Health Information Technology Advisory Committee

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

April 13, 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
John Kilbourne	Department of Veterans Health Affairs	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 and good morning, everybody. I'm Mike Berry. I'm with ONC, and I'd like to welcome you once again to the USCDI Task Force. We really appreciate your time today, and for helping us out with this task force. I'm going to open today's meeting with roll call, and I'll start with our co-chairs. Steven Lane?

Steven Lane
I am here.

Michael Berry
Leslie Kelly Hall?

Leslie Kelly Hall
I am here, thank you.

Michael Berry
Ricky Bloomfield?

Ricky Bloomfield
Good morning. I'm here.

Michael Berry
Hans Buitendijk?

Hans Buitendijk
Present.

Michael Berry
Grace Cordovano?

Grace Cordovano
Good morning.

Michael Berry
Jim Jirjis? Ken Kawamoto?

Ken Kawamoto
Good morning.

Michael Berry
John Kilbourne?

John Kilbourne
Here.

Michael Berry
Les Lenert? Clem McDonald? Aaron Miri? Brett Oliver?

Brett Oliver
Good morning. Here.

Michael Berry
Mark Savage?

Mark Savage
Good morning.

Michael Berry
Michelle Schreiber

Michelle Schreiber
Good morning. I'm here, but as I shared with some of you, I will not be on for long, so thank you.

Michael Berry
Sasha TerMaat?

Sasha TerMaat
Good morning.

Michael Berry
Andy Truscott?

Andy Truscott
Present.

Michael Berry
Sheryl Turney?

Sheryl Turney
Morning.

Michael Berry
Dan Vreeman?

Daniel Vreeman
Good morning.

Michael Berry
And Denise Webb?

Denise Webb
Good morning.

Michael Berry
Good morning, everybody, and thank you again for joining us. I'll now turn it over to our co-chairs. Steven? Leslie? Take it away.

Past Meeting Notes & Review Phase 1 Work (00:01:35)

Steven Lane
Thank you so much, Mike, for **[inaudible] [00:01:37]**. I am having some connectivity issues. I am not seeing real time. The Adobe Connect is coming in and out, so I apologize for that. I will need to lean on Leslie somewhat more than usual. I am looking at our slide 4 – actually, no, I'm looking at our meeting agenda, and I do want to remind people that we are continuing to post our past meeting notes as soon as we are able. I think the team has the meeting notes from last week to post. They were not there this morning when I looked for them, though the notes from the week before are posted on the website. Hopefully, we can get to the point where we have those up in time for the subsequent meeting for those who want to review them.

We wanted to review a little bit and take a moment to catch our breath and talk about the work that we did in Phase 1. I believe that the entire task force has been sent the report that we worked on. Leslie, Al and I worked pretty hard for a few days to pull together the report with all of our recommendations. It is relatively brief. We decided not to go into excruciating detail, but I think that it captures the tenor of what we have been talking about for the past couple of months. I hope you have all had a chance to review that. We will be presenting that this Thursday to HITAC and seeking their input to inform our work on the next phase as we move forward.

Leslie, do you want to comment on that and the process of pulling it together?

Leslie Kelly Hall
Well, I think it was really a great effort. We did keep it brief, I think, in our presentations. We would love to hear from you today as we go through our work, and comments that might amplify the messages that we have here, and make sure that we are on track, so we are good. Lenert has his hand up, but I'm not sure if that is to say he is here, which I see in the chat, or if it is something else.

Leslie Lenert
I was just saying I was here.

Leslie Kelly Hall
We're glad to have you, Les.

Leslie Lenert
Thank you.

Steven Lane
All right. I was curious. Al, did you want to provide any perspective on the work that we did pulling together the report because I just think it's important insofar as we are representing the input and the

efforts of the task force. We want to be sure that we have got that right. We did get some feedback from some task force members who I think were, perhaps, disappointed that we did not get to discuss some items. There might have some other items that we would have suggested for inclusion in Version 2. I think, realistically, we are asking for a pretty substantial expansion over what was put out in Draft V.2. I think that is worth acknowledging – that we have indeed covered a lot of territory, and made a lot of meaningful suggestions. I think, at a high level, we specifically take to heart a lot of the input that we received from CMS. Obviously, we spent a lot of time going back and forth about that, and considering what we should include.

We captured the rich discussion that we had here regarding whether or not items that are at that intersection of CDA and prior US core should be included, and then I think we also had the social determinants of health, which I think probably is going to be the most significant aspect of the work that we've done to date. I don't think it comes as a surprise given the perspective of the folks on the task force, and that was intentional. I think when I listen to discussions – the comments Micky's been making in the public domain, and others, I think the fact that we did include a recommendation to advance the SDOH items that are at Level 2 into Version 2, I think it is very significant in terms of the work that we have done.

I think the other really significant point is the suggestion that we have that ONC, or the HITAC – I don't think we're quite clear in our suggestions – work explicitly with HL7 to request that they prioritize work on the implementation guides that will support the data classes and elements that we have suggested.

So, I think those were the highlights that we captured right up front in our report. We made a point of cataloging our Task 1A, 1B, and 1C recommendations. So, again, we really – go ahead, Leslie.

Leslie Kelly Hall
I would just also add that we are asking for their input on stakeholder priorities, because that seems to be an important guiding principle as we go forward. That is a specific ask of the group, as well as to consider, and hopefully approve, our recommendations.

Review TF Recommendations to HITAC (00:08:07)

Steven Lane
So, we are really interested in any observations, input, or suggestions from the task force as Leslie and I prepare to go and present your work to the HITAC later this week.

Quiet group. I guess we will take that to mean we did a decent job capturing your thoughts, and obviously all of you who are not already members of HITAC are more than welcome to attend the meeting, and to listen to the discussion. I think that would be delightful if we had some of you there. Just like we have here, at HITAC there is an opportunity for public comment. I think we tend to do public comment – I'm trying to remember. Al or Mike, will we be doing public comment at the end of the USCDI presentation, or will it be only at the end of the meeting as a whole?

Michael Berry
It is only at the end of the meeting as a whole. It is scheduled to be at about 2:15 Eastern Time on Thursday.

Steven Lane
Okay. So again, if any of you want to have any sort of support, or dissenting opinions, or added color you would like to bring to the HITAC consideration – I think it's important to realize that our recommendations go to the HITAC. The HITAC then determines which and whether they will then put their imprimatur on them and make them as a recommendation to the national coordinator. Then, and only then, will they be taken into consideration as the ONC goes through their next cycle of work deciding on the final version to be published later this year.

Mark, I see that your hand's up?

Mark Savage
Yes. I did take a look at the presentation and the report on the HITAC meeting agenda. I did not see a separate email to the task force, but I did look at them on the healthit.gov website, and just thank you to Leslie and to Steven, and to all the ONC staff that worked on that because it is hard work to synthesize, and to get it into a form that can carry the day in front of a meeting of a lot of people – a virtual meeting, at that. So, just big appreciation, thank you.

Steven Lane
Thank you, Mark.

Denise Webb
Steven, this is Denise. I'm not online, and I just wanted to tell the task force, too, that it is our intention to try to have a vote at the meeting, so while this is our recommendation of the HITAC, we hope to vote to recommend to forward it from the HITAC to Micky – to the Office of the National Coordinator.

Steven Lane
Yeah, we have a most favored nation status here, I think, at our task force, having both the HITAC co-chairs as members. I did have the opportunity to meet with them and the ONC team last week just to go over our recommendations at a high level and so I think we are well prepared for our presentation. Thanks, Denise.

Denise Webb
You're welcome.

Steven Lane
So, why don't you pop up to slide 4? I think I am with it. That's good, thank you. So, again, this has been the focus of our work to date on Phase 1, and I think we met our deadline, I'm very happy to say. We don't have a slide where the focus has changed to 2 and 3, so we'll just use this slide to say that our Phase 2 work, as a reminder, is due to complete by early September, so we've got the second half of April, May, June, July, and August to get through that. Typically the federal task forces take a little bit of a hiatus over the summer.

So, thus far, you should have invites on your calendar through the end of May, so we have put five more meetings out on the calendar. I really don't know how long this is going to take us. We may get through this work in three or four meetings. It may take us 10 or 12, I really don't know.

The next cycle of work, and I just want to go through this, and I'll read through the light grey, is to evaluate the USCDI expansion process and provide HITAC with recommendations for potential improvements in the on-deck submission system, potential changes to the evaluation criteria and process used to assign levels to submitted data classes and elements, and then the prioritization process used to select new data classes and elements for the next draft version.

There are really three steps to the process that ONC has put together. One is the submissions – what information, what data we request from the requestors to submit to support this submission. All of you who have been spending time on the USCDI website, and reading submissions, you can see it is fairly detailed what they ask for. Mark and I, and others, have had a chance to actually make submissions, so you can get a feel for how that goes.

I was thinking, Al, it would be nice if we had a slide, or a couple of slides, that list out the various questions on deck, because I don't think there is a test system – or maybe there is – where we could sort of show people what the questions are, but I think if we had questions, concerns, or suggestions about any of the existing questions, I think that would be fair game for people to consider making the suggestions.

Similarly, I think if there are – sorry, Al? Go ahead.

Al Taylor
No, sorry. I just bumped my microphone. What we have right now is the prep sheet, which is definitely a detailed **[inaudible] [00:15:23]** line by line questions. We have a summary table of those questions and the main criteria, and then the prioritization criteria as well. We can do any or all of those things.

Steven Lane
That's great. Thank you. I had forgotten about the prep sheet, and I am pretty sure it is posted. There is a link I was just going real quick try to find. Here we go.

Al Taylor
It is. It is on the next page.

Steven Lane
Yes, I've found it. It is right on the front page. If you go to – let me get back here. I am going to put it in the public chat here. If you go to the on-deck site and you pull up that front page, you can open up the prep sheet and review that. Again, that is the question.

I think, again, our Task 2A is really for all of you to look at those questions and to think about any opportunities that we may have to improve upon those. Would you agree, Al?

Al Taylor
Sure, absolutely. With 2A, we're talking specifically about the technical work and the usability of the system itself, and 2B is the criteria that are laid out in the system, so we just want to make sure that we are looking for technical input as well.

Steven Lane
I would say that 2B is really more about what you guys do after they are submitted, so I would posit that the questions themselves we should consider as part of 2A – probably a niggling point. I think that the questions on the prep sheet we should think of part of 2A. 2B is what you guys do with this input when you are making the determinations about what level to stick a submission at.

Al Taylor
Yes, and we want to make sure that the criteria we use to assign a level is the same information that is requested in the on-deck system. Those two are connected, and have to be aligned very well. I think handling the set of questions in the on-deck is fine to handle under 2A, but there are some technical issues, or questions, or concerns that could be addressed as well. They don't have to be necessarily addressed through the task force. They can be handled directly through communication with ONC – the technical stuff. The qualities of the questions certainly are fair game for 2A.

Leslie Kelly Hall
And one other thing that I would like to find out where it fits is the definitions that are there seem to be clear about what the comment level is as such – Level 1, Level 2 – but the things evolve so quickly that something that might have been a Level 2 when it was originally submitted or reviewed – or a Level 1 is now a Level 2, or it is ready for prime time.

The process we use to actually go back and make sure that those classifications are still valid needs to be somewhere here, and I love your advice on that.

Al Taylor
The going back and evaluating where things landed certainly could be part of this. We have it as part of the process of communication between ONC and the submitter directly. I can certainly demonstrate how that system works. If you were not a submitter, you don't know that sometimes there is some back and forth, whether it happens through the system itself or through external communications. Meetings with ONC have happened before, so those are some things where we can, for lack of a better term, negotiate where things land, or even change it because sometimes not enough information is provided, or we are misreading the information.

I think that probably that is more of a 2B because we can reassign levels, we can change levels based on the criteria and our understanding of them.

Leslie Kelly Hall
I think that is important to review. Thank you.

Steven Lane
I think you make a really important point, Al, that there is a human process that goes on here. As a submitter, there was a lot of back and forth in emails and even on the phone about my submissions, and I can only imagine, given the huge quantity of submissions that you guys receive, how much effort that took as you guys did the determination of the level, and additional information from the submitter beyond what they put in on the site. I think we should all be aware that it was really played out in a very conscientious and engaged process.

Mark, I don't know if you or anyone else on the task force who actually submitted items want to reflect on how that went for you as a submitter?

Mark Savage
Thanks Steven. I'll say yes, it was a an interactive process, and I further appreciated the interactions that were happening outside of business hours, especially as deadlines were coming, and the attempts to make sure that things got through on time. So, big kudos to a lot of people on the ONC staff that were trying to facilitate the public contributions.

I think there probably are some lessons learned about sources of confusion. I don't need to take time on today's call and, in fact, ONC may already have some ideas themselves about things to do. It was a great effort and I just want to say thank you.

Steven Lane
So, Al, I know I got the request to you kind of late, but I was hoping you would be able to bring up a slide or two, or at least speak to both the leveling criteria that ONC used, as well as the prioritization criteria in determining which items that were Level 2 were brought forward into the draft, because, again, we're going to be informing that process here. I think it is important that we do try to understand what the baseline is that we're trying to inform.

Al Taylor
Sure, let me pull this up. Can everybody see the evaluation criteria?

Steven Lane
Not quite. I think you have to expand it. There you go – perfect.

Al Taylor
So, these are slides that were presented at the ONC annual meeting. This first one reflects the primary criteria for evaluating each submission based on the information that was provided in the submission. The four major points of this are the maturity of the standards used to represent the data elements that are being submitted for addition.

What we are looking for are data elements that are more mature and well represented using the technical standards. We can already be cited in the submission for reference to a particular value set, or just a particular vocabulary standard, or the data element is referenced in one of the technical specifications, such as Fire, not necessarily US Core, but the Fire IG, or the CCDA templates.

The next one is the maturity or currency of use of the data elements. Are these already being used using those standards in production systems, or is it only based on pilots? So, this is the extent of the current use of these data elements, whether they are being exchanged or not.

The next is the availability of exchange of these data elements. Are they already being exchanged widespread between organizations and, in particular, using different EHR systems. Everybody on one particular EHR platform being able to share is not the same as being able to exchange the data between multiple different organizations, and multiple different EHR system types.

Then, the final one – this seems a little bit more subjective, and it is to an extent. The breadth of applicability to stakeholders – do these new data elements, or proposed data elements, affect or would commonly be used by a significant number of patients, or providers, or exchange transactioners? We couldn't really put a number because it's almost impossible to measure what percentage of the population is going to be affected by a particular data element, but we tried to look at breadth of applicability. The reason for that is if we put this in the USCDI Version 2 or Version Next, it means everybody who has an EHR that is updated to USCDI Version Next is going to have to at least be able to capture the information assistance and be able to exchange it if it is available. It doesn't require every data element be captured every patient encounter, but it needs at least the capability to do so.

These are the primary criteria for giving the submissions a particular level, and it is from the Level 2 group of data elements that ONC deliberates on what should be included in the next version or the next draft – the draft of the next version of USCDI. I can go on to the next one, Steven, if you want.

Leslie Kelly Hall
Hans has a question before you go on, Al.

Al Taylor
Oh, I can't see it.

Hans Buitendijk
A quick question, Al. Is that on the statement that it is a Level 2, first row, must be representing use of terminal standard, or element of STO balloted – STO balloted – does that mean that it has gone through a ballot round, or that it's published?

Al Taylor
We may need to clarify that as to whether or not – I probably don't know the difference between balloted and published, and I should, but we want the data element to be able to be – we want to reference a usable technical specification. If that means balloted or if it means published, maybe that's a point that we need to clarify.

Hans Buitendijk
It just would be helpful, because published means it is actually out there, and balloted might have gone through one round but is not finished.

Al Taylor
Yes, so it is probably more accurate to say published, because it could be in early balloting or it could be in later balloting. You are right – that's a good point.

Hans Buitendijk
Although there can be deviations from what is published to what is balloted. I'm not sure that you necessarily want to hang your hat on something which is still under change.

Al Taylor
It sounds like this would be a good thing to focus on, how best to define that. Is that the right criteria for Level 2?

Leslie Kelly Hall
And Mark has a question as well.

Mark Savage
Thank you. I wanted to reflect on an experience I had so many years ago with the advanced health models and meaningful use work group where we were tasked with looking at the use cases in the interoperability roadmap and trying to prioritize those use cases. It was a very interesting process.

We did include criteria like this, and others, and then we sort of went through and waded across the criteria, so instead of what I'm seeing here of saying each criteria must be at Level 2, it was possible to have something that was extremely high in terms of need, and maybe almost at the maturity level, but maybe not quite, and when you multiplied all of that out, the really high need by the slightly less maturity, you might get something that was weighted at the same level as something, say, that went through all of these things at Level 2.

Not to argue that point today, but rather to lift that up as something that I think will probably be worth thinking about at the appropriate time in a future conversation.

Leslie Kelly Hall
I remember that, Mark, because we wanted to have flexibility in high-need areas to actually have regulation or standards push that need versus wait for that maturity. It was a way to adjust for innovation, and it worked.

Mark Savage
Correct.

Steven Lane
Al, did you want to cover more here?

Al Taylor
I wanted to just reflect back on Mark's comment and to ask if the question is is it right, or is it the intent, that one of these criteria, if it is significantly different than the other criteria as far as maturity goes, or level, would that lower level knock down a data element into a lower level? So, highly mature standard, highly implemented specifications in broad use, but is highly specialized and only impacts a small percentage of patients or care situations – is that sort of the question mark?

Mark Savage
That would be an example of what we considered, so there were numerous different criteria, and I'm happy to share the blank spreadsheet if anybody wants to look at it to, perhaps, frame a conversation. For example, there was a set of criteria for which stakeholder groups were impacted by the particular use case, so that we were conscientious about making sure that we are benefiting a broad number of people. Or, if it was not, to have a way of adding that into the weighting process.

So, what you are talking about, Al, is one example, but another example would be how important is this to meeting the national quality strategy, and the different domains of the national quality strategy. How much is it important to meeting interoperability? So, we actually had quite a range, and I thought it was insightful. It certainly got us a lot of information and discussion about what to prioritize.

Steven Lane
Yes, if you could share that, Mark.

Mark Savage
Happy to.

Steven Lane
Or, you could just forward it. I think that would be helpful. I think many of us have been involved in similar prioritization processes, and putting together schema. In my organization, we have done that repeatedly – just how to deal with requests for EHR changes or enhancements, and I think having that lift of what are the important criteria is certainly something that we could work on here during our Phase 2 efforts.

Mark Savage
Great, so I'll send that to Steven and Leslie for you to distribute as you see fit.

Clement McDonald
I would just like to bring up again what Ken Kawamoto said many times – if we set the threshold that we're going to require it if everybody is doing it, that doesn't make much progress. Nothing changes if everybody's doing it, plus like everything in history, that will not work. Medicare would never have everything so well standardized if they waited until everybody used it. They just told them to use it.

I'm not saying that we want to be an enforcement demon, but I think we have to be aware, and one other criteria that may not have been in the package, I think we should prioritize this stuff that is already produced by machines, and the work is reinvolved in standardizing it, and more we collect extra labor by clinical people. There is some step we would like to have, but when you get 10 minutes per patient, it may not be feasible.

So, at least keep in mind there is a lot of stuff that we've talked about, and we've agreed some of it is going to come – like EKGs and spirometries – but the stuff just sitting there waiting to be sent might need a little tweaking and standardization, but you're not going to have extra labor because machines can send it.

Steven Lane
That is a really good point, Clem.

Al Taylor
So, could I just respond or comment on Clem's comment. Clem, I understand what you're saying about sort of favoring – it's a balance between what is already in use and what could be in use, or what is already broadly used. That argument, I think, really informs the prioritization level, because things that are well standardized in broad use will be fairly easy to implement in the USCDI, and so I think that point is well taken with respect to the prioritization levels, which I think we will cover in a minute.

Steven Lane
So, any other questions about the submission evaluation criteria? This is to say, the criteria that were used to determine the level.

Michael Berry
Steven, do you want to address the next question? I know Leslie had responded to it about the comments that are coming in on existing submissions and how they are public.

Steven Lane
I sort of see that as even further on down the line. Sorry, I wanted to orient us in a time sequence. So, first there is what do we ask of the submitter? That is the prep sheet and the questions. Then, there is how does ONC set these to a given level? Then, there is how does he select amongst the Level 2s to put into a draft Version X?

And then, I think that when – thank you for joining us – I think that is going to be offering us some verbal public comments later – I think then there is the question of how does ONC take all the feedback, all the public comment that comes in on the website, the feedback from HITAC that we are contributing to, and other feedback that they just get in the public sphere – how does ONC take all of that in their determination of the final version of the next version?

Frankly, while our focus is on forming the next cycle for Version 3, truly this cycle – ONC is about to go through a process of reviewing all the public comments, and all the HITAC comments, and I think Viet's point is well taken. How are you approaching that, Al? I don't know if you want to jump to that, or if you want to talk about the criteria that were used for prioritization as opposed to leveling.

If you are talking, Al, we are not hearing you.

Al Taylor
That is because I'm on mute again. I think that that sequence – doing the prioritization and then talking about how to adjudicate public comments – is fine. I do want to make sure that we address it, but we can move on to prioritization next, if you'd like.

Steven Lane
Yes, why don't we do that. We'll go in order. You want to go ahead?

Al Taylor
This is a summary of the prioritization criteria that we used in USCDI to create the draft of USCDI Version 2. From the Level 2 data elements – so, from the 109 data elements that we evaluation and found to be Level 2. We evaluated them based on the existing gaps in USCDI Version 1 concepts, and I think most anybody who looks at USCDI from a distance can see where there are gaps. There is not provider information. There is not encounter information. The diagnostic imaging as a data class was – personally, I found glaring the lack of diagnostic imaging data class and data elements.

So, of the submissions which have represented significant gaps in USCDI, we gave some weight to submission about data elements that were already included. This is a little bit toward Clem's comment about where they are already in use in some way. So, EHRs that were certified to certain ONC criteria were already able to capture an exchange. Some data elements that were submitted in USCDI were submitted for Version 2, and so we gave some consideration to that.

ONC actually went through some of the exchange criteria – the transitions of care criteria in particular, because there were several data elements that were required for that criteria that were not part of USCDI

Version 1, and some of those were added because this reflects a reduced burden of implementation or integration in the USCDI Version 2. We also looked at the amount of technical standards development, and this, particularly, gets to what Hans and, I think, it was Ricky that was doing it to evaluate the US core and the CCDA templates, things that were already well represented in those standards or in those IDs would require a lot less development or change in those IDs, and so those were also considered.

Then, overall, we are looking for – every change we make to USCDI that gets adopted is going to have an impact on health IT development, whether it's small or large. Every change that we make is going to – vendors are going to adopt the next version of USCDI – it is going to have an impact on them. That impact will also be passed down to the implementing providers, and systems, and hospitals that implement these updated versions.

Until we took that into consideration, given the fact that there is – I think it is an understatement to say that the burden on the system – the entire healthcare system, not just the health IT system – to do everything necessary to respond to the pandemic, as the USCDI Version 1 was coming out, had a major impact on our decision as to how many data elements ONC would add to USCDI.

So, we look at the aggregate lift and the significance of aggregate lift to developers and implementers on the change and the yardstick we use to measure that aggregate lift may change or may need to be tweaked, but those are the things that we considered. As a result, all of these things combined was how we ended up with a small percentage of the overall submissions – the Level 2 submissions.

Steven Lane
Any questions for Al about that process? Does this give anybody heartburn? Anyone feel that there are some glaring things that are missing from this?

Hans Buitendijk
Steven, this is Hans.

Steven Lane
Go ahead, Hans.

Hans Buitendijk
Not anything that is glaring, and this has been clear for USCDI Version 2, but I think in the way that we ended up making recommendations that clearly, in a couple of areas, went beyond where we are with published standards, so I think more for lesson learned, looking forward, is how can we get more early indication – and I'm looking forward to Task 3 in a way – how can we get already a much bigger lead time so that by the time USCDI Version X is going to be discussed that we have already more of the technical standards that are in play that are there.

How can we provide in the process more lead time for the community to say these three things are important in the next round so that, by the time that we get to discussing getting it into the next version of USCDI that standard of development is much closer than what we are seeing in a couple of areas. That's more of a lesson learned, or how can we apply that lesson learned to make it work with these kinds of prioritization criteria.

Steven Lane

Hans, I want to address that because it is something else that came up fairly early. One of the reasons that we didn't publish these prioritization criteria until around the same time as we published the draft V2 – part of it was we were still working on what the priorities would be and those were actually developing at a pace in the fall of last year – what things we could and couldn't get through. Our intent is to publish a new version of these priorities. They could be the same or they could be different. They probably will be adjusted, but to publish these prioritizations around the same time as we publish Version 2, which will be about two or three months before the end of the Version 3 submission period, if that helps.

So, that revision – we have an opportunity to inform through our discussions here in the task force. Dan, I see your hand up?

Daniel Vreeman
I think this is probably a placeholder for a different conversation, but I wanted to mention in this prioritization list talking about modest standards development and so forth, and USCDI as it currently stands really points to terminology standards which do not exist in a vacuum, per se. They exist in concert with the exchange standards with CDA and Fire, and yet in this process we both refer to them but then don't actually talk about that interplay of how they work, meaning there might be vocabulary but it's not actually used in the exchange, and vice versa. There might be exchange but actually no vocabulary bound to it.

So, I do feel like there's probably some future discussion around how we both reflect the current state of those two different pieces – the vocabulary and exchange standards.

Leslie Kelly Hall
And that would be fair to include in our tasks to be as we look at new profits, correct, Steven?

Steven Lane
I think that makes sense.

Leslie Kelly Hall
Yeah.

Al Taylor
So, Steven, one thing that you brought up sometime last week, I think, was, given the fact that ONC is going to publish the prioritization criteria much earlier in the cycle than they did last time, and the prioritization criteria is part of Task 3, and clearly the task force and HITAC probably would want to have some usable information to pass along to ONC, one of the things that the task force could consider is doing them out of turn – spending some time on the prioritization criteria and possibly delivering them early to inform our **[inaudible] [00:48:15]**.

Steven Lane
That's a really good point, Al, just because that is the order in which things could have an impact. I guess my question is do we – and maybe, Denise, you have some insight into this – do we have another opportunity to get before HITAC prior to September, because certainly one thing we could do, as you say, is try to frontload that, inform the republication of the prioritization criteria, but I think waiting until our Phase 2 presentation in September is going to be too late, right?

Denise Webb
So, Steven, the schedule right now is we have a meeting in June and July, and then we take the summer break and there is no meeting in August, and then September is our next meeting. What I hear you saying is it would probably be helpful if we had an August meeting.

Steven Lane
Or if we were focused on our Task 3 in time to present in July.

Denise Webb
Yeah, that might be an option. We certainly can work with ONC to have this on the agenda for July.

Leslie Kelly Hall
That would help us to set some foundation. It would be really important.

Steven Lane
Clem, your hand is up?

Denise Webb
Yeah, so I…

Steven Lane
Sorry. Go ahead, Denise.

Denise Webb
No, I was just going to say for you and Leslie we can certainly work with Michael and see what we can do in terms of the agenda.

Leslie Kelly Hall
I think Clem has a comment, too. Clem?

Clement McDonald
[Inaudible] [00:50:09] actually. I just wanted to be sure that this recent discussion didn't stop what we decided earlier – what is going into the current draft, and all those things we talked about, they're still there?

Steven Lane
Oh yeah, we've got our phase that's going to culminate in our recommendations to HITAC on Thursday and hopefully their vote to forward those to the national coordinator. We are now talking really about Phase 2 work and how to inform the next cycle.

Clement McDonald
Okay, and could we get that report? We want to review it to see what we think needs to get added in the next cycle.

Steven Lane
You've got it, Clem. You received part of the HITAC materials, and as Mark pointed out to the…

Clement McDonald
Okay, shame on me. I'm still not caught up with all my email.

Steven Lane
It's all good. We're all in this together. All right, so I don't know whether we can even, perhaps, make a decision at this point. Really, what Al has pointed out to us is a potential opportunity to work on Task 3 before Task 2 because we would have an opportunity to inform the prioritization criteria that we're looking at here in time for the V3 submission cycle, before the VS submission cycle is complete, and it is already open. There are already some new recommendations coming in through on-deck, and I think that makes sense.

Perhaps if we make a decision about that, we can make a comment about that to HITAC this week just to be sure that nobody there has any concerns about that approach. Then, as Denise was saying, potentially we could come back to HITAC with a brief presentation in July with those recommendations in time for the ONC to incorporate those in their published revisions.

So, does anybody feel strongly one way or the other about that as a proposal?

Clement McDonald
I'm for it. This is Clem.

Steven Lane
Okay. A number of thumbs up.

Leslie Kelly Hall
Hans has a comment.

Hans Buitendijk
I have strongly – if I could have three thumbs up, I would do it. It's going to be very helpful to get an idea. Okay, Mark, you've got me beat. But yeah, I think for us to get that outline to increase the timeline between having an idea and having the guidance in place. It's very limited time this time around.

Steven Lane
Okay, well, hearing no objections, I think we will make that request of the HITAC on Thursday, and do our early focus over this next month or so on these priorities. Again, I don't know how long this is going to take us, but we'll see. Maybe, Al, we can be prepared to drill through some of these, because the notion of significant gaps – what is a significant gap? Who defines that?

Supported by ONC certification – I think we understand what that that means, but we certainly have a couple of vendors here who know in detail what that means to keep their applications certified, and what that has taken in practice. What does modest mean when it comes to standards development, or the perception of the aggregate lift?

So, I think we should plan to go through this in a little bit deeper dive next time we meet if, in fact, we get the thumbs up from HITAC to focus on this first.

Leslie Kelly Hall

And I think that's a good place we could incorporate the suggestions from the sheet that Mark is sending us from our history of use and meaningful use. It did help, so at least we can start planting the seeds to say there are varying degrees of all of these things, and the need can trump or stakeholders can trump many things, based on our recommendations.

Steven Lane
So, I think while it's appropriate for us to focus in on the Task 3 set of questions, I also do want task force members to be planning ahead for our work on Task 2. Please do evaluate the questions from the on-deck site, and send us any questions, concerns, and ideas that you have about what could be improved there.

Then, also, think about the leveling criteria that Al presented, and if you have anything significant to propose about, because I think we want to be keeping all these balls in the air simultaneously so we are evolving our thinking.

The last one, I think, and this was Jeff raised in the public comment, was how ONC is evaluating the comments they receive. ONC has been really clear – they get emails, they get comments at meetings, and they get all of things including from your task force co-chairs. They say that's all well and good, but unless it's submitted as a public comment on the website, we really can't take this into consideration.

I think they're really – my understanding is there are only two channels. There is what does HITAC recommend, and there is what is submitted by the public through the website, but maybe, Al, you could talk a little bit about the process of watching and evaluating the public website comments. I've been making a point of trying to read some of those, but there is no way to get ticklers about them, or a daily email that says these are the three comments that were submitted, at least as a member of the public.

I assume you guys have a process on the ONC side to know, oh, there are three new comments this week and we have to go in and read them and evaluate them, and maybe reach out to the person to get more clarification. Can you just talk about the process of how you guys receive and process public comments?

Al Taylor
Sorry, Steven, I came in on the last half of the question. I got kicked out of the call.

Steven Lane
I understand. The question that Jeff raised earlier is how are you evaluating the public comments and then how are you going to take those into consideration in the broader context of the HITAC recommendations, or any other input that you are getting when you go to make the determination of what is going to be included in the next version?

Al Taylor
Sure. First of all, we look at every comment. Sometimes we look at it as a part of a greater whole. For example, the gravity project submission on SDOH had a number of comments from – I think it's up to 30 individual comments and comment letters on the SDOH submissions, and we look at that as significantly more than just a single person submitting a comment, so we label the volume and the nature of the comments on any particular topic.

Where the comments point to something that we did as far as prioritization of that particular data element or data elements, or where the comments are evaluation of the level that we assigned, those things are taken very seriously. We've gotten some comments that say this should be a Level 2, or what do I need to do to get to Level 2 if it's a Level 1 in a comment. So, we are in some cases responding to those individually, and in some cases we are responding to them as a larger group.

We're grouping them because sometimes the volume is so high on these. We may not respond individually to each comment, especially if it's on the same topic. So, we're looking at all of those comments, and those comments are informing our own internal work as far as are we correctly assigning these things to these prioritization criteria. That's, in general, how we're doing it.

Those comments are there forever, although they may – there is a filter on the website that makes them drop from view, but they will continue to be there and will continue to inform decisions about that particular data element or data elements for as long as they're under consideration.

Steven Lane
Al, I really appreciate your remarks regarding comments about the leveling. My understanding is that the leveling, once it's done for a given cycle, it is done. My understanding is that there is zero chance that something that you called a Level 1 is going to be pulled all the way forward into Version 2 this time around. Is that accurate?

Al Taylor
I don't think it is. I wouldn't say there's no chance. I think it depends on – I wouldn't say no because we can, through continued communication with a submitter – and we have gotten significant feedback from some submitters on whether or not a data element ought to be a Level 2 or a Level 1. There is the possibility of ongoing work to further promote it in cycle, so it is possible for sure.

Steven Lane
Well, I appreciate that response. It also disappoints me because I think we, as co-chairs of this task force, have been really stripped saying that we could not discuss things that were not in Level 2 as part of our Task 1C. It is what it is. I don't think this is the time to quibble about that, but it's good to know the approach.

Leslie Kelly Hall
I also think it's a great example. Al, what you're also stating is that people are in the public comment, and they're amplifying existing submissions, or adding submissions. They can also comment on the leveling definitions in themselves so that it's an important clarification as we consider the next work, and encourage people to make comments about leveling, and not just about inclusion.

This gets back to my original comment that perhaps a first bit of work is to validate the leveling as it is before we start to work on the next version.

Al Taylor
So again, the leveling part of Task 2B, which of course is different than the prioritization.

Leslie Kelly Hall
And Clem has a comment, too.

Clement McDonald
Steve, you'll have to forgive me for this, but it's bringing back your nemesis, tonometry, and I just learned that in terms of Level 1 versus Level 2, it is being used now in a national database for quality used by the opthalmologists' association. One hundred thousand a year are being sent with right and left tonometry with the appropriate codes. I would like to assert that somewhere – maybe it's a comment – to see if we could change that level. I apologize, Steve. You are a very good chair.

Steven Lane
No apologies necessary, Clem. I'm just doing what I've been told. I take my tasks seriously. No, I think this is news to me and to all of us. Again, I don't think it will change what we recommend to HITAC in two days. I don't think we have time to do that in a thoughtful manner. You, certainly, as a HITAC member will have an opportunity to comment on this on Thursday, and who knows? Maybe even propose that the HITAC accepts the task force's recommendations with the addition of tonometry, because I know that's something that you've given a lot of thought to.

Clement McDonald
Well, we all have eyes, you know?

Steven Lane
I only have eyes for you, Clem.

Leslie Kelly Hall
God, I knew you were going to do that.

Clement McDonald
You've got to keep songs out of your head.

Steven Lane
Yeah, you started it. Okay, Al…

Clement McDonald
Ayes as in yes. A-Y-E-S. Anything that **[inaudible] [01:05:13]**.

Steven Lane
Al, can you also – since you're bringing me surprises today, give me one more. I made a comment earlier that only website and HITAC recommendations will be seriously considered, and I know that you've had a lot of public and private meetings with stakeholders, and people who have opinions about how this is going. Can you say a little bit about how you are actually going to be incorporating that sort of input?

Al Taylor
Well, going back to the first thing that you said, I'm not sure if I heard you right, or if I did, what you said wasn't correct. We are going to consider both public input – individual input on individual data elements from the submitters and any public comment on those submissions as well – plus the HITAC, plus the public comment.

A lot of the public comment was made on the general USCDI page, and so we take all of those things into consideration.

Steven Lane
That's a really good point – separating out additional information you get from submitters. Now, as a submitter, I'll note that you can't go back and edit your submission. You can put comments on your own submission, but as far as I know once the submission is finalized and you click send, the submission itself is static. Is that accurate, Al?

Al Taylor
No, there is a chance to edit it. Sometimes we ask for it because we see something missing, and you've experienced that, Steven, with the submission that we needed some clarification on, and ended up making a change to the Draft V2. We can change it. We've gotten certain cases where two different submissions on a similar or the same data element, but expressing a different use case – those use cases were combined and the data from each submission were added to one.

But if somebody else, either the original submitter, or someone else, comes along with additional information like, say, maybe they didn't represent a particular implementation guide, or they have a large-scale pilot, or they may not be aware that something is in use in production environments, and a submitter could come along – a commenter could come along and say, well, what about this reference implementation? Or what about this existing use in this setting? We can edit them and, especially, those kinds of edits can change the level quite significantly.

Steven Lane
Good. All right, Al, did you have anything else on either the submission question, the leveling criteria, prioritization criteria, or comment evaluation process?

Al Taylor
Well, I wanted to mention – I was going to type it, but I'll just say it out loud – Viet's question about how do we weigh submissions depending on who it is that's submitting, whether it's Da Vinci that submits it – do we give that more weight or less weight compared to individual entities, or just individual persons off the street, if you will?

We definitely look at the significance of the organization with respect to that data element. We certainly recognized the authority and expertise of organizations, whether it's HL7, or Blue Cross/Blue Shield, or Da Vinci Project. We recognize the significance of those opinions and comments.

Leslie Kelly Hall
And Al, this is Leslie. I think one of the reasons we would like to get HITAC to help us with the stakeholder prioritization is because there is no natural sponsor for patients. There are advocates, but there is not the gravitas necessarily behind an individual yet that individual's comments might be from someone who is quite data underserved, and impacting their health and care.

As we get direction from HITAC about the stakeholders then I would assume that's going to influence this review as well, because ONC then would have the recommendations from HITAC behind them as to how to prioritize stakeholder comments. Would that be true?

Al Taylor
Yeah. I don't want you to think – anyone else to think – that we – I'll accept your premise that there is no natural major advocate for patient concerns. There are several significant ones out there, but compared to others I think you might be right, but we don't discount an individual comment, although getting support from the HITAC, or support from the Gravity Project, or support from any other organization certainly helps raise awareness of a comment or a need that we certainly would take into consideration.

It is a little bit up to the individual submitter to do whatever needs to be done to raise the profile of the submission or the content.

Steven Lane
You know, I'll add to that. As a member of the earlier USCDI task force, I met with the ONC team a number of times and we talked about how they were going to build this process. One of the real guiding principles that we had at the time – that Terry O'Malley was a staunch advocate for – was the idea that anyone could make a submission, and that you didn't need to be an SDO, or a government agency, or a big wealthy health system.

Anybody had the opportunity to submit and to advocate, and the idea was that getting something on at a comment level was a big deal because then it got it into the daylight, and it gave other people a chance to comment and to support it, either between cycles or, as we just heard, even within a cycle. I think that's important to appreciate that the data underserved, whoever they may be, whether it's acupuncturists, or home caregivers, or people working in the prison system – anybody has the opportunity to submit data elements and then try to stir up support for them.

There's a document that we're displaying now that I literally just sort of put together. As I was thinking about how we're going to approach this next phase of our work. I thought that there were some key questions that we should be asking ourselves as we head towards what we said was the goal, which is putting together some guiding principles. Some of these we have given a lot of airtime to – what should be the role of USCDI in ONC's toolkit and in the industry at large? Should USCDI be driving or following the establishment of industry standards? I don't think we have a really clear answer to that yet.

What does it mean for a data class or element to be considered core? We've talked about that, and I think that if there are more thoughts on that, we should consider those in our upcoming discussions. And then, should the identified needs of some constituencies be sought out and/or prioritized over others? We've talked about patients, individuals, and we've spent a lot of time thinking about PMS's needs, but I think we're going to hear from Viet shortly about other pairs and what they see as important.

Public health clearly has been a key question. I know CDC put a lot of thought into making some submissions, some of which we've considered. HIT Developers, of course, have a clear stake in this, and then there is a whole bunch of clinical domain where we know that folks have thought about what they need to support their work, be it the transplant community or the cancer community – I'm not going to read the whole list – but there are a lot of folks out there that have not really had their specific needs addressed. It may be important as we look forward to future cycles of development.

The additional care settings – again, a short list of folks who really have not had their needs addressed specifically by nationwide interoperability efforts. Then, as we've said, there are these questions about the principles, and I think we've talked through a lot of these. And then, the methodology – should we, and

Leslie, I think this will be a good chance for you to raise your earlier thought about surveying. Should we be surveying specific constituencies to see what they feel that they need? Should we be inviting specific constituencies to come and speak to us? I personally would love to hear from CDC and what they're thinking, but it's not up to me. It's up to all of you as the task force.

With regard to input from HITAC, we're obviously going to get an earful on Thursday including an eyeful about tonometry. So, these are just some thoughts I wanted to throw out to the task force to try kind of get our juices flowing as we think about how we are going to approach Phase 2 of our work. I must say, I don't have a fixed idea of what that is going to look like. The co-chairs will work with you on P team and hopefully we will have something a little bit more structured to bring back to you when we meet next week, but at this point I think we're just looking for big ideas and what people think about some of these questions.

Leslie, do you want to talk about your survey idea?

Leslie Kelly Hall
Yes, I was hoping that we could consider learning what kind of requests are most often made, and my lens is always on the patient. For instance, when maybe it's ERHA asking that group to say, query what kinds of requests are most often done in the patient portal, or maybe querying a AHIMA to say what kinds of requests for record changes are most often requested from patients that would help to identify what kind of information people seek to change informed access.

And then, selecting other stakeholders and asking what are the most requested items, or asking what items are most often misunderstood. We were thinking of asking different constituency groups how data might inform us in our prioritization because in the genesis way back when of the open API, and the initial Blue Button Project, which was the genesis of USCDI, we talked about how we could get information – what was known.

For instance, I know our health system, at least 40% of the time, the looks on it were all about labs and lab results, and that also led to requiring patient education. There is causal effect, or effect every time we select something. What does that mean? How do we change work flow? So, being able to be informed about the volume of work by constituents would be helpful, so surveys could be great.

I know that in past efforts Mark spoke about the meaningful use committee. Some of the most meaningful testimonies we had were invited constituents that gave us information about what lacked most in interoperability for them to do their work, what lacked most in functionality and consistency for them to do their work, and that might be quite helpful to us as we go forward – inviting people in for a meeting to hear their narrative.

Steven Lane
So, Leslie, one of the things you just reiterated, and you had mentioned before, was looking to EHRA to query their members to see if they have any data about volume of specific data access by patients to the portal, whether patients are looking at their meds, their problems, or their notes. I think Sasha and Hans, you've been our standby representatives from EHRA. Is that something that you think the EHRA could offer us in a reasonable period of time?

Sasha TerMaat

I think we'd be happy to query our members. We've done surveys of EHRA in the past about what knowledge EHR developers have about the interoperability usage of their products, and it varies. I think some of the things that Leslie expressed interest in would actually have to go to provider organizations to assess. They may not all be things that the developers themselves would have as information. Developers will, in general, tend to have more information about what types of standards are available or supported, and if we're looking at frequency of use, I think that tends to bleed over more into the providers' space from the stuff that we've done previously.

Steven Lane
Hans, do you want to add to that?

Leslie Kelly Hall
Could a proxy be for that, Sasha? The request you get from clients to make changes of product?

Sasha TerMaat
I guess my gut sense is it probably would not be a very effective proxy. I think we'd be better off asking a representative group of healthcare organizations for what they actually hear from patients.

Leslie Kelly Hall
Okay, thank you. Hans, we'd love to hear your voice, and then Grace has a comment.

Hans Buitendijk
I would agree with Sasha that having a provider perspective on what are they hearing and what they would like to see in combination where we can get a sense of what kind of data is currently being queried and asked for. I think a combination of that if we can work through what a survey may look like for both audiences. That might work.

Certainly, interest we have seen in the past with trying to do some of those surveys is that it's not always easy, but it has been a while ago, so it's certainly worth trying to do that again.

Leslie Kelly Hall
Thank you. Grace, and then Jim. Oh go ahead, Steven.

Steven Lane
We're probably not going to have time for both of them before the public comments, so Grace, why don't you take 30 seconds, and then we'll go to public comments.

Grace Cordovano
Sure. Just from the patient care partner perspective I want to offer a different shade to this. In considering what patients look at, I want everyone also to consider the information that's needed to get the work done that they need to do to get the care they need. For example, what information does a patient need to make a new patient appointment or a second opinion appointment? What information is needed to appeal an insurance denial or participate in a peer-to-peer discussion? What information is needed to process a disability application? What information is needed to apply for a clinical trial?

These are pieces of information that may not necessarily be in the EHR as they stand right now, but they are very critical pieces of information in order to move forward in a person's care.

Steven Lane
That's a really great point, Grace, thank you. So Jim, hold that thought. Let's go to public comment.

Public Comment (01:22:59)

Michael Berry
Yes, operator, can we please open the line for comments?

Operator
Yes. If you would like to make a public comment, please press star 1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press star 2 if you would like to remove your line from the queue, and for participants using speaker equipment, it may be necessary to pick up the handset before pressing the start keys.

One moment while we pause for comments. There are no comments at this time.

Steven Lane
What? Viet, I thought you were going to comment.

Operator
Actually, we do have Viet Nguyen just cued in, and I will open up the line. Please go ahead. Mr. Nguyen, your line is live. We are unable to hear you. Please check and see if you have your line muted on your end.

Viet Nguyen
Yes, sorry, my apologies. Thank you all for all the hard work you're doing. This is really great and I apologize. I should have been participating much more frequently before, but thank you for the opportunity to provide some comments on behalf of the HL7 Da Vinci Project.

For those who don't know me, I am Dr. Viet Nguyen. I am the technical director for the Da Vinci Project, and we submitted six submissions. I just wanted to highlight three of them in a short amount of time. One is to not knowing where you've adjudicated all these that we have some really strong support from our members around.

The insurer information of the member patient – so identifiers such as the subscriber ID or member ID plan information. We think that's really important in terms of improving patient matching and the use of deterministic approaches as opposed to other approaches. We think that's going to be really important and we recognize that some of these administrative standards weren't necessarily in the Version 1, and we hope to see them in the next version.

Next, would be the medication dispense as part of the medication class. It's important that providers know that patients not only received a prescription for a medication or an order, but that it was dispensed. At least we know they have the medication – whether or not they take it is a separate issue, but that's an important aspect of trying to do patient management and population management.

And then, the last one I want to report is the provider identifier. We're in strong support of the MPI as well as DEA numbers to the extend they're being used by a subset of providers to help identify providers.

So, those are the three we felt fairly strongly about, but the others are the more complicated. We submitted a request around provenance so that we could identify and use a set of profiles, and extensions, and value sets to identify where data comes from since they're not always going to be in Fire. They may be coming in Version 2 or Version 3, and that would be important for receiver information.

We made a request around medical record numbers. I know there is no particular standard, but that certainly will help with patient matching as well. Finally, devices and being able to support not only implantable devices, but codes for devices that are durable medical equipment, or oxygen, or other things that would help track the use of medical devices.

So, my time is up and I want to respect that. So, thank you again for the opportunity to comment, and we'll submit some comments on the site, too. Thank you.

Steven Lane
Thank you very much, Viet. In fact, all of our time is up. So Jim, thank you. I hope what you put in the public comments was what you were hoping to say. I think there were some great points that were just made there looking at what data elements might be required in USCDI to support the transition of information blocking scope to all EHI. I think that was a great point, and we can pick that up at our next meeting.

But we are out of time, and I want to respect everyone's time. Thank you to all participants. The co-chairs will furiously try to organize our thinking this week, and we'll dive back into our Tasks 2 and 3, or 3 and 2 work at that time.

Have a great day.

Leslie Kelly Hall
Bye everyone.

Adjourn (01:28:37)