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 27, 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
Abby Sears	OCHIN	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
Brett Marquard	HL7	Presenter
Wayne Kubick	HL7	Presenter

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

Operator
All lines are now bridged.

Cassandra Hadley
Great, thank you. Good morning, everyone, and welcome to the USCDI task force meeting. So, let's officially get going with the meeting, and I will start with the roll call, beginning with your co-chairs. Steven Lane?

Steven Lane
Good morning.

Cassandra Hadley
Leslie Kelly Hall?

Leslie Kelly Hall
Hello.

Cassandra Hadley
Ricky Bloomfield?

Ricky Bloomfield
Good morning.

Cassandra Hadley
Hans Buitendijk?

Hans Buitendijk
Good morning.

Cassandra Hadley
Grace Cordova…?

Grace Cordovano
Close enough. Good morning.

Cassandra Hadley
Sorry about that. Jim Jirjis? Not here. Ken Kawamoto? John Kilbourne?

John Kilbourne
Good morning.

Cassandra Hadley
Les Lenert? Clem McDonald? Aaron Miri is going to be late today. Brett Oliver? Mark Savage? Michelle Schreiber is out. Abby Sears?

Abby Sears
Here.

Cassandra Hadley
Sasha TerMaat?

Sasha TerMaat
Good morning.

Cassandra Hadley
Andrew Truscott? Sheryl Turney? Daniel Vreeman? And, Denise Webb is out. Okay, Steven, I will hand it to you.

Past Meeting Notes (00:01:45)

Steven Lane
Thank you so much, and thank you, everyone who was able to join us this morning. I really appreciate your time and attention. I think there are a few people who got pulled away today, so we will take full advantage of those of you who are here. As you can see, we are going to speak a bit about HL7 and the interface between their work and that of the ONC and our task force, so we really appreciate having Wayne Kubick and Brett Marquard here with us to talk us through some issues. We are then going to jump back in to focus on Tasks 2B and C, as we started last time, and I think that will fill out the time. I believe we have posted meeting minute notes to the website. Is that true, team? Are we up to date now? Did we get them all up there?

Cassandra Hadley
Yes, we are up to date.

Steven Lane
Wonderful, we are up to date. I think that is the first time since we kicked off some months back, so it is very exciting that the machine is now well-oiled, so you guys should be able to find those up there. So, again, if we can go to Slide 4 just as a reminder of where we are in our journey, we completed our Task 1 work, generating comments and suggestions back to HITAC regarding draft V.2, and as you will all recall, since I am saying some of this for Wayne and Brett's benefit, those recommendations were fully embraced by the HITAC unanimously, and then forwarded on to the ONC for consideration. The ONC is now in their period of time where they are evaluating all of the public and HITAC feedback regarding V.2 and are working on developing the final V.2 for publication in a few months.

We are now into our Task 2, focusing on the USCDI expansion process, and we have determined that we are going to focus initially on 2B and C, the criteria used to assign levels to submitted data classes and elements and the prioritization process that is used to select from amongst those submitted elements to put into the draft of the subsequent version. So, the reason that we are focusing on this is because we have an opportunity to impact the Version 3 process, so new documentation will be published by ONC in July, along with the final V.2 that will then determine how the approach to the next cycle is made with regard to leveling and prioritization, so that is why we are focusing in on this.

As part of this, though, you will recall that in our recommendations to ONC, there were a few specific data elements where we recommended that these should be included in Version 2 if and only if the implementation guides and standards supporting them are at a level of completeness that the vendors and the industry as a whole would be prepared and have all the supporting tools to be able to truly and meaningfully exchange that data, so there was a handful of specific data elements that we said that about, including the entire data class of social determinants of health, which, of course, we have spent a lot of time talking about, and others have acknowledged the fundamental importance of getting that data into USCDI and getting it exchanged more broadly.

So, we thought it was a good opportunity to reach out to our friends at HL7 to understand just what this interaction between USCDI is, between recommendations that our task force and HITAC will have, what it means to say "You can include this" or "You should include this" if HL7 has checked their boxes, so we thought with that, we would invite Wayne and Brett to provide us a bit of a background so that we are all on the same page with regards to the HL7 process. Of course, we are generally dependent on HL7, both in the area of the CCDA standards as well as the FHIR US Core standards. So, with that shaky introduction, Brett and Wayne, please enlighten us as to the HL7 process, and then also, what that means for the specific recommendations that we have made.

HL7® US Realm Perspective (00:07:12)

Wayne Kubick
Sure. Thank you all for inviting us here today. We appreciate this opportunity. I am the HL7 CTO, and I think you are all familiar with Brett, who can introduce himself briefly. We just wanted to have a couple overview slides to just help refresh your memories about how the HL7 process works, and specifically, the process that had been approved by the US Realm Steering Committee for keeping the FHIR US Core implementation guide well aligned with new releases of the USCDI.

So, if you can go to the next slide, please, I will do the quick overview. HL7 is a consensus-based standards organization. We are accredited by ANSI, the American National Standards Institute, and we conform with the rules for consensus-based training. I think that is from the National Technology Transfer and Advancement Act of 1995. That is to have basic rules about having openness and balance and ensuring that the community has the right opportunity to be able to participate, advise, and consent to the use of standards within their particular industry area.

And so, this is a quick overview of the overall process of what we do, but our ANSI requirements have spaced basic things in place that we have open meetings that have minutes available, conducted under Robert's Rules of Order, and we have certain types of standards that we develop, which are to be basically open and transparent and make sure we balance interest among different stakeholder groups with due process and appeals. The little flowchart at the bottom is an overview of the basic way we conduct standards. We define a project in that first step, creating a project scope statement. There is a process of creating content when a project team works under the auspices of an HL7 workgroup to produce a specification. We announce the availability of a specification for ballot. I think it is a six-week period so people know a ballot is coming up and can prepare for it to come.

There is a ballot that is proposed. There is a 30-day ballot review period where everybody gets to provide their comments, as well as to vote affirmatively or negatively on the specification for various capabilities. These are traditionally held three times a year at HL7 in January, May, and September. There is a period afterwards where the workgroup goes through all the comments with the project team and makes decisions on the disposition of each of the comments, whether they are relevant to the spec, and whether they are things that need to be done or should be done versus whether they are things that cannot be approved or processed. And then, we publish the specification, so it does take time to do this because all of these steps have time associated with them, certainly the time to develop a spec, but also the time just to announce the ballot, make it available for ballot, and to deal with the comments that came out of the ballot. Next slide, please. Brett, do you want to take the next one?

Brett Marquard
Sure, I am happy to. Thank you for having the two of us. I am Brett Marquard. I am actually currently with Micky, moving to the national coordinator, taking over as project manager for Argonaut, and have been involved in the development of both Consolidated CDA and US Core. And so, US Core is the HL7 implementation guide that most closely maps the USCDI. It is not a perfect map, it is a little bit bigger than USCDI right now, but I joke that we play this game of leapfrog where USCDI jumps over US Core, and then we catch up and add things sometimes, and then we jump over and add some of our own stuff.

But, this particular slide is used internally at HL7. It is an idea that there is a high bar to getting into US Core. The idea is that it is a foundational standard that everybody at HL7 can build on top of. It is not one where we just add new data elements with the hope that folks will adopt it, and so, I sometimes call that an aspirational standard where we hope someday, a vendor or health system will pick up the standard. US Core is meant to reflect the reality on the ground of what folks are actually doing, and so, it is a long journey of declaring candidacy, publishing, and piloting. So, you prove out the data element. After you have proven it out through Argonaut, Da Vinci, or other accelerator, health system, or patient engagement program, then bring it back and propose it to the HL7 US Realm Steering Committee, and then go through that ballot process. It is intended to be a long process so that we know that folks have actually committed to putting it to code and to production.

And, of course, ONC, CMS, and other folks have the ability to short-circuit that process by stamping a law, and in that case, we still need testing. It is not testing and design review, but ultimately, that short-circuits the process and fast-tracks it to being included in a future version of US Core.

On the next slide, you will see a timeline. It is a bit of a busy slide, but if you were to look away from the slide, I would say our target goal is to ballot US Core every January and then publish that new release in May. The idea is that this is developed with USCDI in mind. We had gone back and forth on when the best time is to do USCDI design, and it is tricky because when ONC publishes the draft in January, a lot of design effort can go into elements that then get pulled in the final because they are unstable, so for this first year, we decided we would wait until it was finalized in the summer, and then we would start to do design work in the fall, with the idea that the January 2022 ballot would include the majority of USCDI Version 2, and ultimately, publication. So, that gives us a little bit of a window to do testing and refinement before it goes in.

When we look back over time, I think where ONC, HL7, and the community have been most successful is that ONC posted the draft USCDI with provenance, clinical notes, and seemingly innocent data classes, but it still took six months of design and testing work to get them folded in and agreement with the vendors, or even more than six months, and through that design and testing, we are actually able to provide feedback to ONC that it is nice to have the actual author/provider's name in the information, but a lot of times, there are thousands of providers in the community, and knowing the organization and time are the two absolute key elements, and it is nice that they can dig into them. And then, with clinical notes, there is some flexibility in how you access them. Those are things that come out through testing. So, I will pause there. Testing, pilot work, and real example implementation are what help create good standards, and ultimately, deployment to the community.

Wayne Kubick
I have one more point, which may not be clear, just on the cycle that we have at HL7. We have a requirement for FHIR implementation guides that they go through at least one connectathon prior to balloting, so I did make it clear that we would do ballots before each working group meeting. We also do a connectathon before each working group meeting. So, talking about the January cycle would mean if we receive the input of the final USCDI V.2 in July, we have a couple months to put together an IG so that we can test some of these elements at the September connectathon in order to get ready for the ballot, and sometimes we have special connectathons just to make sure we meet that requirement.

Steven Lane
Great. Thank you so much for that presentation. So, it is interesting because with input from a number of folks who are on the phone right now, the task force said to include this in USCDI once HL7 has completed its work, and yet, what you are saying is that HL7 will complete its work once it is included in USCDI, so we have a little bit of a chicken-and-egg problem here in the way we as a task force have approached this.

Obviously, what really needs to happen is that HL7 needs to know what is coming so that it can work on it, but I think what we are going to likely end up seeing is that some of the items that we have prioritized, which, just as a reminder, were discharge medication, SOGI, the Medicare Beneficiary ID, and the social determinants of health, which were the four classes or items that we specifically said should be included once HL7 is ready. How do you see that? Maybe you guys can go through those one by one. Some of those might be ready for V.2 because you have already done a lot of the work on it, but some of what we may be doing is signaling that you need to do that work in the next cycle, but it is not going to be in V.2 for you to then include in the next cycle, it is going to be off in a "waiting to come on" status, which sounds like it may be a new concept in this dynamic cycle of virtue between ONC and HL7, so maybe you can talk us through that.

Brett Marquard
Well, first, let's start by thanking you for sending the list over prior to the call. The good news is that we looked at discharge medications, contacted a few major vendors, and they said they would support this pretty small guidance we can add to the US Core that is about to be published. So, it is a committee decision, and I cannot promise yet, but I am optimistic that we will be able to add guidance for discharge medication in the May publication. That is a good one, it has clear definition, people know what it is, and we can add it.

I think as we start to go down the list with SOGI, MBI, and social determinants of health, a lot of times, Steven, it comes down to how clear the requirements are and how clear it is in clinical care. Have people agreed how to capture it and use it? When things are clear, the standards process coming behind that is pretty good. We can all say, "Oh, these three sites agree that they will do it this way and that these standards have been implemented." We can move pretty quickly.

I have to be careful because you are the experts, but I think where we get stuck is when someone proposes a data element like social determinants of health, it is a huge topic to me, and I do not know which is the most important one, and **[inaudible] [00:18:34]** decided framework of how we ask these questions, but when there is that initial design that has to happen pre-standards, that is when we get stuck and things go slowly.

But, in my mind, the task force or ONC providing a large chunk of data elements is forecasting… I do not know what the correct word is. If you mandate a whole bunch of things that we do not have design for, that scares me a lot. If you forecast a bunch, and say, "Hey, these are drafts," and encourage the industry to move forward and develop standards for them, and then you push folks to pick up a set or all of them, that is where I see things working very positively.

Steven Lane
Well, that is very helpful, and I think that is also what we were hearing from Hans, who is certainly one of the members of our task force who is very close to your process: This notion that we should not simply be looking one cycle ahead, but we should be identifying a roadmap, if you will, of recommendations. So, in this case, as you said, there is a good chance that discharge medications, which came up in our work, will be ready for formal inclusion in V.2, whereas the other items that we identified as warranting HL7 support before inclusion might potentially be V.3 items, but having that specified formally helps you in your process. Did I get that right?

Brett Marquard
You sure did, thank you.

Wayne Kubick
Yes. It is also important… Oh, I am sorry. Go ahead.

Leslie Kelly Hall
Go ahead, Wayne. After you are finished, I have a question.

Wayne Kubick
I just wanted to make a small comment that the other issue is scheduling. The chart Brett showed was based on publication in July, and so, we need to basically do our planning based on which of the requirements we feel are mature enough, stable enough, and well enough defined that we can actually put in the spec at that point in time. And so, the question of when you release V.2 has a big impact because that is basically where we have to lock and say, "Where are we? What can we do or not do?" So, if that schedule changes, then we would have to adjust our schedule accordingly, but it is an important thing to keep in mind. Go ahead, Leslie.

Steven Lane
Clem, you have your hand up.

Leslie Kelly Hall
Thank you. I have one question before we get to Clem. So, I really appreciate that you are talking about the aspirational versus the day-to-day, and I think that is very helpful for us as we think about sending signals to industries versus perhaps directives or recommendations, and perhaps we should consider both, so thank you for that clarity. I did have a question. Yesterday, I was interviewing the California HIE Association out of Fresno, and they mentioned that when data classes were not considered, but only data elements, it was a harder lift, and that sometimes, a whole class of data elements was easier. The overheads were extracting for reporting and such. I wanted to get both of your opinions about data class versus data element levels.

Brett Marquard
Did they give a specific example, Leslie, that they referred to?

Leslie Kelly Hall
They were talking about mostly the things we use all the time, like provider data and patient demographics, which are well used, but in the USCDI, we might be very limited in the total use of every single element. And so, they said, "Look, we are going to have to do this anyway," so I wanted to get your opinions. How do you approach data class versus data element? Does that make a difference in your process?

Brett Marquard
It probably does a little bit. Let's use clinical notes. Clinical notes are a data class, and we know there are all kinds of different clinical notes underneath there, so I think it is helpful to have a data class with a set of example elements, at least, to go with it. So, for that one, we could say we are going to prioritize this set, we can do a designer on those sets, and then, that kind of framework is basically available for any clinical notes. So, if ONC wants to add any clinical notes, the class is there and vendors have built functionality to support that.

For vital signs, I think ONC has always been very specific to say specific vital signs. I guess there are some historical reasons for that, but I do not know. If you were to send patient demographics as a class and did not give us any guidance underneath that, you might not get what you wanted, so it definitely needs a little bit of balance.

Steven Lane
The other thing that I would imagine is that a data class is sort of never complete. One could always come up with new elements to add to a class. I think provenance is a perfect one. In our prior task forces, we talked about all sorts of things that might go under provenance, and I think we will continue to have good ideas in that regard, but having the class there allows us to add more elements to it over time. Okay, we have a couple questions backing up. Clem, do you want to go?

Wayne Kubick
Could I put a brief comment in here from class to element? When we are talking about US Core, we are talking about profiles that actually go a level deeper than that. So, in many cases, a class like patient

information or patient demographic would match to a FHIR resource, and the resource breaks into elements which will include things like gender, birthdate, and elements like that. And then, there are terminologies in the profile that are assigned to those. They will say which of these elements are necessary and which of the value sets we would use to populate these, so it gets down to a very detailed level. So, if we are talking about classes, yes, they are easier to do because they would be much less specific. If your goal is interoperability, people will be able to provide some type of information, but it is very unlikely to be interoperable and consistent, so that is why you need both, and as Brett said, examples really help us to make sure we touch the key points. Sorry, go ahead.

Leslie Kelly Hall
Clem, do you have a question? Clem?

Clement McDonald
Okay, I am off mute. I just have the question of why be stingy? There are some things that are packing in HL7, and in V.2, it is a segment, and in FHIR, it is a resource, and I think there is an inclination in some members of the committee to ask for the whole resource and maybe not make them all required, but they would be available, and systems could deliver them or not, and it would be less work for the community to wrestle with each of these, and Wayne, I think the resource would go up to codes that are assigned to it. That would be the easiest way to think about it.

But also, I had a second issue. I like Leslie's question. I think it could come to an easier point, but also, we have not talked… Well, just now, you talked about the clinical reports and radiology reports, but we did not mention them as a priority. I hope they are, and I hope they are not going to run into any big problems. V.2 has been doing it for 30 years, and it is just one kind of thing. So, what you are thinking about those two, which provide tremendous value to clinical care…

Brett Marquard
Sorry, to clarify, are you talking about the imaging report? You said there are two. I wanted to make sure I…

Clement McDonald
Yeah, it was imaging, not radiology. I think imaging reports and clinical notes were the two. I forget the exact names, but they were broad categories of narrative reports, or what could be narrative, though I do not want to get into that twist.

Brett Marquard
Yeah. So, in the last release, we did add some guidance for the generic, and I sometimes get them mixed up in my own mind, but I believe it was imaging report, and as I spit it out of my mouth, I am looking because I do not want to be imprecise here. We did add that in the last cycle. To jump back to that generic class thing, I want to give an example to grab onto: The goals of the USCDI data class. We have guidance for goals in the specification, but it is really just a resource, so we do not actually say, "These are the types of goals or good examples of goals." We basically say, "Here is a goal resource, go use LOINC, good luck," so when someone asks me how we do it, I say we have goals, but I do not quite feel like I really understand how people use goals today in clinical care, even though I think they are pretty important. And, **[inaudible – crosstalk] [00:28:07]** imaging narrative.

Clement McDonald
Is HL7 able to absorb those two without starting all over with something? The imaging report and the clinical reports…

Brett Marquard
Imaging narrative is in there. I think the additional one could be absorbed pretty cleanly.

Clement McDonald
All right, that is good to know. I have one more comment on the social determinants of health. So, about five months ago, or maybe a little longer, I saw the list. It was a list of discrete questions, maybe 20, maybe more, which I thought could be easily absorbed. Now, the last time I saw it, it dealt with six or eight resources, some of which are not really well established in current use, and they could be burdensome in terms of data collection, so I do not know when that shifted, but I would think it makes it more complicated than just saying, "Here, we have to ask these 20 questions of every patient that comes in." I guess I am talking to Leslie as well as you guys.

Leslie Kelly Hall
So, I think there is a question about what information is already collected and what would be new, as well as who does the collection. I think there are some valid questions there. So, SDOH still has some workflow to work out. I would agree with that. Part of setting some aspirational goals is setting a signal that says, "This is important to care and this is important to ongoing population health, and therefore, although we have not done this in the past and it is not a traditional collection, it is something that will inform our ability to co-produce health and to operate better in value-based care." So, I think this is an area where we have aspirational goals, we do not yet have the workflow, there has been a lot of work done in the data collection or data definitions, but there is more work to be done. I think there are clear signals everywhere in the industry that this is important, but I do acknowledge there is work to do, and I appreciate the work being done so far in the Gravity Project and beyond.

Steven Lane
We have a couple questions stacked up, but before we go on, I want to pursue that a little bit further. Leslie, you raised a really important topic that we should understand before we let these nice gentlemen go. So, obviously, a tremendous amount of work for social determinants of health has been done over the past few years in connectathons, et cetera, and the Gravity Project team submitted a whole host of SDOH elements to the ONDEC system, and ONC leveled five them in particular as Level 2, and our understanding has been that once it makes it to Level 2, ONC believes that it is technically ready to be included in USCDI, and then they chose amongst the Level 2 elements to come up with a draft V.2, and will presumably be choosing amongst those to come up with the final V.2.

So, it surprises me to hear that HL7 then turns around and says, "No, SDOH really is not ready, not enough work has been done," and it just makes me wonder how it made it into Level 2 if it is not actually ready to be included in the next version. What is actually missing? Again, there were just five of a much longer list of SDOH data elements, perhaps another 20 that are sitting at the comment level, that made it to Level 2: Assessment, goals, interventions, outcomes, and problems/health concerns. My impression was that meant that if ONC included them, they would be ready to go. So, from the HL7 perspective, if ONC did include

those five at the suggestion of our task force and now HITAC, what would you guys do? Is there even a way that is humanly possible to get those ready in time for V.2, or would you say, "No, sorry, we have to wait and do those in time for V.3"?

Brett Marquard
I think there is readiness to create a standard and readiness for the real-world use of them. We already have guidance on problems, assessment, and goals. I do not know how those are used. When I go see my doctor, we do not do goals together and I do not see that exchange in any manner, but I agree, it is an important thing. I am sure we can add field for interventions and outcomes or we can come up with some way, but to me, it is a broader question of if this is prepared to be used in clinical care and if folks are going to use this. Creating a standard does not deploy it out there. You know this. So, Steven, I am not sure… On interventions and outcomes, at least today for sure, in US Core, we do not have good guidance. Maybe there is some in Gravity that we could pull in, but I guess I would look to the EHR vendors and other community folks to see if they already have a lot of experience with this that I am unaware of that would make it easier to add.

Leslie Kelly Hall
This goes back to the chicken and egg. There is the regulatory chicken and the standards egg, or vice versa. As a nation of policy, if we say these things are important for maintaining the health of our citizenry, there is then an obligation for policies to be developed to monitor, assess, and gather these things, so we now have great work being done with Gravity and others, but there are some gaps.

So, I think waiting for the chicken and the egg to be cloned is not going to work. Sometimes we are starting with the chicken, and sometimes we are starting with the egg, and I think we have to do the best we can. So, we have lots of questions: Jim, Grace, Clem, and then Abby.

Steven Lane
I think Wayne is trying to get a word in.

Leslie Kelly Hall
Oh, Wayne, I am sorry.

Wayne Kubick
Just briefly, we are very sensitive to that, but the idea is that we can meet partway on some of these things. For example, as Brett said, there are buckets to put things in, except for outcome. I do not know where we have put outcome right now, but we have buckets to put things in, but we may not have sufficient value sets, defined and controlled terminologies, and examples. So, in some cases, such as problems and health concerns, it fits pretty well. We do not really have a huge problem, and we can do that, and we can put a stake in the ground that there is now a social-determinants-of-health component to USCDI. The other elements are a little more problematic, and if we do not have clear requirements, we cannot really profile down to the deepest level. But, there are FHIR resources in most cases that people can use, and over time, we add additional constraints and specificities in order to make them more interoperable.

Steven Lane

We need to take the questions. We have been doing a lot of talking, and we want to bring in the task force members. So, I think we will go to Jim, and then, Abby, I think your hand was up earlier, then went down, then came back up again, so we will start there, and then we have everyone else teed up. Jim?

Jim Jirjis
Okay. Can you hear me?

Steven Lane
Yes.

Jim Jirjis
Okay. I think I heard you say that sometimes it is easy to add things. For example, if we wanted to add additional note types, I wanted to validate that because with full EHI coming in a couple of years, there are a few note types that would be highly clinically valuable, to Clem's point, and I am curious if that is a low-hanging fruit add-on. For example, operative reports are in high demand, and I am not sure they were articulated in the standard. Advance directives, discharge orders, functional status, wound… So, in the notes categories, is it easier to extend, or would that be a challenge for HL7 if it were entered into the next version?

Brett Marquard
I would say yes because the design framework for notes is fairly clear. What is tricky is that some of the things you mentioned, such as advance directives and functional status, sometimes go beyond notes to me. Functional status has a clinical observation component, and that is where it gets very complex and becomes something that is not quite a note. I am not the expert; I look to the clinical folks to see what they are capturing today and if their systems support this before I can say this absolutely.

Jim Jirjis
Okay, got it. So, clear note categories may be easier. Obviously, some of the things I mentioned go beyond it.

Brett Marquard
A new narrative operative note would be pretty straightforward for folks to absorb.

Steven Lane
Abby, do you want to chime in?

Abby Sears
Yeah, I want to circle back to the social determinants of health. I understand a little bit better now the process and the thinking that goes through with this. When you are in the field and you are in the different states, the states are beginning to require this data to be captured, so when you are in the field, having to capture this data, and the standards at our work or at our level have not finished or culminated, we are caught in a catch-22, so I hear what everyone is saying, but every state is now requiring different data to be captured.

So, is there a way to speed up the process? The reason I say that is that it is expensive to do this in a lot of different ways in every different state, and I understand that we have our process, and it is a very methodical one that we need to go through, but when you are in the field and talking about capturing the data, we are capturing the data. The data have been getting captured for many years. We have 700,000 individual screenings from different patients, so we understand what that workflow is and are pretty adept at it, but when I go into different states, they are requiring different data elements, and that is incredibly expensive and inefficient as a country.

So, how do we collectively find a pathway that can speed up this process? Because we cannot afford another 10 years waiting, and I am not saying that you are saying that, I am just saying that they are forcing this conversation regardless if we are ready, so what could we do collectively and together to…I do not like the term "speed up" because it feels pejorative, but to make it easier to get through this process so we can have some level of standards and give these states something to work with so that they can decide to stop designing in a different way in the absence of us getting done with our work.

Steven Lane
Abby, I think you make a really good point, and we certainly saw this so much in the context of the pandemic, where everyone is trying to do good, but they are going in somewhat different directions. One of the things that I think USCDI can do for our country is to help to channel that energy and enthusiasm, and I think what Wayne and Brett said was that there are probably some things within the data class of social determinants that could potentially be moved forward in the context of V.2, and they mentioned problems and, potentially, goals as things that have enough structure around them within what was submitted that they could be include.

I frankly personally think it would be very helpful for V.2 to include the class of social determinants with whatever we could include in there, because then, it would give the community something to hang onto. "Oh, thank goodness, we are doing social determinants, and look, these two or three have now been included in USCDI, so let's all get around those, and then progressively add additional elements in Versions 3 and 4, et cetera, as those make it through the process." But, I think socio-politically and practically, we need to go there, and the question is how can we do it safely and meaningfully within the context of this next cycle?

Abby Sears
I loved the way you framed that. Thank you for that. If I could just add one more point, Steven, I also think we are working with an administration that is going to expedite the process of the equity issues that are being experienced across the country. In fact, almost every executive order has some element that is actually being executed upon. So, how do we maybe pivot and, again, make sure that we are prioritizing the same things that this particular administration is asking to be prioritized and making sure that that is at the front of our mind as we begin to do this? Because the equity issues experienced by the patients have been going on for years and years, and we have an opportunity in a short period of time because we have a very receptive administration to really drive through these equity issues as quickly as we can. So, again, I just want to make a compelling case to maybe change the prioritization or reinforce a higher-level prioritization for this because of the amount of equity issues that the at-risk patient population have been experiencing for so many years.

Steven Lane
Thanks so much, Abby. Grace, do you want to chime in?

Grace Cordovano
Yes. I want to tie into that last comment and the comment before. So, first, I want to thank Brett for presenting the roadmap because that was extremely helpful in understanding the amount of time that needs to be invested to develop these things. My concern from the patient and care partner perspective is when I look at the task force mission here, especially 2B and 2C, when we look at the idea of significant gaps in USCDI, there is a conflict that I am seeing from the patient and care partner perspective with Level 2 data elements and the need to have these technical standards.

I would like to ask if we could consider if there are major gaps from the patient and care partner perspective, which is the stakeholder that is the most data-underserved when we look at the healthcare ecosystem on data access. Patients in general are data-underserved stakeholders. Should we actually prioritize high-use-case elements that do not have standards so that we do not leave everything that is important that does not have a standard for the very end? Because a lot of these things that are important to the patient and care partner perspective in use cases may not have standards that are mature, and I am concerned that we are going to be pushing all of them off to the very end, and then it is a big scramble, if that makes sense.

Steven Lane
Yeah. Grace, you raised a really key point, and one that I think we will continue to talk about here in the task force, which is if it is appropriate for HITAC to recommend ONC to consider putting things into USCDI that really do not have full support from a technical perspective. That switches it to this aspirational goal that Brett was describing earlier, and I will ask Brett and/or Wayne to chime in, but what would it mean to you from your perspective if, suddenly, ONC put something into USCDI that really was not baked, that did not have standards, because we just thought it was so…? There is a part of USCDI that is really standards-based and technically supported, and there is another part that is more aspirational. How would you see that working out in real life, Brett?

Brett Marquard
I do not mean this in a defensive way, but I like to joke sometimes that sometimes, in the standards world and HL7, we feel like we are in Standards Land, like Disneyland, and we can create our own little amusement park, and it is beautiful, and it is fun, and we love the rides, but they do not necessarily work when it rains outside, out in the real environment. So, what I get concerned about is that USCDI… Sorry. First off, I like the idea of USCDI being aspirational in the draft and really pushing people to go, go, go, but when you finalize something as an aspirational thing, we develop a standard to go with it because we are trying to work together. It seems like it is done, and we feel good about it, but if it has not gone out to the broader industry, folks say, “Oh, we solved goals; we have them in the US Core,” but it has not been rolled out to the broader community, so it feels good that it is done, but it has not permeated out into clinical care and improved patients’ lives, so that is where I get nervous.

Steven Lane
I do not know if we have lost Wayne or if he just went off camera.

Brett Marquard

Did that make sense, Steven?

Wayne Kubick
I was going to comment a little further, Steven. I am very supportive of the aspirational approach. Within the HL7 community, I think we respond very quickly when we know it is very important and likely to be in regulation. I think it is important, though, to differentiate, and again, USCDI already has different categories of components in terms of candidates and things. We need to differentiate between the stuff that is ready to become a standard and the stuff that is going to take longer to development. We still need to prioritize those. If SDOH is a high priority, which we think it is, it is going to take longer than the time we have in the cycle to get ready, but we want people to focus their attention on working on it so they get it closer.

I think it would be very helpful if HITAC did both. They could say, "These are the things that are ready to go into the specification," we stick to our schedule, and then we look at the next round of things that we really want you to get, and you tell us when you can get it in there and get back to us because that helps motivate the community, helps get people priority, and helps the vendors pay attention, and we want to make those things very clear, but it is not something where we have to delay our schedules and get some of the value out there sooner. I think that is what happened with the package you sent us. Let's do what we can and get as much into it as we can for the next release, and then focus attention on getting the rest of it ready so it will be going in there as soon as possible, even if we cannot make the deadline.

Steven Lane
I guess what I would ask Al, perhaps, to comment on from the ONC perspective is beyond the task force and HITAC publishing recommendations or posting those, it seems like you would probably be looking to ONC to create some vehicle for saying, "These are the things that we have teed up to likely include in V.3," not waiting until next winter, when draft V.3 comes out, but giving you guys a chance to see that these are things we really want to see prioritized for V.3, so you guys can work on them this year and see how far you can get them down the path even before they might be included in a draft V.3 in early 2022. Is that fair, Al, and if so, how would you see ONC perhaps responding to that?

Al Taylor
I think that is fair. We do have conversations and have had conversations with HL7, Brett in particular, on things that we were considering for adding to the draft before we published the draft, and we expect that sort of thing to continue. We have that sense. To Grace's comment there, there could be things that are not fully baked and fully developed standards-wise, but we have a sense, both based on our own experience and in coordination with HL7, that something like this could be feasible, and it is an aspirational goal of ONC's to advance into a certain area, so we made that push around clinical notes, and it was aspirational for us to add the narrative components. We had the aspiration to add provenance as well, and so, we did not come up with that idea **[inaudible] [00:50:55]**. We knew what the input was going to be. We had a sense as to what the initial feedback was going to be from HL7. We did not necessarily make it easy for them, but at least they had a heads-up that it was coming instead of waiting until the draft.

Leslie Kelly Hall
That is helpful, Al. Steven, it looks like we still have Hans, and Sheryl also, and Clem again, Hans?

Hans Buitendijk

Thank you. I really appreciate the discussion, and I want to highlight a couple of things in there. Al talked about some of the topics that have been raised earlier, but doing it in a roadmap format is really very helpful, and it is not only a roadmap that is shared and discussed with the standards organization that is trying to do that, but as Brett identified, there is more than that because it needs to be implemented. How does the community get awareness of that so that we proactively work on that? I think in the process, which we talked a little bit about before as well, USCDI has been focusing on the classes, elements, and vocabulary standards. The term "standard" is used, but it is really meant to be vocabulary.

The point that Brett was making is an important one. Once it then moves on and you look at it from a perspective of standards overall, there is more than that because we need to agree how it is to be communicated, particularly in FHIR, US Core, and CCDA, and for different elements, they have different constructs and different approaches to do that where we do not all yet agree to what the right thing is because different systems manage it differently, but we need to come to an agreement in the middle. So, yes, the standards are there, but the guidance is not there because Brett and I have figured out over a number of years that we might end up with different ways of doing it which are both valid, but not interoperable, and we need to come to a conclusion with that.

So, I think that recognizing that it is not only about vocabulary standards, but it is the guidance on the basis of the existing standards, is really critical to get a good timeline in place that is not one here, one there, but is a reasonable roadmap. It is not perfect, but it is something we can collectively work toward. That is what I think of for an ask to ONC and an ask to the community of which we are also part. How can we really work on that to make that happen so that we have good insight, good foresight, and everybody has the opportunity to get their piece in place in a timely fashion and not get surprised that we need to do something in State X by two months from now.

Steven Lane
That is a great comment, Hans, and I really think it speaks to where we are going to end up settling with this concept of a roadmap. It is something that goes beyond just what is in V.2 and then waiting for draft V.3, but some sort of public statement from ONC of what we are hoping to be able to get into V.3 or future versions to signal that, as you say, to the entire industry. Clem, your hand is back up. Sheryl, I know you have been putting yours up. Oh, you have to drop, I see. Too bad.

Clement McDonald
I am going to be controversial. I think we are doing this all wrong. There are questions being asked in all the states to answer things that are about social determinants of health and are actionable. You have a place to live, you have money, you have this, you have that. They are doing it. There is this thing called PREPARE, which is one of the surveys used. We could do that tomorrow if we got together, but we are medicalizing by putting in the goals, problems, and all this stuff. A lot of this is done in social services. It is not necessarily even the healthcare system. So, I think it is all wrong. We should do the rest too, but I do not think it is necessary to add 30-40 questions. Gravity did it five months ago. Maybe they have changed. That is okay. If we just clamp down on those, it is not hard, and we can declare that these are the ones to be used, and they would not necessarily be in medical systems because a lot of this is done elsewhere.

Steven Lane

Thanks, Clem, and I think that is really what Sheryl was getting at. She was trying to raise the same issue, and she put it into the public chat. There were standards specified by Gravity and submitted with the data elements that made it into Level 2. I guess I am still a little unclear. What is the remaining gap from the HL7 perspective for those elements, or did ONC just see it differently than HL7 sees it?

Clement McDonald
I think they have confused it by throwing it into all those resources. You have goals, concerns… What the hell is a concern? As a physician, I do not know what is a concern and what is a problem. If the patient says, "I cannot walk, I am concerned about it," well, that is a damn problem. So, we ought to just get an agreement on a set of questions, put them there, and have them be collected in whatever circumstances. Grace, you are smiling. I do not know what your…

Grace Cordovano
I am in full agreement.

Steven Lane
Okay. So, again, I really appreciate the time that Brett and Wayne have dedicated. I think we told them we were not going to keep them all day. Gentlemen, do you guys have anything else you want to share before we let you go?

Brett Marquard
No. Thank you for reaching out. Do not be afraid to be a little bit aspirational. I think it is a healthy thing that I would encourage, so thank you for having us.

Clement McDonald
Brett, I love your analogy. It is the perfect analogy.

Brett Marquard
Which one?

Clement McDonald
Of Disney World.

Steven Lane
Standards World.

Wayne Kubick
Just one last comment. Again, I also support the aspirational roadmap approach. I think it will be very healthy. In terms of things like social determinants, one of the things I said in my email is we need to check more closely with the project teams. For example, Gravity has not published or balloted anything, so to the extent of… In the HL7 world, until you gather the systematic feedback through the ballot, it is hard to actually say it is ready, so we need to see how close they are. Certainly, again, we want to support as much as we can, but I know they have been meeting for a long time. We do not have any standards yet, so the state of them is the question we have to look into.

Clement McDonald
The questions all have LOINC codes already.

Wayne Kubick
Well, that is good. I did not know that, but that was my point, that we need to look further. That was the same with SOGI as well. There was gender harmonization informative document that was balloted, but still being reconciled, and again, if the team feels they have enough ready to go… That was something we did not do in the timeframe we had to answer the question, so we still need to follow up with them, and Steven, we will share with you what we hear about those, too. We need to dig a little deeper. I think the other one with questions is the MDI versus coverage.

Leslie Kelly Hall
Wayne, another thing. When there are aspirational goals, sometimes there are not aspirational sponsors, especially for the data-underserved, to get us through those connectathons and processes. So, any suggestions you might have when the data-underserved are being addressed through HL7 to help accelerate process or even just include in process could be helpful. Do you have any words of wisdom before you drop off?

Wayne Kubick
It is a very important goal that we are trying to move forward as much as we can. It is a complex situation, but we are sensitive to that. We are always looking for other ways to make it better, so I appreciate that.

Steven Lane
Thank you both for your time. We will bring back additional information to the task force as we hear back from HL7.

Brett Marquard
Thank you very much.

Wayne Kubick
Thank you.

Tasks 2b and 2c (00:59:28)

Steven Lane
All right, good. So, we are going to go on. Let's see. We are already up to 34 after, so we have just a bit of time here yet to go. Here in our slide deck, we are reminded of the current leveling criteria that ONC has used in the past. Recall that this is our opportunity within our Task 2B, to make suggested changes in this process. One thing that we heard last time was a suggestion from Hans for that Level 2 maturity current standards, which is in the upper right-hand box. Hans proposed at one point that that "or" might be an "and," which would really raise the bar in terms of getting things into Level 2. "…must be represented using a terminology standard *and* element of SDO balloted technical specifications." So, we are going to want to come back to that.

We have not heard any other concrete suggestions on the leveling process, but I know that there is a general thread of our discussion, which is saying if indeed items to be included in a draft or in the next

version must be at Level 2, perhaps we should modify what it takes to get into Level 2. I think what we just heard out of this last discussion is that perhaps there is something else, that there is Level 2, which requires technical standards, that that really should be included before something truly goes into USCDI itself, but there is another category, such as the aspirational goals, the things we want to be next, so that we can help to orient the community as a whole that these are the things they should be working on even before they go into USCDI so that they can get into USCDI, and I think we are going to need to look to AI and the ONC team to provide us with guidance as to how we can be most helpful.

I think we all understand what we want. We want to accelerate change, we want to bring things in that are not quite up to this technical standard, but whether the way to do that is just stick them in USCDI and see if it works out or to have this USCDI launchpad somewhere else in the public eye beyond just discussions with HL7, I think that is probably where we are starting to go. So, I will just pause there and see if anybody has any thoughts about this whole question about leveling and the leveling criteria. Should we be digging into this and trying to lower the bar, raise the bar, or do we feel like this already at a reasonable Goldilocks level, not too hot, not too cold, and we can perhaps leave this as is? I am curious. Hans, your hand is up.

Hans Buitendijk
On that question, I have some thoughts that with Level 1 and Level 2, in principle, it seems like we have the opportunity to do that with some adjustment. If Level 1 were to be as it is, that there is something there, but it has more prioritization, and we can think about what is in that list that is more important that creates the target for the community to make progress in, and that Level 2 would then be an end to say that everything has happened that needs to happen to make it in USCDI so that it can be picked up by the respective programs without much extra work so that it is not a scramble to catch up with the next USCDI version, but that everything is in place. So, I think with Level 1 and 2, with the right adjustments, and in a sense of prioritization, at least in Level 1, we might be able to get there fairly easily.

Steven Lane
Grace?

Grace Cordovano
My only comment is from my experience, some things were suggested from the patient perspective that currently were not in Level 2 and then were deemed out of scope. Is there a way? My hope and dream is that more patients and care partners become involved in the task force and in this public process. In the future, when we will be uncovering more gaps that perhaps were not submitted previously, is there a way to not make that Level 2 a mandatory sticking point and make concessions like we have now, where we have COVID-19 and a pandemic, and there may have been things that are suggested now that we did not foresee the nine months or year prior?

Steven Lane
The challenge that we keep coming up against is whether we are talking about patients, payers, or public health, any stakeholder can have a data element that they are very enthusiastic about, but unless it is ready to be meaningfully exchanged, it is not clear what it means to stick it into USCDI. I think Wayne put it pretty well. Both Wayne and Brett were very enthusiastic about supporting the aspirational nature of this and making clear that there are things that are a high priority to ONC and to the community, but it is still not clear to me that the way to respond to those aspirations is to stick something into USCDI in a formal

published version, and I think again, we are going to keep coming back to this until we come to some sort of consensus or ONC makes the decision for us. Al, I am curious. What is your thinking on this based on the current state of our discussion?

Al Taylor
So, to consider something either as a Level 2 when it does not meet either these criteria or some modification of the criteria… That is something where if the recommendation is to modify the prioritization criteria to extend beyond Level 2 data elements, that is a recommendation that the task force can make, but what it does is for whatever the reasons why something is a Level 1 data element, that adds to the development burden, it adds to the implementation burden, it adds to the standards development work, whether it is with a particular FHIR IG or a particular template IGs for CCDA. So, that is still part of it. It could be a great idea, it could meet the needs of a particular group, but on the whole, we have to consider a particular data element, whether it is Level 1 or Level 2, with respect to if it can be implemented, and if we add something just to show our support, then it is not mature enough and really cannot be implemented for various reasons. We are not helping anybody advance that particular data element because nobody will be able to do it. If nobody can do it, then nobody will do it.

Steven Lane
Right. So, again, Task 2B is about the leveling and Task 2C is about the prioritization, how to select items from Level 2 for promotion into USCDI. And so, a number of us have thrown some spaghetti at this wall, and this is just meant to be a place to start this discussion. Is there a way that we could craft a set of suggestions around the prioritization criteria, which is Task 2C, that would capture what we have been at here, what we are talking about? I took a brief stab at this, and a number of people have. It is not so much the words here as the ideas, but it is the idea that to make it into a draft version or a final version of USCDI, you would meet the top five bullets as we have discussed them, and ONC has utilized them for this cycle. It could be an "and" or an "or," and we need to think this through, but there are other identified priority needs, and we have talked about equity, the data-underserved, and priority use cases.

How would this work? Would we say that there are two different classes of citizens within USCDI, those that are truly fully baked and ready to go, and others that are aspirational, or do we suggest to ONC that they hold back the aspiratonals and put an asterisk on them? Hans, one of the challenges with your proposal that the stuff in Level 2 be really fully baked and the stuff in Level 1 be aspirational is that there are just too many things. I think it is too hard for the industry to look at everything that is now at Level 1 and say, "Okay, we have to focus on this" because it is too unfocused. I think we need to somehow put an asterisk on the things in Level 1, if that is where they belong, that are not fully baked, and say these are the ones that ONC, HITAC, and the community, through public comment, have said have the greatest support.

Hans Buitendijk
I completely agree with that. That was part of my comment. It needs to be prioritized; otherwise, it is not warranted. I completely agree.

Leslie Kelly Hall
Steven, I would add that some of the use cases that we talked about in the pandemic response… It might go from Level 1 to Level 2 in USCDI overnight because there is a need, like proof of vaccination and other issues. So, it sounds like we have the need in the first task to make sure the levels are correct, and then,

once the levels are correct, determine what are the criteria for prioritization, and allow for the one-and-dones, like notes, which we can do more of since we know how to do them, and then, the priority of what we have here as the "or," and then, maybe that third category is the priority use case for public health. So, it is aspirational public health demand and the current prioritization. That is what I am hearing, anyway.

Steven Lane
Now, Al, what do you think about this asterisk idea of identifying elements? Right now, in the ONC's judgment, it seems that Level 2 items are those that are technically ready, and it sounds like there is still some back and forth that needs to happen between ONC and HL7 to see if there is agreement that they are technically ready, but if your assessment was that everything you put into Level 2 was technically ready to go and the Level 1 are the things that need more work, what could ONC do to essentially create an asterisk on the Level 1 data elements to say they are the ones that it really wants the industry to focus on?

Al Taylor
I think this asterisk thought could apply to any of the levels where we thought something had value, but was not ready. That could apply to Level 2 data elements as well. There could be some things that are in Level 2 that are just too difficult, complex, and abstract, even though somebody has figured out a way to make a standard or an ID on them. So, we can do that through communicating what our priorities are in general. We have new administration, we have some new guidance, and as our national coordinator gets out there to communicate his message about what our priorities are, there is a piece of that communication that includes the thought that the data elements that are being proposed for Level 1 could use some work, and we can highlight that aspect in our communication.

I think that could be a way to do it. I do not know specifically how much value there is in adding an asterisk without coming up with a very comprehensive **[inaudible] [01:13:55]** to what all the indicators are, but we can communicate what those **[inaudible]** would be important or are important, but just are not ready yet, through a couple different ways of communicating.

Steven Lane
That is really good to hear, and I think it starts to get at the red text on the slide we are looking at. How do we manifest these aspirations? How do we communicate them? So, that is great. Any other thoughts? Jim, you just popped your hand up.

Jim Jirjis
Yeah, can you hear me?

Steven Lane
Yes.

Jim Jirjis
I was just curious. I know it would be different for aspirational versus things that are more ready at Level 2, but what about a system where we rank everything according to the way we have planned, but weighted prioritizations as to where items in each of the categories, Level 1 and 2, were weighted differently depending on whether they had one of the three items in red, whether they addressed those priority items?

Steven Lane
Yeah, and unfortunately, Mark had a conflicting meeting today, so he could not be here, but he presented a very elegant and quite comprehensive weighting methodology that a prior ONC workgroup had come up with, and we talked through that last time, and I think it was very impressive, but perhaps too complex for this task. It was designed for a slightly different task, but it gets at these different issues. It takes a lot of work to put something like that together. Who does the weighting? What is each criterion worth? It may be a lot. Clearly, that is one end of the spectrum. At the other end is the short list of concepts, such as equity, data-underserved, priority, and public health. What do people think? What should we focus on in terms of a deliverable if we wanted to actually put our work into coming up with something like that?

Jim Jirjis
Maybe it applies more to the aspirational bit, a simple weighting system where if they qualify for one of these three items, that it did not have to be really relaxed, but instead…

Steven Lane
Yeah, that is why I was coming up with this very simplistic idea of an asterisk, because it could be one, two, or three asterisks. There are all sorts of ways we could do this. A complex weighting system is at one end of the spectrum, but I think we all are agreeing that there is a need to highlight certain classes or elements, and I love your point, Al, that this could be true in Level 2, Level 1, or comment. At each level, there could be things that ONC wants to call out to the community as particularly important, and I think Wayne and Brett both said that they would welcome that. They know that they have a finite pipeline, a finite capacity, and if we can identify things that need doing…

Again, I am still a little confused about the whole Level 2 issue because I thought that Level 2 meant that it was ready, and now, HL7 is saying, "No, not quite," and we will go to public comment soon, but I think Clem's point and Sheryl's point…and, I am sorry that Mark is not here to speak to it, but I think other people on the call may be involved in Gravity. The stuff that Gravity put forward that made it into Level 2 has all got technical standards. They call out what they are recommending in terms of applicable standards. The applicable standards under "interventions" go on for a page.

So, what I heard from Wayne at the end was that they are still looking into this. Hans, I do not know if you or Sasha can point at this, but now that we have pointed at these, they are having some internal meetings or meetings with vendors to see whether the standards specifications that they submitted and that ONC felt were sufficient for Level 2 were truly ready, to the point where perhaps they could support and embrace the five elements that we and ONC suggested to bring forward into V.2, or perhaps V.3. Clem, do you want to get a word in before we go to public comment?

Clement McDonald
Yeah, just to repeat that we could make progress if we forgot about the big reach, dealing with resources which are ill-defined. We already have problems, so what is going to be different for social determinants of health? Get the darn questions that they define specifically as a part of a survey instrument, which I think they built. We can tweak it or whatever, but that will be easy, and it also is not always a medical model. Most of the time, it is not. So, we have it all defined in terms of you are in the hospital, you are going to do these resources with FHIR… Well, just answer these damn questions and we can take actions. There are

steps you can do. North Carolina is doing it with PREPARE, one of those surveys. We should not have 52 different surveys.

Steven Lane
Thanks. Hold that thought, Hans. Let's go to public comment.

Public Comment (01:20:33)

Cassandra Hadley
Operator, can you open the line for public comment?

Operator
Yes. If you would like to make a comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *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 your handset before pressing *. One moment while we poll for comments. There are no comments at this time.

Steven Lane
Thank you so much. Okay, Hans, do you want to chime in?

Hans Buitendijk
Sure. In reaction to your question on the readiness, it is somewhat a repeat of what we stated before, but if you look at SDOH and they point to things, in the long list are vocabulary, which clearly has been established. Then, it points to structural standards that exist, and the underlying FHIR standard has the resources by which you can express it. It is the implementation guide where there is then further agreement which attributes on each of these observations, or assertions, or conditions, or otherwise, what needs to be present, what needs to be there, et cetera. That is the implementation guide that Gravity has been working on that has been balloted but not published yet, so that is where the comments are coming from. It has not gone through the standards process.

So, yes, there are standards on the line, but guidance is not complete, so I just wanted to make sure that it is clear that that is where it sits. How much time it still takes is a fair question, but if you ask if it is ready if USCDI Version 2 is published today, it cannot point to an actual implementation guide that enables everybody to do it consistently. That is the challenge. That is what we are trying to get ahead of as soon as possible.

Steven Lane
So, I guess I would ask Al to maybe provide us with the final word on the chicken-and-egg problem. Where does HL7 need to be for you to include a data element in V.2 in July? Let's use SDOH as the example because we are all so enthusiastic about it. Do you feel that you could include those five data elements that you put into Level 2 that we suggested be included in V.2, but that are not yet a balloted HL7 IG, in V.2 with enough public support, or do you feel that the chicken is not ready to be born because the egg is still incubating?

Al Taylor

I think that we would need to have some additional conversation about the feasibility of getting the US Core and CCDA guides updated in time, or close to in time. I do not think they have to be fully published by January of next year, but if there is a reasonable glide path toward doing them, and as they said today, if USCDI leads, they will have to respond, and if they cannot respond, if it is not feasible for them to respond in time, then it is not feasible to put it into Version 2, but we would need to have some more conversations about that, and then, to see how the proposal to add SDOH to Version 2 fits into our existing prioritization criteria as well.

Steven Lane

That is very helpful, and I think it is a great way to close us out today. I recall that Wayne said at the end that they are in process, digging deeper into SOGI, MBI, and SDOH, so I think of the four that we brought forward, acknowledging that SDOH includes five different specific elements, I think there is still some hope, perhaps, that they would be includable in V.2, and that those discussions are ongoing. So, let's call it there. We are at the hour. Thank you all for a lively discussion. Again, I encourage all of you to think deeply and come with specific suggestions for our consideration, and we will see you all next week.

Adjourn (01:25:49)