HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) INTEROPERABILITY STANDARDS PRIORITIES TASK FORCE 2021 MEETING

May 27, 2021, 2:00 p.m. – 3:30 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Arien Malec	**Change Healthcare**	**Co-Chair**
David McCallie	**Individual**	**Co-Chair**
Ricky Bloomfield	Apple	Member
Cynthia Fisher	PatientRightsAdvocate.org	Member
Valerie Grey	New York eHealth Collaborative	Member
Jim Jirjis	HCA Healthcare	Member
Edward Juhn	Inland Empire Health Plan	Member
Ken Kawamoto	University of Utah Health	Member
Victor Lee	Clinical Architecture	Member
Leslie Lenert	Medical University of South Carolina	Member
Clem McDonald	National Library of Medicine	Member
Ming Jack Po	Ansible Health	Member
Raj Ratwani	MedStar Health	Member
Ram Sriram	National Institute of Standards and Technology	Member
Sasha TerMaat	Epic	Member
Andrew Truscott	Accenture	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Wanda Govan-Jenkins	Office of the National Coordinator for Health Information Technology	Staff Lead
Denise Joseph	Office of the National Coordinator for Health Information Technology	Staff Lead

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

Michael Berry
Thank you. Good afternoon, everybody. Welcome back to the Interoperability Standards Priorities Task Force. I am Mike Berry with ONC and we really appreciate you joining us today. On behalf of ONC, I really want to thank our co-chairs, Arien Malec and David McCallie, and all the task force members for doing such a great job in getting ready for our presentation of recommendations to the high tack on June 9th. They have been working very diligently behind the scenes and we really appreciate it. I am going to open today's meeting with roll call. I will start with our co-chairs, Arien Malec.

Arien Malec
Good morning and/or afternoon.

Michael Berry
David McCallie.

David McCallie
Hello.

Michael Berry
Ricky Bloomfield. Cynthia Fisher. Valerie Grey. Jim Jirjis.

Jim Jirjis
Present.

Michael Berry
Edward Juhn. Ken Kawamoto. Victor Lee.

Victor Lee
Here.

Michael Berry
Leslie Lenert.

Leslie Lenert
Present.

Michael Berry
Clem McDonald.

Clem McDonald
Here.

Michael Berry
Jack Po. Raj Ratwani. Ram Sriram. Sasha TerMaat.

Sasha TerMaat

Hello.

Michael Berry
And Andy Truscott. We have some members joining us as I speak. So, I will capture their names in our attendance. With that, I would like to turn it over to our co-chairs, Arien and David.

Draft High Level Recommendations Review and Discussion (00:01:38)

Arien Malec
Thank you. We made a bunch of progress over the weekend and I think we are pretty close to a good, clean draft. I am sure that there are typos and corrections and words that need more smithing, but I feel like we are pretty close to being something presentable. Now that being said, this will be the meeting where it all falls apart because I said that. So, I am prepared for it. But, anyway, I should not even have opened. We have made a lot of changes. They require a lot of review and it is going to be really controversial. So, let us walk through it. All right. So, I think what we are going to do is just go through the transmittal draft, talk about where we need changes in response to task force member input, and highlight potentially any areas that need additional feedback. You all should have gotten the clean copy and the marked-up copy in your email on Monday. So, we should be able to walk through this and hopefully narrow in on any areas that require additional wordsmithing. So, if we go into the next page which is table of contents. Which I will have to rebuild.

So, background. We were pretty pro-forma on the mandate. So, we can decide whether we want to get more fancy with the background, the charge and any additional background information. David put together a summary of who we talked to and who did presentations.

David McCallie
Arien, I will remind you that we need to edit in a few corrections to Alex detail there. She sent it in an email. Those are not yet captured. Alex, we got that. We will fix that.

Arien Malec
Cool. Thank you. And then we reformatted the draft recommendations into an executive summary that goes through the introduction, which covers how we prioritized input, and where we deferred to the public health data systems task force and where we believe a future incarnation of the ISP task force should explore. And then, we basically put together the same high-level recommendations. I am just going to pause there on this portion of the executive summary and then we will go back through the high-level recommendation. Any comments, feedback, anything here? All right. Let us go to the high-level recommendations. I do not think we changed... oh, yeah. We did not change anything here and probably should have. In later sections and detailed recommendations, we actually did detailed cross-references to the underlying standards. Let me just scan this one to make sure we did not miss anything when we did this. FHIR CDF hope, I think is appropriate. I think it is FHIR subscription.

Anyway. If we go down a little farther, there may be work here to do to clean up the terminology here, consistent with the more detailed recommendations. In fact, now that I am looking at it, I am pretty sure there is. Major refactor to bullet two where we pull out the recommendation on terminology. We reference OMB circular A 119 on voluntary consensus standards and design the policy goals. I think I am going to read this one out and see if we captured what I think has been the right consistent intent of the task force

but where the words, as smithed on the page, may not have fully gotten at the nuance. So, No. 1 we recommend that ONC work with other federal stakeholders from the nation toward terminology standards of development in accordance with OMB circular A 119 on voluntary consensus standards, comma have licenses with a lot of open use providers, researchers, developers, patients, and other stakeholders through national licensing where appropriate, comma and are designed to address multiple needs, clinical care research administrative needs. So, again, I think I got better in the later paragraph where I included public health and also the cross mapping to international standards.

I think I want to take the later language and import it back up here. Then in areas where code sets did not conform to this policy of currently required by federal actors, we recommend that ONC work with key federal stakeholders. Yada, yada, yada. See the license because naturally a transition in the nation to more open terminology. I will pause there noting that I have a better tern on this later in the document that calls out these four items, four separate bullets, feedback and I see Clem's hand is up.

Clem McDonald
Of course. Can you make the font just a little bigger, maybe just up the size a bit? So, I still would rather have it not bring up, either maybe licensing as a last resort or somehow not make it so prominent.

Arien Malec
Got it.

Clem McDonald
And then pushing for the open. We are going to have to do some licensing, no question, but putting the onus on open would help. They have to be open would be helpful, I think, for the future.

Arien Malec
Awesome. Thank you. Good feedback.

Clem McDonald
But, again, I think, you have done good word crafting. I hope your life is not consumed by that.

Arien Malec
Just the off hours on the weekends.

Clem McDonald
Yeah, just your free time, right?

Arien Malec
Yep. Okay. So, great point. Thank you. And as I said, I think the later crack at this is actually a better crack at this. So, when we get there, we will go through it. I think we clarified promulgate policy to ensure that data is captured during normal as way as early resource possible, which I think comes out of the task force feedback.

Clem McDonald
Well, just slight suggestion there. Is close to the source maybe as, I do not know whether early or close. I mean, the word upstream has been used in other context. Maybe you need an example to make it really clear.

Arien Malec

Yeah, I think we do an example in the detailed section. **[Inaudible] [00:09:22]** detailed that close, rather than early, makes sense to me. Yeah, it is one of the strange mappings of 3-D space onto process workflow.

Clem McDonald

You are sort of frowning a little bit or maybe you are just looking down.

Arien Malec

No, I am just looking down.

Clem McDonald

No, Dave.

Arien Malec

Oh, Dave. Yeah, he is just taking notes.

David McCallie

I am just taking notes and squinting at the screen. Dealing with bifocals when you have a screen in front of you and a notebook in front of you. Different distances.

Clem McDonald

All right.

Arien Malec

Okay. Any other feedback so far? Okay. Let us see. I think the rest of the stuff is unchanged. I really should be looking at the marked-up version in parallel just to make sure I am capturing all of the changes. And so, as I say that, I am going to go do that in parallel. David, maybe you can walk us through, while I am looking up the marked-up version?

David McCallie

Yeah. So, we are on point... Let us see. I lost track here. Early possible expense, pragmatic approach. Yeah, okay. Pragmatic approach. So, I think there is a discussion area that I left. I queued up some questions to you in my reaction to your first draft around the language. Some language inconsistency on the common research model. And maybe we need to view the whole scope of the things we say about that because there is a little bit of inconsistency that we need to reconcile. So, I will just flag that we are a little bit unclear on what common means.
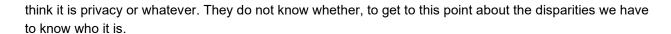
Arien Malec

Yeah. So, I do not see any other changes in this section. So, maybe we go to the next section which is list the specific **[inaudible-crosstalk] [00:11:43]**? Yep.

Clem McDonald

I did not put my hand up, I apologize. The issue of the disparities and all. So, I was on the call with the public health task group, talking about consuming one's life, all these task groups. First, they have maybe 30 items and they crisscross a bit. One that came out strong was that public health, or the registration part of the B-2 message, is not going to the right people. It is not going along with the order and it seems like that just sort of standard and they do not know why. I mean, no one explains whether it is because people

think it is privacy or whatever. They do not know whether, to get to this point about the disparities we have to know who it is.

Arien Malec
I think we addressed this. So, hold that thought as well because I do think we addressed this in the more detailed section.

Clem McDonald
Can we propose studies? Partly what is missing, and a lot of these things are things not working, is not enough is known about the why.

Arien Malec
I was involved early on in the Duke Margolis group that looked particularly at this area. And our conclusion at the time, and I think Sasha provided feedback based on her experience with deployed EHRs, was to the effect that the information is available at the source when the order is conducted. And it is dropped in the integration engine when the order is sent to the lab. And that that dropping is intentional but I think that is the fact. I think the interpretation is that the lab does not require the demographic information, and in anything in interoperability, it is burdensome and problematic to give it. There may be some minimum necessary determination but, I think more likely it is, "Hey, if I do not have to send it, it is a pain in the butt to set up an integration engine to send the information over." But that in these cases, it is an intentional drop in the integration engine from the order in the AHR all the way to the lab. Sasha, I know you have had some previous comments in this area.

Sasha TerMaat
Yeah. I had done some investigation. Are you able to hear me?

Arien Malec
We can hear you.

Sasha TerMaat
Okay. Confusing myself with technology. I had done some investigation based on early concerns that the demographic information was not making it to public health, and that had been the most frequent scenario that we encountered covering the vast majority of cases where the demographics were not preserved.

Arien Malec
So, we make specific recommendations later in this document to this point. When we get there in the detailed section, we should pick that topic up and we might want to put it in the executive summary as well.

Clem McDonald
Sasha, is that because minimum necessary? Or do you know the why?

Sasha TerMaat
The impression I got, and I never spoke with some of the lab software that did this specifically, but was just that it had not bothered to be configured.

Clem McDonald
Okay. Well, that should be fixable then.

Arien Malec

Yeah. Interoperability is a pain in the butt. All right. Let us go onto the next section. So, we will pick this up because I do think it is explicitly called out later. So here, in terms of edits, we yanked out the high-level recommendations in the executive summary, included cross-references to CDS hooks, FHIR subscriptions, FHIR questionnaire, FHIR consent and, again, I need to take the language here and make it consistent in the high-level recommendations because that is a miss. The task force notes these standards are at various level of maturity with CDS hooks for at least some trigger types being the most advanced. I have got a parenthesis issue here. The programmer in me is intensely bothered with this. It is a closed parenthesis with no matching open. So, I am going to pause here. This is task force input last time.

Clem McDonald

Did you take out subscriptions? Is that what you said?

Arien Malec

No. We did not take out subscription. We said triggering asynchronous workflow via FHIR subscription rather than subscriptions and we did a cross-reference to FHIR subscription.

Clem McDonald

Okay. Never mind.

Arien Malec

Okay. So, we did a little bit of wordsmithing in the recommendation section but nothing significant. Broader maturity production, adoption of eventual incorporation, certification criteria. Okay. Foundational standards, the big change that we have here is under the task a little farther. Okay. This paragraph, the task force recommends that ONC clarified at expanding USCDI definitions apply to bulk FHIR, the task force believes that expanding the standardized export at codified clinical and research data via bulk FHIR is preferable to having researchers rely on nonstandard EHR data dumps. Included that as a paragraph based on task force feedback. Most everything here is itsy bitsy edits for clarity. And then, David, maybe you want to start the conversation on our consistency on research data models? And how we want to talk about them because this is where your comment came in.
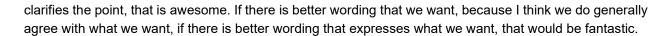
David McCallie

Yeah. So, I think in the earlier section we refer to either A or the common research data model, and here we refer to broadly disseminated research data models plural, and I think in one other place we have slightly yet different language. So, maybe this is more confusion in my own head but I am not exactly sure. We have this nice paragraph later on about not calling for a meta model. Whatever you can do I can do meta. That quote is in there. So, I think we are clear we are not calling for a meta model but what are we calling for exactly? Is it A, V, or a parsimonious support of the minimum necessary? We need some clarity, I think.

Arien Malec

So, we can solve for that clarity by taking the no meta models point and bumping it up here and reiterating it. Again, this is one of these nuanced things of, I do not think we are calling for all the things, make everything a clinical trial. I think what we are calling for is something pragmatic that allows for people doing pragmatic research to be able to do it more efficiently. But we are calling for harmonization in one as opposed to meta models. I am more than open, if this is a matter of lifting stuff from later into earlier that

clarifies the point, that is awesome. If there is better wording that we want, because I think we do generally agree with what we want, if there is better wording that expresses what we want, that would be fantastic.

David McCallie

So, I am going to scroll down. Arien, I am taking the screen here and scrolling down to the language where we are most specifics in number five. We can come back, remember where we were. And just see what we like or do not like about it. I am trying to find the place. Recommends supported catalog. Yeah. So, the language here, which I think originated in some form with Leslie Leonard, probably modified many times through. But task force recommends that ONC support the catalog of common research data models such as in the ISA and work with stakeholders to evaluate, develop, and harmonize to a common foundational research model mapped to USCDI cross mapped to FHIR. So, it is cataloging the individual one and working with stakeholders to develop and harmonize to a common foundational research model. Is that language okay with the group?

Arien Malec

Clem has his hand up.

Clem McDonald

Well, I worry that it is going to suggest the meta model.

David McCallie

Yeah.

Clem McDonald

I mean, I think I really would like to see this come to one model. That can happen two ways, we can do this meta stuff and it does not necessarily get you where, or let the market shake it out. There is some direction like that already. So, I do not know how you can say that in this kind of a document.

Arien Malec

Yeah. I think what we are saying here is, key words here that came out of this the task force feedback. No. 1 is, support the catalog common research models, work with stakeholders to evaluate and harmonize, and then just the clarity of we do not want another model.
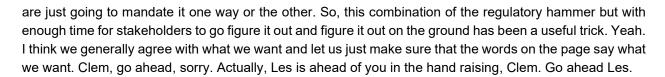
David McCallie

Yeah. I mean, I agree with you that the best way for this to get solved is by market forces, the people that are actually doing the research, picking the best approach. But I am reasonably comfortable that this language is okay with that. I mean, to me, what needs to happen is clarity from FHIR point of view about what data goes where in the FHIR resources, and if you reassemble those FHIR resources back into a relational style model, in other words you tie the resources back together, what does it look like? How do you do that and ensure that it is correct? And the various instantiations can leverage that knowledge to make sure that they are doing it properly.

Arien Malec

The best approach that we have done nationally for this was actually FHIR and FHIR-based ATIs originally, where ONC basically said, look, at some point we are going to mandate the use of API and we would sure like it if you all figured out how to do that in a good and elegant way before we started the mandate but we

are just going to mandate it one way or the other. So, this combination of the regulatory hammer but with enough time for stakeholders to go figure it out and figure it out on the ground has been a useful trick. Yeah. I think we generally agree with what we want and let us just make sure that the words on the page say what we want. Clem, go ahead, sorry. Actually, Les is ahead of you in the hand raising, Clem. Go ahead Les.

Leslie Lenert

Yeah. Hey. I just wanted to say that I think you are right. The object-oriented part of FHIR is very valuable because to specify those in a relational model is tricky. And I just put a link into a paper that we just had accepted at JAMIA on mapping from FHIR to OMOP **[inaudible] [00:24:17]** simultaneously and instantly using subscriptions, so.

Arien Malec

Yep. Cool.

Clem McDonald

And, also. So, I want to make sure that you are aware, there is already a meta model. It is called bridge.

David McCallie

Yep.

Clem McDonald

There was a little bit involved with NOM, but not me. And it was the classic, I do not think, good outcome. It was mostly very strongly dominated by C disk. So, I sure do not want to have that happen again. I am almost worried about recommending and listing them all because they will keep on fighting. I think the reality is OMOP has been adopted by two or three large projects at NIH. So, the market sort of a thing. And I think C disk, I mean, PCORnet is not that far off. I worked with that, too. They just do not have money to make any changes. We already know the FHIR and HL seminar are kind of trying to get married. We are not going to make OMOP become all FHIR because that would kill it. But some of the objects line up pretty well, you know.

David McCallie

And we heard, Clem, we heard specifically from George Hripcsak about OMOP's project with HL 7. In particular, George told me that he is working very closely with Graham Greeve and that it has been extremely valuable to OMOP to get Graham's perspective on how far data should be used and what it means in a certain position and in certain resources. So, I took that as this is valuable work. People appreciate it. People that are very smart and have been successful still think it is useful work to happen. So, I think what we are trying to do here is to encourage more of that but without picking a winner. We do not have the authority to pick the winner, probably the knowledge.

Clem McDonald

I know but it might even be better not to mention them all. I do not know.

Arien Malec

Yeah. I think all we are saying here when we look at it is, hey, there is a bunch of these out here. Maybe we could remove these such as. We recommend that ONC support the catalog of common research models and work with stakeholders to evaluate, develop, and harmonize combinational research models and ask

that the USDI process the FHIR. Which I think is what we are calling for, and then explicitly not calling for meta models. Maybe if we just remove the iteration of common research data models, that helps address some of the concerns here.

Clem McDonald
Well, we could also possibly say encourage the continued interactions between the more popular, or just encourage continued interactions or, well, it is more than that. The cooperation between some of these models.

Arien Malec
Got it. Cool. So, when we say work with stakeholders, it is to support the existing work to evaluate, develop, and harmonize to a common foundational research model.

Clem McDonald
Yeah. I like that.

Arien Malec
Cool. All right. Good, good, good. Okay. So, then, all these things we should do a path of lifting the wordsmith language that we have in the detail back to the summary, to make sure the summary actually is a summary of what we have in the detail. All right. Let us go back up to where we were, which let me see if I can pull up where we were. So, foundational terminology.

David McCallie
I will scroll us back. We were at three, I believe.

Arien Malec
Yep. Exactly. Okay. So, findings **[inaudible-crosstalk] [00:28:52]**.

David McCallie
Yeah. Foundational models terminology.

Arien Malec
Yep. So, we want to use as close to rather than as early. As close to source creation as possible. So, the implied mandate coding systems were not designed by voluntary consensus process. We might want to word this one a little bit because I do not want to suggest that existing standards are not being designed by voluntary consensus processes. We can wordsmith this one. Okay. So, a recommendation. Here is where we break out the policy into four sub desiderata. Established policies in this nation towards terminalized standards that are developed in accordance with OMB circular A 119 on voluntary consensus standards. Have licenses that allow open use by providers, researchers, developers, patients, and other stakeholders. Clem, we can remove from national licensing where appropriate. Our design to address multiple needs and this is where I need to reconcile the language because with clinical care, research, public health, and administrative needs. And our international across map the international standards to allow for multiregional polled research.

And then we say, in areas where code test that do not conform to this policy are currently required federal actions, we recommend that ONC work with key federal stakeholders to either, and then this is where we want to make the point on addressing our policy goals. We want to be careful that we are not stating that

we should switch terminology. We want to be careful that we want to state that we should be moving towards a set of terminology systems that meet our policy goals. I am just going to pause here. This is a sensitive topic. The AMA has put out some comments to the task force. I would note that this policy goal has been consistent over time both in the high-tech and previous incarnation and the HID standards committee, and there have been a number of standards development organizations that previously had licensing fees that have moved to more open processes, HL 7 being the predominant example. And there are other organizations, NCDEP, ex-12, where we still could use some work in aligning toward this process.

And, I guess, the last sort of meta comment is, everyone acknowledges that standards work requires funding in a sustainable business model. Historically, that sustainable business model has occurred through licensing and I think it has been the general sense that licensing code sets or value sets, licensing specifications, ends up impeding innovation and progress and interoperability and that we want to find alternative mechanisms to do so. So, all this work is consistent and aimed broadly and not specifically. With that being said, does this language express what we want and need? I see no hands up. I am interpreting that as alignment.

David McCallie
Arien, are you striking through the national licensing when you ask for the vote on the wording, or the consensus on the wording?

Arien Malec
Yes.

David McCallie
I am okay with that language there because it is the path of least resistance and is actually quite feasible given the deeply embedded nature of some of the proprietary languages. They do not just change overnight.

Arien Malec
Yeah. I just think that we want to be clear that we are not prescribing the how. And I think it is, if we are calling for national licensure and we are calling LMN to do the national licensure because they have done it before but there is no budget to do it, then.

David McCallie
We do not mention LMN or any specific language or any specific terminology. The terminology that is on the back of our minds would be the purview of CMS, not LMN.

Arien Malec
That is right.

David McCallie
So, I am not bothered by the LMN budget issue. I think that it is a logical path forward that kind of keeps everybody happy.

Arien Malec
We can wordsmith it and hopefully make it clearer this is by way of example and not by policy directive. Clem, go ahead. Undo the mute button.

Clem McDonald

Yeah. So, the goal is really to push this open step. I think we can do two things. Federal government to support these vocabulary standards as needed to make them successful and then we are not giving easy outs. I mean, it will come out probably the same as David suggested.

David McCallie

I like that notion, Clem, support. I think that captures what I am talking about. And that avoids the license word. I am okay with that.

Clem McDonald

We keep sort of a moral pressure. Because ISO, for example, I do not want to pick on anybody, but they charge a lot for their specifications and it impedes it. It really does.

David McCallie

It does.

Clem McDonald

If you want everybody to do something, do not make it hard for them to do it. Granted, they have to get funded. That is another problem. I think it will be a challenge for an IC 11 free, so.

Arien Malec

Again, there is patterns and notable exceptions among which are CPT and NCBT. All right. We are talking terminology here. Okay. Cool. That was good. So, next section, let me just go back to my little cheat sheet of where we did edits.

David McCallie

One loose end in the previous section, UCUN. The little blue text there is a note I added because we had some discussion about UCUN and I could not remember what we decided. If we needed to mention it or we did not need to mention it. My memory was we did not need to mention it, but I was not sure?

Clem McDonald

I think we do if we do research with numbers.

Arien Malec

We can mention UCUM in this section. We recommend that ONC use direct levers to continue to standardize laboratory result terminology or working with related agencies at HHS. Primarily FDA and CMS. Then here is where we put some adds in. We could mention UCUM as well here to correctly code laboratory data to LOYN. Maybe we could do LOYN and UCUM. And I put in the parenthesis, or other relevant terminology for microbiology samples. And then, put in the cross-reference to the previous ISP task force deliberations and recommendations.

Clem McDonald

I think, if you mention UCUM, you ought to say units of measure. I do not think everyone would necessarily know.

Arien Malec

Okay. Yep. That is fair. Okay. Next one, we recommend that ONC directly and through coordination with CMS, harmonize the **[inaudible] [00:37:23]** coded standards to follow up with people listed above. Then, whatever language we use in terms of support the transition, we want to do here as well. All right. So, UCUM we already addressed. If we go to the next page, I think the only change here was replacing NDC for such purposes in the ONC work with FDA and CMS to harmonize, yada, yada, yada. Health equity, David put a really nice preamble which is in the first paragraph. The task force found yada, yada, yada. The task force recommends, the second paragraph, task force recommends that ONC ensure that ISA track the interoperability prior to identify another gravity of projects is new. Okay. Here we go. Here we go.

So, Clem, this is all to your point. Task force recommends that OMC implement policy to ensure deployment of associated inaugural relation investigation of needs for certification requirements. That prior tried to capture and exchange of demographic and contact data for multiple purposes including public health. All right. This whole as example is to this point. As example, where current exchange of nonstandard laboratory orders and result in being conducted without exchange of data needed to assess health disparities, modernizing **[inaudible] [00:39:17]** interfaces would also address the appropriate data exchange demographic and address information, should be contact information. And then we made sure to say appropriate data exchange so that we are we are not calling for information to be transferred whenever. I am going to pause there. That was deliberate to provide by way of an explanation. Go ahead.

Clem McDonald
Well, that may not be specific enough to target the current problem which is really pretty simple. That the PID segment does not go with the orders. You would not want to say it that way, but I mean, it is really that they are not sending the content and the medical record of the registration data along with the order.

Arien Malec
I think that is what is intended by conducted with that exchange of data needed to assess health disparities. Maybe we could be more specific **[inaudible-crosstalk] [00:40:19]**.

Clem McDonald
Sasha's content really makes it kind of simple but I am afraid they will not get it if we do not make it less crisp. At least as an add on, maybe do not let it go away the rest of it just say, and at least, send the demographics that come in the registration.

Arien Malec
Demographic and clinical information that exists in the registration system, yep.

Clem McDonald
Along with the orders for tests.

Arien Malec
Yep. Then the last sentence, task force presumes in addition to USCDI, further data on demographics and SDOH will be accompanied by expansion of limitation guidance to transmit the data where appropriate in accordance with individual preference and directives. That came out of the discussion the last time. No other changes here. Okey-doke. No changes all the way through the EHR data use research section. With the exception of anything that we do, we want to be consistent on the common research data models point. This is the actual point where we discuss this point. We are back to there. Then we amended the word

gaffes to opportunities with respect to ONC should work with stakeholders to accept other EHR opportunities relative to research. And, otherwise, no other additions here. So, we need to make sure that, I think the major change we are going to do is not call out the enumeration of all models in this paragraph, then make the previous summary recommendations more consistent to these points. I will pause and wait a few beats.

And hearing no comment because we talked about this section, harmonization of clinical and administrative data for burden reduction. So, the findings sections is new. We basically found the task force did a fine job. And not much change to our recommendations here. We did add the term related to the harmonization of clinical and administrative data in the first recommendations and nothing else here. Alex, if you want to post to the public chat if you are on. I do not know that she is. I think there is existing work that is going on between X 12 and CPDE and HL 7 that would be useful to make sure stuff is getting done. Any comments here? Otherwise, we go into the next section. All right. And most of this was around our findings. We found that unclear policy and funding mechanisms led to a lack of readiness for response, state by state variation, and expected data formats contributed to the lack of readiness and a little bit of wordsmithing in the recommendation section but nothing really significant. I am going to pause and see if there are any comments here.

David McCallie
Despite my attempt to get word to keep the paragraph heading with the paragraph text, I was unsuccessful.

Arien Malec
Yep. Wrangling word is not so easy. All right. I think that is it. I think that encompasses all of the edits that we did. I think we got some good feedback in this section.

David McCallie
Everybody, check your name spelling and organization listing in appendix A and let us know if we got something wrong. There was cut and paste errors before that shifted everybody to a new career and they did not know it, so, I think we fixed it but.

Arien Malec
We are all senior folks so we should be able to switch to everybody else's job and do it the same.

Clem McDonald
Dave, I actually have gotten even less of a career on this page.

David McCallie
Oh, you know that is interesting. You are not listed there, are you?

Arien Malec
Yeah. I think it is because he dropped out and then the moment you dropped out you came back in with a vengeance.

Clem McDonald
Yeah, I did. I thought I could not do one more committee but you guys are doing good work.

Leslie Lenert

I thought it meant he needed no introduction?

Arien Malec
That is true as well.

David McCallie
It is a Exofficio. Present on all task forces.

Arien Malec
The notorious CMD. All right. Somebody out there got that joke and appreciated it. So, I think we have another editing path. What I propose is that, for our next meeting, we also focus on the power point, and try to make sure that we got a clean, close to final draft that we can all agree on. If we are really good, we will save ourselves a meeting.

Clem McDonald
You are a good team.

Arien Malec
This is like the A team. We have a crazy plan that all comes together at the last moment. All right. I think we can open it up to public comment early. Unless there is other deliberation we need to do? If appropriate, can we open it up to public comment?

Public Comment (00:47:09)

Michael Berry
We sure can. We are a little early. So, if some are not ready to go to public comment, you are always welcome to email your written public comments to ONC-high tack at Accel Solutions LLC. But, operator, in the meantime can you open up the line for public comments?

Operator
Yes, of course. If you would like to make a comment, please press star one on your telephone key pad. A confirmation tone will indicate your line is in the queue. You may press star two 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 star keys. One moment while we pull for comments. There are no comments at this time.

Arien Malec
Cool. I just want to age the AMA as I previously mentioned did submit some public comment. I do not know what the appropriate? Is that published? Is that listed in our deliberation page somewhere?

Michael Berry
Yes. It will be added to last week's meeting minutes.

Arien Malec
Awesome. Cool. I want to make sure that that is part of the record. Good. Well, I guess we get to give everybody back some extra special time today.

Clem McDonald

Thank you, guys. You did a good job. I will say it again.

Arien Malec

Thank you.

David McCallie

Thanks, Clem.

Arien Malec

Good feedback from the task force. Good engaged task force makes the work easy, unless it makes it hard. Thanks, everybody.

Clem McDonald

Bye.

Arien Malec

Bye.

Adjourn (00:48:48)