



The Office of the National Coordinator for
Health Information Technology

Transcript

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

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

VIRTUAL



Speakers

Name	Organization	Role
Leslie Kelly Hall	Engaging Patient Strategy	Co-Chair
Steven Lane	Sutter Health	Co-Chair
Ricky Bloomfield	Apple	Member
Hans Buitendijk	Cerner	Member
Grace Cordovano	Enlightening Results	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





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

Operator

All lines are now bridged.

Michael Berry

Okay. Thank you, Operator. Good morning, everybody. I'm Mike Berry with ONC. And I'd like to welcome you all to the USCDI Task Force. We really appreciate you joining us today. I'm going to get started with roll call. We have a pretty packed agenda today and I'm going to start with our co-chairs. Steven Lane.

Steven Lane

I am here. Good morning.

Michael Berry

Leslie Kelly Hall.

Leslie Kelly Hall

I'm here. Thank you.

Michael Berry

Ricky Bloomfield.

Ricky Bloomfield

Good morning. I'm here.

Michael Berry

Hans Buitendijk.

Hans Buitendijk

I'm here.

Michael Berry

Grace Cordovano.

Grace Cordovano

I'm here. Good morning.

Michael Berry

Jim Jirjis.

Jim Jirjis

I'm here.

Michael Berry

Ken Kawamoto. Les Lenert. Clem McDonald. Aaron Miri. Brett Oliver. Mark Savage.





Mark Savage

Good morning. Here.

Michael Berry

Michelle Schreiber has a conflict today so she won't be joining us. Sasha TerMaat.

Sasha TerMaat

Good morning.

Michael Berry

Andrew Truscott.

Andrew Truscott

Present.

Michael Berry

Sheryl Turney.

Sheryl Turney

Good morning.

Michael Berry

Dan Vreeman.

Daniel Vreeman

Good morning.

Michael Berry

Denise Webb.

Denise Webb

Good morning.

Michael Berry

Good morning to all. All right. Thank you all. And I'll turn it over to Steven and Leslie.

Past Meeting Notes (00:01:41)

Steven Lane

Thank you so much. And I got my camera working today so that's a good thing. Welcome, everybody. Welcome, Leslie, to your first meeting as an official co-chair. Leslie and I had a chance to meet prior to today's meeting on a number of occasions. And I think our plan is that I'm going to do most of the voice over co-chair roles and she's going to watch for hand raising and help to manage the conversation. So, again, thank you all for showing up. This is our agenda. We're, actually, going to modify it slightly. That fifth bullet where it says "Texts 1B and C", I think what we're going to try and focus on is Texts 1A and B and





try to finish those up as best as we can because we do have a presentation to make next week to the HITAC with our progress to date. And it seems to us that it makes sense to deliver our near final recommendations related to Texts 1A and B and then, come back and focus on 1C in our final presentation to the HITAC in April.

So, unless anyone including AI has a concern about that, we'll make that slight change to the agenda. Hearing no concerns, we'll forge ahead. All right. So, let's go on in the slide deck here. Actually, no, I apologize. We can stay here. So, past meeting notes. Just to remind people, we have been working on the notes. We've got a three part or four part process for reviewing them. So, they're taking a little while. But we've got the notes from our last three meetings up and posted for your review. You can access those, again, by going to the ONC's HITAC calendar, going to the date of interest, clicking on the link. And then, when you open that up, you will see a lot of material from each of our meetings, including the agenda, the slides, the meeting transcript, the audio recording, as well as now meeting notes once those are completed. So, we've got the notes up through our first three meetings. February 16 is now close to the last week not yet posted. But even for last week, you've got access to the meeting transcript and audio as needed.

And, again, we're not formally approving notes but we are inviting people to review them. That was part of your homework and to bring forward any comments or concerns. So, did anybody find anything of concern or questions related to the notes that they've had a chance to review? Great. AI or Mike, did you want to add anything related to the notes?

AI Taylor

I don't have anything else. We're not asking for people to go study and memorize all of the notes. Just to look for anything just to help refresh their memory. It's not meant to be a reading assignment.

Steven Lane

Great. And I appreciate that – sorry, was that a comment? Okay. I appreciate that some task force members are not able to get on Adobe Connect just yet. Jim, I think I noticed you were on audio but not on Adobe. And then, some folks have joined us since roll call, including Clem and probably some others. So, welcome, everybody. Okay. So, I think the next item up was going to be a little bit of a USCDI overview. And I think this is where we were going to ask AI to jump in and try to kind of recontextualize all of this for us just to make sure that we're all on the same page. I think a lot of the commentary that has been coming up in our task force discussions really has to do with what does this mean, where is it going, how is this going to fit in with the industry, why are we really here. And we felt that it would be a good idea for AI, who has really taken ownership of this work at the ONC, to come and recontextualize it. So, AI, do you want to take us through that?

USCDI Overview (00:06:35)

AI Taylor

Sure. Thanks, Steven. I'm going to share my screen. And I'll incorporate these slides into the main body of the slide you sent in the separate attachment. We'll have them posted afterwards. Let me see if I'm doing this right. What am I doing here? Okay. So, thank you, Steven. A couple of things that I wanted to cover is, first of all, where we're at in the process. And this may sound kind of elementary but I wanted to just as a quick reminder about where we're at in the process. Up until the end of October or the very beginning of November of last year, we were in the submission review process for submissions that would be considered





for inclusion of USCDI Version 2. That submission period ended in October. And as a result, new ideas, new submissions for what could go into USCDI Version 2 ended then. And so, we went through that process over the fall, at the end of the fall, and into the winter, the draft prep period, which is when we published and then, we published the Draft V2 on January 12 of this year.

And then, we entered the public comment period. So, this public comment period is on the submissions that were received up until the end of October. And the idea is the new submissions are going to be submissions that are going to be considered for Version 3. And I just say that because we have to draw the line somewhere about when submissions were needed to be coming in. And so, that's where we're at. We're in the public comment period of the submissions that came in under V2.

Steven Lane

AI, if I can just add to that to say that a lot of the comments that we've been getting from task force members really have had to do with things that they would love to have seen in Version 2 but that weren't even submitted. So, it's really important to realize that there is an opportunity to keep submitting new data classes and elements. And that opportunity exists today. But it's not something that this task force is focusing on.

AI Taylor

And it's not something that ONC is focusing on right now. We have the submission system as open for business. But the stuff that's being submitted other than the comments on old submissions, the stuff that's being submitted will be considered this fall for inclusion in Version 3. Thank you for that clarification, Steven. So, we've seen this. And the thing that jumps out, this is the Draft Version 2. And what jumps out to me and to most everybody else is how little has been added. And we did that on purpose for a variety of reasons we've already explained. I can touch on them again. But the reality is we – well, I'll talk about the why. But I think everybody would agree that this is a very modest change or modest addition of hard data elements for the next version.

Clem McDonald

This is Clem. I just want some clarification. So, there were some intermediate versions of USCDI that had stuff in it that I think was a bit fake and mislead people. So, there is no need to submit for something that was in it but had disappeared. So, I think there is a problem with that.

AI Taylor

Clem, I want to clarify what you're asking. But maybe we could do it offline. And if we need to clarify it to the whole task force, we can. I think that we talked last time about something that ONC published back in 2018 called The Draft USCDI. That was more of a guiding document or the white paper about what our intentions were. A lot of things have changed since we published that. But that should not have been considered to be what USCDI is. It was really a document for everybody to get an idea about what we were planning on doing with this new data set called USCDI.

Clem McDonald

I thought there was one in December. And there are things on it that no one would have submitted because it looked like it was already sort of on the way.

AI Taylor





So, I'm not sure what you're referring to. We published – all of the submissions were made available, made public as they came in. And those were posted on the Level 2 tab. And then, from that Level 2 set, we picked the new data elements to go into Draft Version 2.

Clem McDonald

Well, I'll come back maybe offline. But I think there was some miscuing of submitters when they saw stuff that was already there that they didn't need to submit it.

AI Taylor

Okay. And if we need to fix the process for next time, that's one of the reasons we're here.

Leslie Kelly Hall

Steven, Andy has a question.

AI Taylor

Okay. I'm not tracking the hands raised.

Leslie Kelly Hall

Right. Andy has a question for you.

Andrew Truscott

Thanks, Leslie. Just a quick question. On this last bullet point on here, it's relevant to information blocking until 2022 but not after. Is that the right sentiment? I would have thought that it's relevant to information blocking full stop. And in October 2022, it's not just USCDI. It's a whole bunch of other stuff.

AI Taylor

Yeah. And I did want to talk about that because info blocking is top of mind to a lot of people that are trying to implement USCDI.

Andrew Truscott

Yeah. But those you have is the sentiment of that bullet point is well, USCDI is only relevant up until October 2022, which is not the case.

AI Taylor

No. It specifies what constitutes info blocking until October.

Andrew Truscott

I know. We all get that. We all get that. But that bullet point could lead the less informed to believe otherwise.

Steven Lane

Point well taken, Andy. Yeah. We can fix that.

AI Taylor

It, basically, defines info blocking. It's the content that would constitute info blocking. That's the definition for info blocking until October 22. Is that a better way to say it, Andy?





Andrew Truscott

Yeah. I think we can tweak that sentence. Given these are in the public domain, we probably want to clarify.

Al Taylor

Yeah. So, thank you for that. Sorry, go ahead. Did somebody else have a comment? Okay. So, the other key pieces that I wanted to talk about with USCDI is that the most important is that this is a core data set. It's not an expansive data set. It's not an all inclusive data set. It's a core data set who the primary use cases are patient accessed to their own data and other interoperability needs, some of which are defined by ONC certification requirements and for their other use cases that reference USCDI as well. I think, as everybody knows, it grew out of the common clinical data set to address additional identified interoperability needs. And the CCDS grew out of the MU common data set, which, by regulation, only addressed, basically, one single use case, which is the EHR incentive program reporting requirements. That was how it was defined as the MU common data set. So, we expanded use cases and, therefore, expanded some of the data elements that were included in it.

We have always thought about the – since the concept was originated, we have always intended for this to be a modest expansion based on identified gaps in USCDI. And we see at least some of those gaps addressed in the Draft Version 2. But the basis of that expansion is based on, not only the gaps but also the feasibility of implementation. And there are multiple layers to that feasibility. One of the reasons that we wanted to make it a modest expansion is so that people would uptake it. If we add another 50 data elements to USCDI Version 2, I think a lot of people would find that too taxing to do, especially since it is voluntary and it will remain voluntary until we published a new final rule. And the other key point because this is a core data set and not an expansive data set is that the data elements in USCDI, any version, may not include all of the required data elements for any particular use case be it for any reporting program, any patient centered use case, any quality or safety use cases, even payment or even documentation of use cases.

It may not meet all of those. And that's because it has to be a modest expansion. And then, Andy's point about the USCDI and info blocking and the date for October 22, 2022, is that after that date, all electronic health information that a system maintains will be subject to the info blocking provisions. And that's a whole other conversation for that info blocking. But the USCDI does pertain to info blocking up until that point. But after that, it is more directly relevant to just the other interoperability needs that we've defined before. And so, looking at the modest expansion, we've seen these numbers before. We had a lot of data elements and even data elements that were mature enough and reasonably feasible enough to be considered. But again, 109 data elements that came in, not to mention the other 500 that came in that didn't meet that criteria, was, obviously, just too many to add incrementally. And these are the criteria that we published before.

This information is available in the prep sheet that, I think, lot of users have used, a lot of the task force members have used to submit their submissions. But these are the criteria that we used and that we continue to use to evaluate what even is considered a Level 2 data element, not even what might be included in USCDI.

Leslie Kelly Hall

We have another question from Mark Savage.





AI Taylor

Go ahead, Mark.

Mark Savage

Yeah. Thanks. Good afternoon. This is a good place, AI, to raise my question. And it also goes back to the earlier slide where you were talking about criteria and used the word modest expansion several times. It seems to be not just a factor but sort of a driver in the strategic thinking behind the USCDI. And I'm wondering if you can say a little more. In my mind, that's not the only way to look at things. You could start with what the ecosystem needs and ask how much can we add to USCDI in order to meet those needs instead of – I'm just structuring things artificially. Instead of saying we are only going to make a modest expansion because that's the primary factor. And this Level 2 description perhaps is a good illustration of why to ask that when you've got things that are the criteria that must be represented, that it's at scale, all of those different factors, they sort of seem pretty ready.

So, to summarize, can you say a little more about why modest expansion is so important here?

AI Taylor

Well, the modest expansion is intended to promote adoption because this is a voluntary process. We can't require it. We can't require adoption of Version 2. And that was made clear to us as we drafted our proposed rule, the USCDI final rule. So, we recognized that a large expansion just would not be adopted voluntarily. And we've gotten that feedback from a lot of people. There are people who commented that even this incremental change is a lot. So, we're trying to promote that modest adoption. The modest increase is meant to promote adoption and begin to meet the needs of a variety of use cases. I understand that –

Leslie Kelly Hall

We have another question. I'm sorry. We have another question from Andy.

Andrew Truscott

Going from Mark's comment as well, if you just flip back to that slide of bullet points, please. Okay. So, the modest expansion promotes incremental adoption. I must confess, as a professional systems integrator in this space that isn't how it works. Modest expansion promotes delay up until expansion stops and then, up to incremental all in one day. So, I think if there is a sense here that by gently adding we can gently bring forward people, that's probably not how the real world will work. That's just my sense. Mark, I'd appreciate your feedback on that as well.

Mark Savage

No, I think we're seeing that in action. Thank you. Or we're seeing that in delay.

Leslie Kelly Hall

And Hans, you had a comment.

Hans Buitendijk

Yes. And it's a comment and a question clarification. And during a private discussion, there has been a discussion to say could the USCDI adopt at least those data elements that in both CCDA and FHIR US





Core are, actually, already required to be supported to implement if you're part of certification. And that means that there is a group of parties that, by adoption, actually, has a larger set of USCDI being supported, effectively, than others. Yet for other aspects and other uses of USCDI that would not be discoverable data that's included. So, it's still not totally clear to what that rationale is. That variation in scope that, effectively, is in play and that there is a group that, actually, already is adopting additional data what the rationale is not to consider at least the data, in the standards to interoperate, and that would be the logical choice that when you do electronic exchange, whether you're certified or that that not be considered and that that step could not be taken. That would be helpful to better understand that variation.

AI Taylor

I think that – I wonder if that echo is from me. I think it is.

Steven Lane

You're better now.

AI Taylor

So, thanks, Hans. I think we've said this before. The CCDA and the US Core are not the only two uses for USCDI. They're used for other things, not only for certification criteria. They're used by other programs that may or may not need all of the data elements that are part of US Core or in CCDA. And so, that's one of the reasons why we're not simply in lock step. Also, the delta between all of the data elements that are required in CCDA and all of the data elements that are required in US Core would significantly expand the USCDI beyond the data elements that are required for either. Those two are not in lock step as far as what the data requirements are, the must supports, the should supports. Those things differ fairly significantly. And that's one of the reasons why we don't have applicable standards for a lot of the data elements that are in USCDI already is because of the differences in the data requirements or the standards requirements for the different data elements across just those two different exchange standards.

So, it was not meant to simply be a catalog of every data element requirement for both of those.

Steven Lane

AI, do you have more material you're going to cover or is this it? Because we're at the –

AI Taylor

This is the bulk of it. I think this is pretty much it. I know we've got to move on.

Leslie Kelly Hall

We have one more question from Grace if we have time.

Steven Lane

Okay.

Grace Cordovano

Thank you. As a newcomer here, I'm trying to listen and learn and get up to speed. But in submitting comments, the task force will note that I put in a lot of detail. And I'm sort of reflecting on major points as this is the core data set required for patient access to their own data, trying to be modest but also mindful





of what, from the patient and care partner perspective, has not been reflected to date. So, I'm trying to find that balance. I tried to present things from a broad spectrum so the task force is aware of glaring gaps that I see from the patient and care partner perspective but also being mindful on how to do you select and prioritize modest changes. I'm not sure also there was a question earlier about our responsibilities to put our recommendations into the spreadsheet and how to best streamline that process. So, at whatever point in this meeting we can also touch on that, any recommendations that may be reflected. Is there a plus one? Do we add a name? Do we add our comments? How do we streamline this line up for the group in total?

Task Force Charges (00:27:23)

Steven Lane

That's great, Grace. Thank you. We'll definitely touch on that as we get to that. So, I hope this was helpful having AI review this context for all of us. We all come to this work with a different set of priorities. And I think it's worth knowing what we can focus on and what we can't for now. So, we can always come back to this. So, next up is to take us back to our task force charges and review those quickly and kind of talk through some of this. This should be familiar to all of you so I'm not going to read through it. Our focus really between now and the middle of April is on Charge 1. Then, we will transition to Charges 2 and 3 thereafter. A question was raised in the chat by Leslie, which she and I had also discussed, which is really related to what is being included in the Draft Version 2 or what will be included in Draft Version 3 based on this question of would it be more logical to bring over data classes as a whole with all of their component data elements or does it make sense to go individual elements within a data class building that out over time.

And I think, Leslie, you've had some conversations with at least one vendor about that. Do you want to contextualize that question?

Leslie Kelly Hall

Well, I hear the frustration about a lot of the synchronization or the lack thereof that happens across all of the use cases of data elements. And we do have classes of data that are ubiquitous in use. There is the provider information and the provider location, the patient demographic and others. And so, I think Clem called it stingy, why are we being stingy. But the real issue is if we're talking about modest or easy to adopt, is it easier to bring classes of data versus picking and choosing data elements at the time. And that's really a question for the group. Hans and Sasha, I'd love to hear your comments on that.

Hans Buitendijk

Yeah. I'd be able to make a comment. On the one hand, that would, indeed, be helpful. But within certain classes, is it really always clear what really the most important things are? And when you look at how the then supporting standards are being looked at, you see a progression and an adjustment to say hey, within the classes, a lot of data that could be used, we can pick an encounter or any other one. But then, there is some data within it that really has to be supported. And there is a lot of optionality then still left that the question is that is that okay or acceptable to be optional over time. A great example from last week that I'm sure that still resonates is that encounter diagnosis doesn't happen to be indicated as much support, yet it's important. So, how do we indicate then that from a USCDI perspective and sharing information that such elements become more important and that they should not be left as optional? On the side, whether everybody has the data naturally or not. So, how do you do that?





So, I think it's a very challenging question that just mentioning the classes I don't think is enough. Having to go through all of the details is too much. It's somewhere in between so that we recognize a key topic like encounter diagnosis that otherwise might not be included by somebody because the standards says it's optional. How do you know and how do we collectively know that it's, actually, an expectation to do that? So, I don't think we can stop at class. We have to go somewhere at some level of attributes to make sure that it is the minimum set within that that there is no ambiguity as to what the expectation is. Yes, there are questions about maybe not every program needs it. the other part is that maybe not every stakeholder needs it or could support it. Is everybody going to have claims or is everybody going to have explanation of benefits or other things? So, there are those stratification questions that we still have. But there needs to be a basic understanding. Ultimately, as we grow to EHI, what is it that we exactly expect that is now fully exchangeable without question?

And what is data that is not in a group because it has other purposes as well? So, I think it's unavoidable.

Tasks 1b and 1c (00:32:24)

Steven Lane

Thank you for those comments, Hans. And I think that we're going to have to struggle with putting some of that down so that we can include it in our report back to HITAC. So, let's think about how to draft that up. I know you did a great job drafting some other detailed comments this week. So, we'll have to come back to that. Okay. So, as I said at the beginning – and Clem, I see your had is up but let me just sort of get this out. We really do have a presentation to make to HITAC next week on Wednesday the 10th. We have the rest of this meeting and next week's meeting to pull together what we're going to share. And I think that, realistically, we should be able to share our recommendations related to Tasks 1A and B. But while we've catalogued a lot of ideas, we have not finalized our recommendations for any of them. So, that's what I'd like to do for the bulk of the rest of our meeting. So, I know this group can easily get caught up in deep, philosophical conversations and I hope that we can stay focused on this task so that we can have something to deliver next week.

And then, the 1C issues really does the large body of work, which is what are we going to recommend back to ONC that we pulled forward from Level 2 into Version 2. That I think we'll be focusing on probably starting next week. But we're not going to do too much on that this time.

Leslie Kelly Hall

We do have one more comment from Clem.

Clem McDonald

I appreciate the challenge you're facing with this herding of cats. But coming back to the question, I don't think we have the bandwidth to tackle one at a time every single thing in the classes. And I wonder whether there would be a possibility of taking the union of CVA and FHIR and then, picking out a few ones that we modify and try to submit a bigger chunk. But that would be offline homework for somebody. But I just think we're never going to get done if we take it one bite at a time.

Steven Lane

So, that's a great observation. And I think it sort of goes to what we saw in USCDI Version 1, which is that the hope was that all of the elements would already be represented in both CCDA and FHIR. I don't know.





AI, do you consider that a criterion for bringing things into Version 2 that they be represented in both CCDA and FHIR and would that, potentially, the approach that Clem was suggesting, create kind of the denominator for what we would be considering? Or was that really how you defined what you brought into Level 2?

AI Taylor

We considered whether or not the elements that we brought into Version 2 did have implementation already in CCDA or FHIR or US Core. But it wasn't the only criteria. I think that answers your question.

Steven Lane

Yeah. I think so. And I think to Clem's point, as we're talking through our Charge 1C and looking for Level 2 classes and elements to suggest being included in Version 2, we, certainly, I would think that we would want to make sure that we select those that are already in both CCDA and FHIR. So, thanks for that, Clem. Okay. So, what we'd like to do next, a little behind schedule, is pull up the documents from the Google drive. I just want to remind everybody while AI is pulling that up that we do have two documents. One that we have constructed collaboratively as a group and which includes the comments that people have put voice to here. A number of you have, effectively, added comments to this. Some rather lengthy. Some of this came from Clem, some from collaborations of others. So, those comments have been captured. And I think all of us can see those. You just look for the little orange widget in the corner of the field to be able to access those.

And then, we also put up a second document. AI, are you going to be able to bring up the documents?

AI Taylor

Yeah. I'm doing it now. Let me share it.

Steven Lane

Perfect. That's great. And then, the second document, which is called USCDI Task Force Member Recommendations, editable, a number of you have taken the opportunity to populate, Grace, Hans, Sheryl, Leslie in particular. And I think the idea was that we would be collecting our ideas there, discussing them as a group and then, bringing them over into the shared document. So, Grace's question, which is how do you sort of plus one something or say yeah, I agree, thumbs up, like, I think you can, certainly, do that in the group document. That is to say the recommendations tracking document to a comment on a cell. And I think in the member recommendations documents, I would think that the easiest thing would be to add yourself as a member in Column B that has an interest in something that's already been posted. I think, again, as we mentioned at the very beginning, some of Leslie's and Grace's recommendations are very similar or overlap similarly.

It would just be nice to keep the recommendation and the justifications together. So, if you have a recommendation or justification that's different than the one that was already put in there, just put your name on it with a colon perhaps and say, "This is what I want to add." Okay. So, does that answer your question, Grace?

Grace Cordovano





Yes. I just wanted to add a comment to also if the task force member is adding their name to Column D and perhaps if they have additional justifications for recommendations to also add that in Column J.

Steven Lane

Yes. I agree. I think that makes sense. Does anyone feel differently? All right. So, AI, I appreciate that you can't see our chat because you're now displaying. And what AI is displaying is the shared document of our recommendations. And what I did was I went through and I sort of color coded the charges thinking that it would help us to kind of think this through. So, I would propose that we start with those items that relate to Charge 1A and just kind of go through those and see if we have some agreement as to how we want to include or not those items as recommendations to the HITAC. So, reminding you that Charge 1A is commentary that we'd like to offer on data classes and elements from USCDI Version 1, including applicable standards and version updates. So, that's kind of where we're starting. And I know this is sort of hard to see. What I would suggest, AI, is maybe – well, what I would suggest to everyone is that you pull it up yourself if you can on the screen and look at it in whatever magnification works for you because it's going to be hard for us to see the whole thing.

I think, AI, you're probably as zoomed in as you can get. Though, we could probably live without the date column and you might be able to zoom a tiny bit more but whatever works. I can read that on my screen and I hope others can, too. So, the first item here, and I'm going to just try to have at this and, Leslie, you watch for hands if people want to jump in, was Dan's recommendation from our first meeting about applicable standards and his comments that there is going to be a new version of LOINC before ONC publishes V2. And wouldn't it be nice if that was referenced as an applicable standard? And I think we talked about this, AI, and I think you said that it was likely to occur. Can you just clarify so that we can capture that as a recommendation?

AI Taylor

Sure. Yeah. That was our intent that we wanted to publish the most recent versions of the applicable standards from across the board. Unless there was some objection to a particular version of an updated standard that was our intent. Dan, regarding the June 21 version, only because it's so close to our publication date, there is a chance that it can't be – I'm pretty sure that we would be able to incorporate that most recent update. We did that with Version 1. We published standards that were as late as January of 2020. So, I think that's likely and that would be our intent to produce the most – have the most updated standards available in time for publication.

Clem McDonald

This is Clem. I thought that it already was settled that vendors were encouraged to take the latest one or they didn't have to ask permission.

AI Taylor

That's right, Clem, on an individual basis. They can update individual standards. But USCDI is a collection of them and so, if you were to update the USCDI Version 2, you'd have to update all of the applicable standards to say that you updated to Version 2.

Clem McDonald

Right, right. But the issue about to email easily, the standard is moot because you can do it.





Steven Lane

So, it's a little different but that's fine. I think the question that I have then is simply do we need to include this in our recommendations back to HITAC and the ONC. Or since this is already on 2's intent, can we just leave it at that? Does anybody feel strongly that this should be included in our recommendations?

Clem McDonald

Well, it wouldn't hurt to make it clear.

Steven Lane

All right. Very good. And I'm capturing this in real time to the right under Task Force Discussion and then, the next one over, Task Force Decision. So, if we can display those, I'll shrink down some of the columns to make it easier to see. Okay. Good. The next Item 1A also from – sorry?

Hans Buitendijk

Just a quick procedural question. If I understood the questions correct, I put in C2 my name with agreed under TF member. Is that what you were looking for so that we can go through it? That's where we put it?

Steven Lane

I think that's fine. I don't think it's necessary. I don't think everybody needs to agree. We're, certainly, interested in disagreement. But I think, in the end, we're going to assume everybody agrees. Our goal is to come up with a shared recommendation.

Al Taylor

And Steven, you could capture support, individual or collective support, under the Task Force Discussion column as well. I know that, Hans, you can't edit that particular – any of the cells. But we could capture support or lack of support in the discussion part.

Hans Buitendijk

And we can add comments to just clarify that if you want to – okay. Got it.

Steven Lane

Okay. So, let's see if we can stay on a roll here. The next one was also Dan's related to assessment and plan of treatment asking for clarification. And I believe that Mark and Dan are working on that. Would either one of you like to comment?

Mark Savage

This is Mark. I'm happy to jump in. I took a look at going into Dan's comment in more detail. He helped us out by putting it in writing on the website. And I thought that it might benefit if we worked together quickly, since I understand time is sensitive, and we tried to come up with a joint understanding of the issue and that might be a good recommendation back to the entire task force. Dan, that was an email I sent late last night. Dan may not have even had a chance to see it. So, Dan, I welcome any thoughts you might have.

Daniel Vreeman

Sure. I'd be happy to come back on that one.





Steven Lane

Great. and I think if you guys can turn something around over the course of the week, we can review it at our meeting next week and still probably include it if not in the slides that we distribute to HITAC, but at least in our voice over. Thank you for that. Terry O'Malley submitted the next couple of comments. Sorry, Leslie? Was that you? No? Okay. Was there a comment from somebody? Okay. Terry submitted the next two. And I think we did have a chance to discuss some of them. The first on Row 4, the notion of laboratory tests and whether we should sort of try to squeeze in the other kinds of test results under this data class of laboratory tests, whether it should appropriately include cardiac testing, pulmonary testing, sleep labs, etc. And if it should not because, of course, there is a cardiac lab and a pulmonary lab. But I think the common usage of the word lab is the laboratory that does hematology and chemistry and pathology and whatnot. But the question was if those could or should be included within the definition of laboratory tests. And if not, should there be new data classes or elements introduced to capture those additional results.

So, any thoughts from either AI or other task force members. Clem?

Clem McDonald

I very much support the sentiment that we should get those other tests in because they're so important and they're not that much harder. But they're not laboratory tests, which, typically, requires specimens. I don't think we can confuse it, although I love the idea. But I think we should push to get value. All diagnostic tests being delivered. Patients are supposed to get them now by law. So, it doesn't seem like it would be that big of a leap. But it's the issue about the size of the things we ask for. It's not a lab test by most definitions.

Steven Lane

Any other thoughts?

Grace Cordovano

So, as I was going through this, I came up with circumstances like this where I wasn't sure where certain things fell. And there are no examples in the Draft 2 to look it up. So, a question like this, my gut is that this should be procedures. But where would I, as a newcomer and a layperson, go to double check that? Is it in the proposed or in the standards? How do I go about looking into this?

Clem McDonald

These would be diagnostic reports and/or observations with results. If it's without results, that's a whole longer discussion. And FHIR procedures are already things that are invasive.

Steven Lane

And Grace, I think it is – we do differentiate the procedure from the result. Knowing that a procedure was ordered, was performed, was paid for is different than, actually, having the results of that procedure. So, I think, in that sense, they are considered somewhat separate.

Leslie Kelly Hall

This is Leslie, We have two questions first from Daniel and then, from Mark. But before we move on, I do think the other point that Grace was making is that having some sort of example that can be referenced from anyone of the tables in the USCDI so someone can see what that looks like in real time, what a report





looks like, specifically, might be quite helpful. So, I think that was what she was suggesting. Is that correct, Grace?

Grace Cordovano

Yes.

Leslie Kelly Hall

Super. And so, Daniel, we have the next question from you.

Daniel Vreeman

Yeah. I was going to concur with Clem. I love the idea of the expanded diagnostic test. In the context of LOINC, the short and sweet version of how we define a laboratory test is, basically, test the measurement performed on a specimen removed from the patient. And that's different than a pulmonary function test or some other formal testing that can be done without taking something out of the patient. I would also agree with Grace's point that having those core anchor points and definitions, particularly for procedures would be extremely helpful because that one, in particular, I've seen a lot of confusion about how do we define what a procedure is. In general, FHIR's and HL7's historic perspective has been it's an activity with an intent to alter the physiologic state of the patient. But I think a bigger point, it would be great to have a definition with some examples. I think it would help a lot of people.

Steven Lane

Great. So, in terms of our recommendation around this, it sounds like there is support for the sentiment of assuring that cardiac pulmonary, what have you, other kinds of procedures that result in results should be shared. But it doesn't really belong under laboratory testing because they're not laboratory testing by definition. And therefore, it seems like this really becomes not a Task 1A but a Task 3 where we're talking about what should be considered for future versions of USCDI. Is that acceptable to people?

Al Taylor

Steven, this is Al. I just wanted to point out to task force members that diagnostic studies and exams is a data class that was submitted by CMS in support of the quality measurement work that they do and they require. And that was a Level 2 data element. And if folks can look at that and consider whether or not it becomes a recommendation to add diagnostic studies, exams, which does include results, by the way, according to the definition of that data element. And I'll put the link to the –

Clem McDonald

Well, that sounds like a big doorway in which we can get these done. That's good.

Steven Lane

That's okay.

Al Taylor

If it were to be a recommendation and that particular data element seemed to fit the bill then, the recommendation would be one C recommendation to add diagnostic studies, exams, data element to V2.

Clem McDonald





Hallelujah.

AI Taylor

And I can't put the link in the chat. I can't put a link in the chat. Well, here, I can do this. This is the data element. It's the diagnostic studies, exams. Can you guys see the USCDI screen?

Steven Lane

Yes.

Clem McDonald

It's tiny.

AI Taylor

Okay. How is that, Clem?

Clem McDonald

Oh, great. Well, that's the answer.

AI Taylor

So, that could be a recommendation from the task force to add the diagnostic imaging. Again, that would constitute the gap in USCDI and the recommendation could be to add that data element to maybe even a data class to USCDI.

Steven Lane

No, that's great. I think we get it. So, there are going to be a lot of these things where there are data elements in Level 2 that we want to recommend moving to V2. That's our Task 1C. So, we're going to update this one. This is no longer Task 1A. This is now Task 1C. And we'll update that over time. Okay? So, I want to move on.

Leslie Kelly Hall

Okay. Mark has one question, Steven. Mark has a question as well.

Mark Savage

Thanks. I think in light of the conversation, I'll pass. Thank you.

Steven Lane

Okay. And I hope you appreciate my color scheme. I'm doing reverse rainbow order for my colors. So, the next one under 1A was Terry's recommendation about provenance. This one got a plus one from Sheryl, thank you. That there's a need for a data element to specify when data was reviewed and by whom. Again, this is really a recommendation for a new data element. So, even though I categorized this as 1A because it was a comment on a data class that was included in Version 1, I think it really should have been included as a three because we can't do this. It's not in our charge to recommend new data elements. So, I'm going to update that. And do people have comments on this?

Clem McDonald





I think we should pass on it. It's really complicated because it's not even clear whether that's reviewed in lab. And there are already ways of choosing a marker. This is someone in the clinic looking at it and then, it's much more complicated. So, I don't think we can just bite this off without a lot of work.

Andrew Truscott

Yeah. I'm with Clem on this one. Provenance shouldn't be a discrete data class or element. It should be something that's a bit more ubiquitous and spread across everything. And it's definitely not for quick, we need to get something into HITAC for consideration. This is worthy of an entire work stream that, eventually, you drive separately.

Steven Lane

But it is a data class. And there are elements. So, I don't think we're going to undo that but I think your point is well taken. I like Clem's words. It's complicated.

Mark Savage

Can I just add that for whenever this is considered in the future to reflect the by whom might be by what? Sometimes, review might be an automated process.

Steven Lane

That's a really good point. Okay. Good. Did you want to comment there, Al?

Al Taylor

I was just going to say that this particular data element, the data review is on the receiving end. And provenance references the sending of the source in. So, I'm not sure if that's an appropriate data element for provenance.

Clem McDonald

Exactly. It's complicated.

Al Taylor

Well said, Clem.

Clem McDonald

Thank you, Al.

Hans Buitendijk

Also is that HIT system may not capture it. They may but they may not pass it along. Mark, it's not going through the entire chain so agreed with the complicated part.

Steven Lane

All right. We're on a roll. We're going to keep going. We're focusing on 1A. The next one was Clem's comment about diagnostic imaging. Kind of similar to Terry's comment about labs, does imaging extend beyond radiographic images to include visible light images, essentially, and/or videos. And comments on this.





Clem McDonald

Well, I assumed it did. And I heard affirmatively that it did. And it's called diagnostic imaging, not radiology imaging. But let's see what the rest say.

Steven Lane

AI, do you have an ONC position on this?

AI Taylor

I'm just reviewing the data element description. And diagnostic imaging does include more than radiographic. And I think that I'm just reviewing the data element description in USCDI. But it's an anti-imaging procedure. And how it's described in US Core, I think, is pretty close to what it ought to look like. And so, there's three different categories. Imaging, cardiology, and one other one. It might be GI. But anything that's imaging, including visible light images.

Steven Lane

And it includes video, correct?

AI Taylor

Imaging modality but we're not talking about the image element itself, the image file. We're talking about the test or the result report.

Steven Lane

Right.

Hans Buitendijk

I've got a clarifying question on that. Because at times, you're talking about it's any imaging or it's any diagnostic imaging. Is the distinction being used that diagnostic images are those that are used at based upon which a diagnosis made for those other images that are in place that could be used for illustrative purposes but are not used to, actually, make the diagnosis? Is there a distinction that you're using there in the way you describe it? Because I wasn't sure if you were going to use the terms whether you were going back and forth between the two or whether it's all together. Because there's a distinction.

Clem McDonald

Well, it says diagnostic imaging. I think that says what it is.

Hans Buitendijk

I would agree with you, Clem, based on reading it. But I thought I heard AI mention a couple of things that sounded like it went beyond that by referencing imaging, in general. That's why I wanted to make sure.

AI Taylor

I just meant that I think that the data element – let me just look and see which column this is here. Data class. So, The question in H6 is does this data class – could the data class include images beyond radiographic images and the answer is yes. Any imaging procedure that has a result – that produces a result that's used for diagnostic purposes would be included in this.





Leslie Kelly Hall

And AI, you just clarified that this was a result of a report and not the images themselves. Is that correct?

AI Taylor

Yeah. The image was there was a recommendation for images to be included that was not – the image file, which is up another data element under diagnostic imaging, I think that it was recommended by someone during the submission process. And that just wasn't added for a variety of reasons.

Andrew Truscott

And we're not going to add it, I think. We're keeping diagnostic imaging to be the narrative, the order, and the report, correct?

AI Taylor

Yeah. But I think we're going to get to the issue of whether narrative and report are the same thing or inclusive. But yes.

Steven Lane

So, here, again, to put this one to bed, we have what we asked for, the clarification. Does this need to go into our report to HITAC or would it just be unnecessary?

Clem McDonald

Like a commitment to get some examples into the definitions so people –

Steven Lane

Yeah.

Daniel Vreeman

Yeah. My recommendation would be to include it because what we'd like to see is it reflected in the text of the USCDI because if we have this question, I'm sure others do, too.

Steven Lane

Okay.

Andrew Truscott

So, to Grace's point though, do we want to clarify the definition of what we're calling diagnostic imaging that includes screening or exclude screening? Just be deliberate and specific.

Steven Lane

When you say screening, do you mean, for example, screening mammograms? Is that what you're referring to?

Andrew Truscott

Yeah.

Steven Lane





Yeah. It's still a diagnostic image. But, certainly –

Andrew Truscott

So, this is being explicit. And to Clem's point, colonoscopies, lesser images, cardiac ultrasounds, they all come under DI as well.

Clem McDonald

That's what I heard.

Leslie Kelly Hall

And to Hans' point, if a narrative includes reference to another type of supportive device like a 3D modeler being included, that's just part of a narrative, not an explicit, separate report and that's cool.

Clem McDonald

Be aware that a lot of these have images in the paper report or pediatric or whatever. The picture will be in there. It's, certainly, true with polyps in colons, colonoscopies and stuff.

Steven Lane

Okay. I want to press on if we can. So, I think we've clarified this Row 6. I want to keep going on the 1A's. There are no more 1A's on this tab. So, we're going to go to the 1B's. So, let's go to –

Clem McDonald

I would give up on this one as it's got my name in it and let Hans run it. He has developed a response.

Steven Lane

Oh, you're talking about Row 7 now. Okay. So, Row 7, that's fine. Yes. Hans did add a nice, long commentary in Column J. Al, can you bring that up so that people can see that? I don't think you can –

Al Taylor

I don't know that I can display the whole thing but it's here.

Steven Lane

Yeah. You have to kind of scroll through it. Hans, do you want to give us the upshot here?

Hans Buitendijk

Sure. So, going back and forth between Ricky, Clem, and myself. And we were asked to put in a little bit of a clarification recommendation together. So, the summary of that is that agreement with having the diagnostic imaging section and moving the narratives for lab and for diagnostic imaging to those respective sections. But then, a suggestion that crosses both diagnostic imaging and the laboratory class to not use the term narrative, to focus on the report. And that as part of the report that it's clarified that the report is inclusive of narrative notes to summarize findings, impressions, conclusions while also including information that may be encoded, qualitative, and/or quantitative in nature. And then, we put in a little bit of the breakdown of what it then would look like there. But the essence there is not to use the term narrative, not to separate that out. Have a part of report in either of those areas so diagnostic imaging report, laboratory report, pathology report.





And then, as part of defining a report to indicate it's a combination of inclusive of, narrative, findings, impressions, conclusions, and encoded, qualitative and/or quantitative data that is pulled together there in context.

Clem McDonald

So, there is another twice on this because I think there is already a column called Imaging Report by itself. And that specifies a whole bunch of codes that can be used to name the report. If this is going to be a new creature, it will create ambiguity, too. So, I'm not sure what you're meaning exactly, Hans. Is this a new term or is it just in the same box where we've talked previously about diagnostic studies?

Hans Buitendijk

In the same box. It's in the same box. So, in the box of diagnostic imaging, the suggestion would be that there is the diagnostic imaging order and there is the diagnostic imaging report. But there is not a diagnostic imaging narrative separately in that box. Similarly, in laboratory, there would be laboratory reports, pathology report, but not laboratory report narrative, and pathology report narrative. That's where we were starting to go with the roundabout.

Steven Lane

All right. I think this does a good job capturing the discussion that we've had over a series of meetings. And what I would propose is that we go ahead and include this in our HITAC recommendation. Does anyone feel otherwise?

Clem McDonald

Everybody is nodding.

Steven Lane

Yeah, everybody is nodding. And I'm sorry. My video went on the fritz again. So, it's not that I don't want to look at you. Okay. The next one up in Row 8 was related to laboratory report narrative. I assume we will address this similarly, correct?

Clem McDonald

It's done, yeah. It's all one.

Steven Lane

Okay. Good. All right. In Row 9 – and also, there were similar comments, I think, on this that Grace included in the accessible spreadsheet and possibly Leslie. So, if you guys feel that your concerns have been addressed, maybe you can just delete that from the other spreadsheet so we have less to go over in the future. On Row 9, we've got about 15 more minutes before we go to public comment. I just want to make sure we're tracking here.

Daniel Vreeman

Can I ask one question about the lab report narrative?

Steven Lane





Is that Ricky or Dan?

Daniel Vreeman

This is Dan.

Steven Lane

Dan, sorry. Okay, sorry.

Daniel Vreeman

My question was whether, for Clem and the others, there was a separate thread around the potential overlap between lab result values and lab report. Was that part of this proposal or discussion or is that separate?

Clem McDonald

I thought it was already separated but maybe Hans can say something.

Hans Buitendijk

Yeah, it was separate. We did not, specifically, talk about that. So, there are still other topics that we would have to discuss that we were not intending to lump that together.

Clem McDonald

Well, we should, ideally, see what the next version would look like.

Hans Buitendijk

Right. So, I think if I hear you directly, Dan, is that if you see the notes and it has what would result in the updated categories, the absence, it does include tests and value results in the laboratory area. But we did not, specifically, talk about it. We just focused on the report aspect of it. But the test and the value results are still there. And on the diagnostic imaging side is where you see that narrative one was dropped because it was suggested to be part of the report. Does that help clarify to the extent that we talked about it?

Daniel Vreeman

Yeah, it does. I think there was a separate thread about potential confusion around the values versus narrative results. But I understand what you just said.

Steven Lane

Dan, if there is specific language you'd like us to include in the HITAC recommendations, please put that in as a comment on the cell 8J and we'll capture that. Okay?

Daniel Vreeman

Got it.

Steven Lane

Super. Dan, the next three are all yours. This had to do with care team members, provider name, identifier, and role. For provider name, I think the suggestion was to change it to care team member name, same for identifier, care team member ID, same for role, care team member role. So, it's a labeling change. And I think that's a sensitivity to what Grace and others have registered, which is that care team members,





certainly, go well beyond providers. And Clem has clarified that other individuals can still get the appropriate ID's. So, I think this is something that we feel pretty comfortable with. Dan, I think you also suggested elevating provider role to Version 2. So, those are two separate issues. So, that's a 1C issue. But let's address the 1B issue and then, come back to this when we get to 1C. So, does anyone have any concerns about us recommending to the HITAC that these labels get changed to care team member as opposed to provider?

Clem McDonald

No.

Leslie Kelly Hall

Mark, you had a comment. Is that relevant to this?

Mark Savage

It may be if I was following the conversation. Just flagging that there are many different elements that jump back and forth between individual, provider, care team, "all", and to see if this change might clean up some other data elements. No need to look at that now on this particular recommendation though. Just flagging.

Leslie Kelly Hall

That it could help with overlap.

Mark Savage

Correct.

Leslie Kelly Hall

Okay.

Mark Savage

And clean up. This might take care of some other things.

Steven Lane

All right. And again, I'm trying to capture our discussion as we go along. So, if people see things I'm getting wrong, please let me know.

Hans Buitendijk

And Steven, on Row 11, agreed to include that to go to care team member. Using the term role as part of the definition of that would be very helpful to indicate that it's the role of the member in the team. And the reason for that to be as precise as possible is that when you start to translate into the standards and what's available, one might otherwise go to a construct that is not appropriate to be used.

Mark Savage

Agreed. Can I just say something on that?

Steven Lane

Go ahead.





Mark Savage

There are many things about care team members that are important. They're flagged in other data elements like contact information, demographics, that kind of thing. Are we, specifically, just limiting to role at this particular point? And if so, just making sure that the other things get included in some way. Thank you.

Steven Lane

So, I think, Mark, you're referring to additional data elements, right? This is a specific data element, which is role. Other data elements that we might want in the future would need to be submitted in Level –

Mark Savage

I'm raising the question primarily because what could be read as a broader term, care team member, is now being called care team member role, which could be seen as being just a subset of what was broader. That's why I'm flagging the question.

Steven Lane

So, the member itself is already in Version 1. So, that one is established. In that Version 2, they added provider name and identifier. So, we're just talking about changing the label to care team member name and identifier. And then, in Level 2, there was included provider role, which we're also suggesting a change in the label and now, we're going to, subsequently, make a 1C recommendation to pull that into Version 2. Does that make sense?

Hans Buitendijk

And Mark, I think if the definition is done more precisely along the lines that I suggested then, it should be clear that it's the role of the care team member in that team. Because otherwise, I would agree with you that it might start to look differently than what the intent is. And it might otherwise lead to a different construct in the standards to support that.

Clem McDonald

Just a point of information that if everybody used the NPI, you'd have address – you'd have all of the other stuff connected directly to it publicly available.

Hans Buitendijk

Yeah. The challenge is that a care team member or caregiver of the patient, you indicated before that it's technically possible they could get an NPI. But the caregiver of a patient might not have that or will not have that.

Clem McDonald

I agree. Yeah.

Steven Lane

Okay. Good. Moving on, sticking with 1B. I think Row 16, I think, again, was the issue of a narrative. There is a question should granular guidance be included in USCDI and/or in implementation guides. I think this was a point that Ricky raised, does this belong in USCDI or does it belong somewhere else. But I think, again, our decision was that we want to, for path, lab, and imaging, make the same clarification. Is that fair?





Unknown Speaker

Yes.

Steven Lane

Okay, good. All right. I think we've captured that. Now, we got six more minutes. I want to come back and touch on the 1C's. I think we already talked about Row 4. Now, let's come back to Row 11 and just ask the question does everybody agree that the care team member role should be elevated from Level 2 to Version 2 when ONC publishes that. Does anybody disagree? Okay. And we're going to end up with a lot of these, right. Add to Version 2. So, we've taken care of that. And then, again, sticking with our 1C theme, Terry recommended under the laboratory data class clarifying the boundary of laboratory tests. So, it's really the same – we already talked about that. I'm sorry. Let's keep going. Row 13, Dan, care team members, provider identifier, add identifier type. We had a lively discussion about this. This was a recommendation to add that from Level 2 into Version 2. And Grace, you commented on this.

Daniel Vreeman

Steven, would it be all right if I commented quickly?

Steven Lane

Yeah, go ahead.

Daniel Vreeman

So, I think the right way to do this would be that it would be a part of the overall identifier or data element because, as we discussed, typically, an ID data type element has these two components, the identifier itself and then, the system we're seeing that created that identifier. So, I don't know that it necessarily needs to be a separate thing. It needs to be carried along with the identifier, I think, is the main point. So, that's kind of if I were making a recommendation, it would be just to recognize that as a data type, it is covered as sort of a two part or sometimes a three part if there is a label in there as well as a code in that coding system. So, it's included in the master identifier thing.

Steven Lane

All right. Is everybody comfortable with including this in our HITAC recommendations.

Hans Buitendijk

As an update to the text?

[Crosstalk]

Hans Buitendijk

Yeah. As a part of the definition of the identifier, I agree it's not needed to do that separately. That might lead to incorrect assumptions.

Steven Lane

Perfect. All right. The next one, Row 14. And I'm pushing us to get to public comment. It came from Michelle, in fact, the last three did. Clarifying time and counter time. I think there were a number of comments about





this. I think, Grace, you included one as well. This needs work. We don't know what this means exactly. Was it scheduled time, actual time, duration, etc.? I think that we're not going to solve this. I don't think we have time to put together, excuse the pun, a specific recommendation. But I think that we should include in our HITAC recommendations that this be clarified for implementers. Does anyone want to add more to that or a counter proposal?

Clem McDonald

It might be fixed already either in the Medicare forms for submitting encounters and/or by FHIR. I kind of vaguely think that you can have an interval with or without both ends. It may be solved. So, maybe just we could hold it and take a quick look. But I don't know for sure though.

Steven Lane

But, again, I think the fact that it's included, it might be specified in greater detail in FHIR doesn't mean that it's specified in greater detail in USCDI, right. Go ahead, Al.

Al Taylor

Steven, I think that if I could for a minute, I think that asking for clarity is great. We'd love to be able to provide a more clearly readable, understandable standard. I think the point of reference should be what's the current data element definition for encounter time, which is a little bit broad and more inclusive. And it reads, "Specifies the date and time associated with an encounter for clinical context. This would include admission and discharge dates for hospital encounter or a time/date for an office visit or appointment." And so, it could include a range. Potentially, it could be duration but it would apply to both inpatient and outpatient. And so, the fact that we included a timing element around encounters is, I think, the key point. So, referencing the definition as listed, I think, is a good place to start.

Clem McDonald

It doesn't say that –

Leslie Kelly Hall

We have one more – no, I agree with you, Clem. Hans had a comment and a question before we go to public comment. Do we have time, Steven?

Steven Lane

Sure.

Hans Buitendijk

The question and comment that I would have is that agreed that, generally, the way Al described it is it allows for a period or single point in time as appropriate, inpatient stay or outpatient visit. I think the comment that Steven made about is it the scheduled date/time, is it the actual date/time, I think that would be helpful to clarify that when we talk about the encounter that we are talking about the actual start and possibly end time rather than schedules. So, that would be helpful to clarify that as part of the definition. And if we're talking about appointments at some point in time that that is being looked at perhaps in a separate discussion.

Steven Lane





So, I think it's fair to say that we want to request greater clarification in future versions. But at this point, it kind of is what it is based on the current definition. Is that fair?

Hans Buitendijk

Some clarification can be had by just being more specific that when we talk about it, it's not the scheduled date and time.

Clem McDonald

Yeah. It's encounter time, which means when it really happens.

Hans Buitendijk

Yeah. The actual time that it started.

Steven Lane

Okay. We are at time, if you will, for public comments. Operator, go ahead.

Public Comment (01:24:44)

Michael Berry

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

Operator

Yes. 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 take your comment out of the cue. 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. There are no comments at this time.

Steven Lane

Very good. Thank you so much. So, we do have just a few minutes left. I would like to see if we can complete Michelle's prior recommendations, which had to do with encounter disposition and encounter location. And she had recommended elevating these from Level 2 to Version 2. She made a good argument that these were useful for CMS quality reporting. And I think other people sort of weighed in that they also felt that these would be valuable. Does anybody want to weigh in one way or the other about whether we should include encounter disposition and location in our recommendations to –

Clem McDonald

Do it. I see a lot of nodding.

Steven Lane

Does anybody feel differently? All right. Wonderful. So, I'm going to –

Clem McDonald

We'll give you two gold stars for having gotten us through this. You deserve it.

Steven Lane





Well, there's more to be done. So, what I'd like to do though, I'm really quite pleased that we got through this. Leslie and I are going to be working with the ONC team to, actually, start to put together some slides to capture these recommendations so we have a sense of the format and the content. And then, what I want to do next time is do the same kind of line level review of whatever is left in the task force member recommendations. I'm counting on Grace and Leslie to collaborate and collapse their duplicates into individual items. I think some of what Sheryl added probably might fit into those. It might be different. I see that Andy is starting to have his way this document. So, I would really invite people also to fill out Column B, the task force charge number because at least for me, it's easier to think about it that way. Are we commenting on things from Version 1? Are we commenting on things that were added to Version 2 draft?

Or are we commenting on things that are in Level 2 that we want to pull forward into Version 2 draft? So, again, our primary focus for our HITAC presentation will be 1A and 1B relevant issues as opposed to 1C. So, my hope is to get through all of the things that are flagged as 1A and 1B next week so that we can include those. I would tend not to want to include any of our 1C recommendations in the HITAC presentation on the 10th because I think that's going to just be a whole body of work. And the things that today, we said yes, you should bring it forward, we might change our mind as we're looking at a broader group of them. So, my goal is that 1A and 1B recommendations ready for HITAC on the 10th. Questions? I think we have another slide, which is just our dates. Do we not? Maybe not. Anyway, we are – it was the prior slide. There we go. Thank you. So, we are going to just keep on going. I don't know about the rest of you, but I think we have plenty of work to do.

We're just going to keep meeting weekly for now. Maybe we'll give ourselves a little break after April 15. Time will tell. Any parting comments for the good of the order?

Clem McDonald

Good job, Steve.

Steven Lane

Thank you, Clem. It's always a pleasure.

Leslie Kelly Hall

Nicely done.

Steven Lane

Thank you, Leslie, for your partnership. We'll see you all next week.

Adjourn (01:29:22)

