data elements. That's the second change. And then, the third change is add new data elements and classes. So, this is only pertinent to the change that we made to update the standards. And I just wanted to be clear on that. This is not related, specifically, to those other changes that we made.

Steven Lane

And when you say reorganize the clinical notes, what you mean to say is that you moved certain notes into new data classes. Okay.

Al Taylor

Yeah.

Steven Lane

But there was no addition of new note types specifically.

Al Taylor

Right. And we didn't change any of the characteristics of the three data elements that we did reorganize.

Clem McDonald

So, this is Clem. I thought in the past, we agreed that some of these things that change regularly would be implied. We wouldn't have to explicitly say we got the new version. Maybe it didn't apply to ICD but I thought it did.

Steven Lane

Al or someone from ONC, do you want to comment? My understanding is that this is the process. That this version advancement occurs through this process where it's included in the next draft of USCDI then, added to SVAP. And at that point, it can be utilized by the IT vendors to satisfy their requirements.

Avinash Shanbhag

Hi. This is Avinash Shanbhag from ONC. I can comment on Clem's comment if it's worthwhile. Thank you.

Steven Lane

Please do, Avinash.

Avinash Shanbhag

Yes. So, Clem, you are right. So, what we have done in the past and in the regulations is that in USCDI that's part of regulations, all of the standards that you see here are the floor. So, when those go for certification, they can, if they want, upgrade to a later version. But that certification testing requires them to be at the version that is on the USCDI Version 1. The change that you see on the Version 2, once Version 2 comes and gets adopted and it's part of SVAP, if a vendor then comes and adopts Version 2, the floor version of the standards will be what you see on the right side. So, that's the distinction. So, if next year

when vendor A adopts via SVAP version, USCDI Version 2, the floor for our X norm is the January 4, 2021, version. Whereas if they are still on the USCDI Version 1, the floor for them is RX norm January 6, 2020, but they are permitted to move forward as needed when they implement. I hope that clarifies it.

Matt Rahn

This is Matt Rahn. Just to add on that, for the purposes of the certification program, you're capable of updating your product to newer versions of the vocabulary standards without going through USCDI or without going through SVAP or USCDI. So, there's a floor that Avinash suggested that is USCDI Version 1 right now. And you can go above and beyond that without going through the process of USCDI Version 2 or SVAP.

Steven Lane

Matt, that's a little confusing to me.

Matt Rahn

So, for the purposes of certification, you're allowed to update to newer versions of vocabulary standards in your product. So, new RX norm, SNOMED, CT. What is USCDI Version 1 is the floor. If you were updating your product, you can update it through newer versions than January 6, 2020. Does that make sense?

Hans Buitendijk

This is Hans. Does that mean, if I hear you correctly, that if you are not adopting USCDI Version 2, you may update to latest versions? You don't have to but you may. If you are using the SVAP or USCDI V2, if that's in there then, you must support these minimum floors if this is the floor that is defined?

Avinash Shanbhag

Yes. You got it right. The floor changes. So, what you saw in Version 1 floor that switches to a new floor if you adopt Version 2 via SVAP as it comes back. So, you got it right.

Steven Lane

And Avinash, also when a vendor elects to go to Version 2, does that mean that they will not only be required to use all of the new applicable standards but will also be required to simultaneously support all of the new data elements?

Avinash Shanbhag

Yes. As I think was provided. So, SVAP has applicable certification criteria that the vendors have to support. So, as part of the adoption of new standards to the standards version advancement process, vendors have to implement and adopt and comply to all of the applicable certification criteria. And they will be surveilled through the ONC's Cures Act conditions of certification real world testing requirements. So, yes. If they adopt newer versions, all the criteria that follow those versions can also be upgraded to be using it. So, if USCDI Version 2 is required for API access and a vendor adopts the Version 2 then, they're required to adopt USCDI Version 2, the API related type area in the authentication program.

Hans Buitendijk

And to clarify, Avinash, to the extent that that system, actually, maintains that as EHI, correct?

Avinash Shanbhag

So, there are two pieces to it, Hans. There is the certification criteria. So, that requires the certified product to demonstrate the capability of exchanging the information in the Version 2 of all of the elements. So, it's more of a requirement that the EHR or the health IT needs demonstrated capability of exchanging the set of elements that are part of the newer version of USCDI. That is a parallel, separate piece on information blocking where the electronic health information data provider would need to exchange is based on the information that they are storing and how as opposed to what is the entire USCDI for the first two years of the program. And then, obviously, in the future, it's the entire electronic health information. So, they are two separate activities. So, for the context of USCDI, the capability for the certified product will be to demonstrate the ability to exchange all of the information that's part of USCDI.

Steven Lane

So, that's a pretty tall order. I'm not sure that I fully understood that. It was kind of this all or none. It's very nice to hear from Matt that the vendors can go to these new standards separate from the SVAP process or making a full commitment to V2. And again, it's not our charge to question or comment on that. But it will be interesting to hear from vendors and see in the marketplace what that means that requirement to go through a one way door and have to do everything on the other side simultaneously. And I think it goes back to the question that Hans was asking, which is whether vendors can support portions of USCDI that are applicable to their use cases and customer base as opposed to being required to manage everything in USCDI, all of the data classes, elements, and applicable standards. So, Terry, we're over the line in terms of our desire to go to the next topic but I think it's all related. We want to focus on our timeline and meeting schedule.

So, again, if people have specific comments related to the standards that are proposed here for advancement, now that we understand a little bit more about how those standards act within our ecosystem, please prepare those between now and our next meeting. And we will, certainly, come back to this charge item towards the beginning of our next meeting. And we'll be interested in hearing any specific feedback regarding the standards themselves. Having said that, shall we go to the Slide 11, the task force meeting schedule?

Terry O'Malley

Do we have public comment to do at some point?

Steven Lane

We do but not for another five minutes.

Terry O'Malley

Oh, then we have plenty of time.

Timeline and Meeting Schedule (01:17:07)

Steven Lane

So, I'll say that this only contemplates this month. We are anticipating keeping you guys pretty busy between now and our April 15 deadline. But we're going to be kind of the same time, same station for the next few weeks. As Terry said, we'll be meeting with the ONC staff just after this and working out your formal homework assignments between now and next week. I hope you're all ready for this. These task forces can

be quite an opportunity to invest your energy. So, we hope you can do that. Any questions about the meeting schedule or cadence? Great. Our plan is to go to public comment in about four minutes. So, that gives us some more time. If you want to back us up a slide, I can now see the hand raises, by the way. So, if anybody wants to raise their hands, that's fine. Again, just clarifying our focus is, initially, this first specific charge focusing on the V1 applicable standards as we've been discussing and then, digging into the new data classes and elements from draft V2.

As I mentioned and as we will include in your homework email, if you just look up the public chat a little bit, I included a link to USCDI V2. And from there in the upper right of the screen, you'll see a site where you can log in and you can create yourself an account for the ISA, the interoperability standards advisory site. The navigation on this site is less than pristine. But you'll go and create yourself an account, a log in, and ID and then, you'll go back to the ISA site or the USCDI site and sign in. And then, when you do that, you do have the ability to add comments. Can you take us back, Adobe, to the standards slide? I know it's out of order and in a different deck. Does anyone have anything to say about the standards? I know, Clem, you and others, Ricky, etc., are deeply involved in standards work. I don't want to leave anybody out. But when we look at the applicable standards that are being proposed, does anyone have any concerns about those? Here comes the slide. Did they get them right?

Hans Buitendijk
These slides are predominantly vocabulary, which as indicated, that's already a progression in play. I think once we get to is the standard that the CCDA and FHIR, in particular, that have been called out to support the USCDI, do they have any gaps in order to convey that information. That's, I think, where we will find more potential questions once we get to that. But for vocabulary, it's already listed in there and that's growing already.

Steven Lane
I think you make a really good point, Hans. Sorry, go ahead.

Ricky Bloomfield
Sorry. I think it was a bit of a delay. I was just going to say that I agree with Hans here. I think these are the vocabulary and terminologies, which are pretty well covered in US Core right now and this is what it points to. And so, I think it makes sense to update versions of these. It would probably also be good to look through, based on the new elements that have been added to US Core or those that will be proposed, to make sure that these still fit any of the new ones. I think part of that work was done when US Core was updated recently. But we might just want to verify that that's correct. But in general, this looks okay.

Steven Lane
Leslie Lenert? Dr. Lenert, your hand is up. Can you hear us?

Leslie Lenert
Yes.

Steven Lane
There you go.

Leslie Lenert

Hi. Can you hear me?

Steven Lane

Yes.

Leslie Lenert

Great. Thank you. I just wanted to comment that we need a result identifier still. As we're passing data around between all of these systems using USCDI, we need to know when a result is a duplicate or when it's a new one. And I'm not sure this is V2 but it would sure be nice to have that on our agenda so that we didn't have this problem with endless replication of data as we pass is around from person or institution to institution.

Steven Lane

And Les, I think you raised a generic point, which is, inevitably, people will have new data classes and elements pop into their mind as they're doing this work. And I invite everyone to first make a trip to the USCDI website and see if that has already been submitted by somebody else, see if it's been leveled or how it's been leveled by the ONC, see what kind of comments are there because all of us, as individuals, certainly, have the opportunity to contribute to that process. So, we are at time for public comment. And we're going to try to be really careful to respect that time. Accel, do you want to take us through this?

Public Comment (01:23:08)

Michael Berry

Operator, can you open up the public comment line, please?

Operator

If you would like to make a 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 line. And for participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys. One moment while we poll for comments.

Steven Lane

And while we're waiting for the comments to come forward, I just really want to encourage members of the public who have joined us for the meeting to feel free to deliver comments verbally. It's always very helpful.

Operator

There are no comments at this time.

Steven Lane

Well, there you go. Again, public members, you're also welcome, as I said, to contribute to the chat and we will save that off and be able to make reference to it in the future. All right. That brings us to three minutes before the hour by Microsoft time. I suspect Apple time is the same these days. Leslie liked that. Does anyone have any other contributions to make before we call it a day?

Michael Berry

Steven, we do have a hand up.

Steven Lane
Oh, we do. Look at that. Sorry. Leslie, that would be you.

Leslie Kelly Hall
I'll pass. You guys covered it. Thanks.

Steven Lane
Very good. Well then, again, thank you all for your participation today. Great group of real industry experts with many different perspectives, which is exactly what we want to bring forward to the ONC. We will, hopefully, get homework assignments out to you today so that you can get to work. Actually, since we have one moment, I know that Aaron Miri, you joined us and you were unable to introduce yourself at the beginning. I don't know if there are any other task force members that missed the introductions. But Aaron, do you want to say hi and say who you are real quick and why you're here?

Aaron Miri
Sure. I appreciate that. I know all of you and most of you know who I am. But Aaron Miri, CIO of University of Texas in Austin. Also, co-chair of the HITAC. And I look forward to this. This will be good. I've just been listening and taking notes and looking forward to getting to the meat of this.

Steven Lane
Are there any other task force members that didn't have a chance to introduce themselves at the beginning? Great. Terry, do you want to close us out?

Terry O'Malley
Yeah. Thank you all. We really, really appreciate the time you have spent and are going to spend on this. And it wouldn't be possible without your effort and your participation. So, again, just really thank you so much for being part of this. We look forward to it. It will be a busy but fun couple of months. See you next week.

Steven Lane
Everybody stay safe and be well. See you next week.

Adjourn (01:26:20)