



# Health Information Technology Advisory Committee Interoperability Standards Priorities Task Force 2021 Virtual Meeting

## Meeting Notes | April 8, 2021, 2:00 p.m. – 3:30 p.m. ET

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### Executive Summary

The focus of the Interoperability Standards Priorities Task Force 2021 (ISP TF 2021) meeting was to identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications. Robert Dieterle of the Gravity Project presented on their recent work and fielded discussion questions. David McCallie reviewed the updates to the scoring and prioritization of the TF's areas of focus and recommendations. A list of potential experts and presenters who may offer input at future meetings was shared.

There were no public comments submitted by phone, but there were several comments submitted via the chat feature in Adobe Connect.

### Agenda

02:00 p.m.	Call to Order/Roll Call
02:05 p.m.	Introductions
02:20 p.m.	Project GRAVITY Presentation
03:00 p.m.	Correction to Results from Prioritization Voting
03:15 p.m.	Obtaining Additional Expert Input
03:25 p.m.	Public Comment
03:30 p.m.	Adjourn

### Call to Order

Michael Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 2:01 p.m. and welcomed members to the meeting of the ISP TF 2021.

### Roll Call

#### MEMBERS IN ATTENDANCE

##### David McCallie, Individual, Co-Chair

Ricky Bloomfield, Apple  
Cynthia Fisher, PatientRightsAdvocate.org  
Ming Jack Po, Ansible Health  
Jim Jirjis, HCA Healthcare  
Edward Juhn, Blue Shield of California  
Victor Lee, Clinical Architecture  
Les Lenert, Medical University of South Carolina  
Clem McDonald, National Library of Medicine  
Ram Sriram, National Institute of Standards and Technology



## MEMBERS NOT IN ATTENDANCE

### **Arien Malec, Change Healthcare, Co-Chair**

Valerie Grey, New York eHealth Collaborative

Ken Kawamoto, University of Utah Health

Raj Ratwani, MedStar Health

Sasha TerMaat, Epic

Andrew Truscott, Accenture

## ONC STAFF

Michael Berry, Branch Chief, Policy Coordination, Office of Policy (ONC); Designated Federal Officer

## General Themes

### TOPIC: PROJECT GRAVITY PRESENTATION

Robert Dieterle presented an overview of HL7's Gravity Project's recent work.

### TOPIC: ISP 2021 TF PRIORITIZATION & SCORING

David briefly described the proposed framework for prioritization of the ISP TF 2021's areas of focus and work and explained that, though it was updated, the scoring information did not change the TF's rankings.

### TOPIC: OBTAINING ADDITIONAL EXPERT INPUT

David described the ISP TF 2021's plan to continue to obtain expert opinions and feedback to better inform the TF's recommendations to the HITAC.

## Key Specific Points of Discussion

### TOPIC: WELCOME AND ISP TF 2021 OVERVIEW

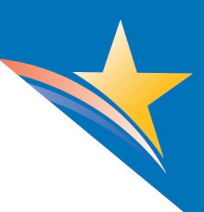
David welcomed ISP TF 2021 members and explained that his co-chair, Arien, would not be in attendance. He briefly reviewed the agenda.

### TOPIC: PROJECT GRAVITY PRESENTATION

Robert (Bob) Dieterle, Gravity Project Technical Director, thanked the ISP TF 2021 for the opportunity to present, introduced himself, and gave a brief overview of his background in standards work.

Bob discussed the importance of social determinants of health (SDOH) information and shared specific examples of how it could improve care and lower cost. He added that unmet social needs, which include food insecurity, housing instability, and transportation barriers, negatively impact health outcomes. He explained that the Gravity Project was launched in May 2019 as a spin-off of the Social Interventions Research and Evaluation Network (SIREN) as a multi-stakeholder public collaborative to develop data and exchange standards to represent patient level SDOH data documented across four clinical activities: screening, assessment/diagnosis, goal setting, and treatment/interventions. Later in 2019, the Gravity Project officially became part of the HL7® Fast Healthcare Interoperability Resources (FHIR®) Accelerator Program, which was designed to assist implementers across the health care spectrum in the creation of FHIR Implementation Guides and other documents. Gravity has convened over 1,800 participants from across the health and human services ecosystem, and Bob listed examples of project participants, which were also included in the presentation materials. The Gravity Project Management team members were also listed.

Bob discussed Gravity's two broad work streams, which included terminology (18 different SDOH domains of focus) and technical (HL7 FHIR) aspects. Details around the terminology team, collaborative structure, and the terminology work streams, which were broken down by SDOH domain and project phase, were included on various slides in the presentation materials. Bob directed TF members to the published Gravity Data Sets, which are available on the Gravity Project's Terminology Workstream online dashboard on Confluence at <https://confluence.hl7.org/display/GRAV/Terminology+Workstream+Dashboard>. Also, the Gravity Project



submitted a number of new code sets to the ICD-10 Coordination and Maintenance Committee and is in the process of getting them accepted for publication. The date of publication has not been announced. Bob displayed the 2021 Gravity Roadmap and project timeline in the presentation materials and discussed upcoming milestones. He recapped the process by which terminologies are defined and consensus approved as SDOH data elements in the various domains, and then those coded SDOH data elements are used to define specific sets of clinical activities. Finally, those are tied back into the FHIR implementation guide (IG).

Then, Bob detailed the Gravity Project's technical work stream. He stated that the SDOH Clinical Care IG is a framework and supports multiple domains. The IG supports the following clinical activities: Assessments, Health Concerns / Problems, Goals, Referrals, Consent, and Aggregation for exchange/reporting. He discussed the scope of the Gravity FHIR SHOD Clinical Care IG and referred to process and supporting coding information depicted in the presentation materials. He described the process by which a defined Logical Observation Identifiers Names and Codes (LOINC) Panel survey is converted into a FHIR Questionnaire, which is then executed/administrated to create a set of resources. He discussed a depiction of the initial workflow to enable SDOH interactions in the initial IG and explained how they identified interaction and variables outside of the IG. He also explained the consent exchange process for the SDOH Clinical Care IG, which included consent for exchanges by HIPAA and non-HIPAA covered entities. An expanded workflow guidance for other actors was created as a result of stakeholder feedback, and Bob noted that an additional set of exchanges will be included in the IG and reference guide. He described the interactions that will occur between patients, providers/electronic health record systems (EHRs), payers, government entities, community-based referral organizations (CBROs), and community-based organizations (CBOs).

Bob summarized the results from the January SDOH Clinical Care IG balloting process, including the results of ballot voting, ballot comments submitted, ballot reconciliation status, and timeline. They aim to have the IG published in June 2021. He described current work that is underway with the National Library of Medicine (NLM), the Regenstrief Institute, and other stakeholders to advance tooling that supports the multidomain Gravity IG, externally maintained value sets, and questionnaires. He highlighted upcoming work, including a Connectathon, and initiatives and invited TF members to join their regular meetings, held on Wednesdays from 3-4:00 p.m. EST. Contact information and links to engage further with the Gravity Project were included in the presentation slides.

## DISCUSSION:

- David thanked Bob for the presentation and asked if Gravity addresses the capture of race, ethnicity, and gender-related nomenclature and interchange.
  - Bob responded that they have focused on this by adopting the US Core profiles uniformly across providers, payers, and CBOs.
- Ricky thanked Bob and congratulated the Gravity Project on their wide scope and the work that has been completed. He asked if there is an assumption that workflows already exist within the EHR/other software or if the Gravity Project's other work is to help define and produce these workflows with vendors via the Connectathon.
  - Bob responded that some workflows exist (depending on the EHR), and many major vendors have already adopted standards. Gravity's work is to determine how to represent them in FHIR and exchange them and to define high-level exchange goals for determinants and health. They do not want to preempt work that is already being done by others. Work is being done by some EHR vendors around interventions and referrals, but this is an emerging environment; work is not yet being done by electronic exchanges, so FHIR-based standards are being defined.
  - Ricky discussed the Argonaut Project's work around care plans and related challenges, including creating structured data and getting care teams to enter it into EHRs.
  - Bob suggested that because payers have not already constructed these platforms, they have an interest in this space and will be early adopters (before EHR vendors).



- Victor inquired about the potential gap in authority to enter SDOH codes into EHRs and asked if the scope of ISP TF 2021 would allow for work around clarifying this topic. Data sets are only as good as the data that have been entered.
  - Bob responded that there is no formal authority requirement, and there are questions around what information can be exchanged without patient consent in a HIPAA-controlled environment. There might be patient concerns around the exchange/use of sensitive SDOH documentation.
  - David asked if the IG makes assumptions around the process of capturing consent.
    - Bob responded that the only consent addressed is the consent given by the patient to the provider to share information with a CBO. It is likely this would be an attachment, not something that is computable, due to industry limitations. Work on standardizing consent across the industry (or portions of it) is underway, so Gravity will incorporate this work in the next version of the IG.
    - David responded that work that covers most use cases is a good approach.
- Clem asked about the burden of implementation and the survey instrument that was used. He also inquired about what percentage of providers would require these data entries.
  - Bob responded that this depends on what SDOH surveys provider organizations want to use, which quality measures are part of the process, and the decisions made by payers and other stakeholders. Gravity is trying to automate as much of the process as possible, instead of making these decisions on their own, by taking a LOINC coded survey and converting it into a FHIR questionnaire. This would be administered to an individual, and the output could be incorporated back into an EHR.
  - Clem noted that the system should be sensitive to the time it takes for physicians to enter information, including in care plans.
  - Bob responded that care planning is not covered in this IG – only the ability to exchange goals. Gravity has tried to reduce the burden on the provider.
- David asked if anyone is working on model workflows for the capturing and use of this information in conjunction with Gravity's work.
  - Bob stated that he has partners at the American Medical Association (AMA), who are sensitive to provider burden, and at the American Academy of Family Physicians (AFP), who was an early sponsor. The first question Gravity asks is always, "Will this inhibit or accelerate adoption?"
- David asked about how FHIR communications will work, technically, between all players and mentioned the example of a food pantry as one of the participants. Would they have to be FHIR-enabled?
  - Bob responded that Gravity is developing two workflows for participants: one for those that are FHIR-enabled and one for those that are only FHIR-capable. Gravity assumes that various frameworks will make it possible to connect and exchange data. Everything in the IG is designed as point-to-point, with the assumption that there could be an entity, like a health information exchange, could be in the middle. They would not assume that an intermediary is necessary, however.
  - David and Bob discussed the query process, and Bob stated that Gravity's current IG focuses on the referral process and sharing SDOH information. He discussed the variations in the steps of the referral process when FHIR peers exchange information and then explained how participants exchange information when one does not have FHIR capability. The eventual goal is a closed-loop referral process between the care provider, the patient, the payer, and any other participants.
  - Bob stated that Gravity is developing a reference of implementation that shows a clinical workflow, a payer workflow, and a community-based organization workflow to demonstrate how the processes would work. It will be open source for anyone involved to create their own environment.
- David asked for Bob's opinion on items the ISP TF 2021 should include in a recommendation to ONC, including suggestions for applicable policy levers.
  - Bob made the following suggestions for the TF:
    - Request that the Gravity Project's submission of an SDOH data class (including the associated data elements) is included in Version 2 of the United States Core Data for Interoperability (USCDI v2).



- Ensure that the Gravity Project's IG gets into the Interoperability Standards Advisory (ISA), so it may be cited.
- Consider citing the requirement for payers and providers to use/implement the IG. (Community-based organizations will need more time before being required to use it.) ONC, CMS, and HHS would provide regulations.
- Bob stated that the industry and society need to find ways to have interventions associated with health equity and social needs to become part of the coverage for individuals. Gravity is working with payers to cover the costs of food pantries, transportation, and other social issues that affect health. He stated that verification to ensure that a service has been ordered, delivered, and paid for does not exist yet, but payers are interested in it.

## TOPIC: CORRECTION TO PRIORITIZATION FRAMEWORK AND SCORING

David briefly explained the ISP TF 2021's approach and priority scoring process. TF co-chairs and members submitted input via email, and scoring was tabulated. Additional feedback was submitted, and mistakes in the tabulation were corrected. David stated that updates to the scoring were added to the spreadsheet showing the results of the priority voting but added that the order of the rankings did not change. He suggested that the rankings might be reprioritized following future TF informational and discussion sessions. Updated scores included:

- Health Equity Standards – 24.67
- Real-world evidence (RWE)/comparative effectiveness/RECOVERY-type data use – 20.33
- Care plans and chronic disease burden management – 17.33
- Vaccine/Immunization registry reporting – 15.67
- Data sharing between federal & commercial health care entities – 15.33
- Clinical/Administrative data & standards harmonization/burden reduction – 14.33
- Syndromic surveillance – 12.67
- Contact tracing and exposure notification – 9.33
- Public health (PH) situational awareness – 8.33
- Adverse event (AE) reporting – 8.00
- Patient to device (mobile, medical device) linking – 5.33

## TOPIC: ADDITIONAL EXPERT INPUT

The ISP TF 2021 will continue to gather input on its recommendations from a variety of experts, and David discussed a list of scheduled and potential experts/affiliated groups which could present to the TF, including:

- RWE/comparative effectiveness/leveraging EHR data: OHDSI, FHIR-to-OMOP, PCORI- George Hripcsak and Russell Wakeman will discuss these efforts at the TF's April 16 meeting
- CDC Modernization: Paula Braun from the CDC will present at the TF's April 29 meeting
- Data sharing across federal and non-federal boundaries: someone from CommonWell, DirectTrust, and/or eHealthExchange?
- Clinical and Administrative data and standards prioritization: Intersection of Clinical and Administrative Data Task Force (ICAD TF) and/or the Da Vinci Project?

## DISCUSSION:

- Les stated that he has reached out to the Patient-Centered Outcomes Research Institute (PCORI/PCORnet) for potential presenters. Russell is a great choice, and Les also recommended Ken Marcello, the data architect in charge of the data model at the Duke Coordinating Center.



- David responded that scheduling these presentations is dependent on the TF's rigid meeting schedule.
- Les suggested bringing a presenter to discuss the networks the CDC and NIH put together for COVID-19 response efforts.
- David asked Les to provide contact information for his suggested presenters as soon as possible.

## Action Items

ISP TF 2021 members will volunteer suggestions for additional expert presenters to the co-chairs via email.

## Public Comment

### QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

### QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Thank you for joining the Interoperability Standards Priorities Task Force. We will be starting soon.

Jim Jirjis: Good afternoon

Clem McDonald: Dave, I will have to sign out at 3PM. - THis was a good one !

David McCallie: thanks Clem

## Resources

[ISP TF 2021 Webpage](#)

[ISP TF 2021 – April 8, 2021 Meeting Agenda](#)

[ISP TF 2021 – April 8, 2021 Meeting Slides](#)

[ISP TF 2021 – April 8, 2021 Meeting Webpage](#)

[HITAC Calendar Webpage](#)

## Adjournment

David thanked everyone for their work at the current meeting.

The next ISP TF 2021 meeting will be held on Friday, April 16, 2021 from 2 p.m. to 3:30 p.m. E.T.

The meeting was adjourned at 3:08 p.m. E.T.