



Health Information Technology Advisory Committee

Interoperability Standards Workgroup Virtual Meeting

Meeting Notes | April 12, 2022, 10:30 a.m. – 12:00 p.m. ET

Executive Summary

The focus of the Interoperability Standards Workgroup (IS WG) meeting was to review the final work on Charge 1 before it is presented to the HITAC at its meeting on April 13, 2022, and to begin work on Charge 2, which is due by June 16, 2022. The WG reviewed the IS WG Report to the HITAC. Then, the WG discussed the Phase 2 workplan and a list of suggested ISA topics. WG members discussed the ranking of the priority topics and were invited to continue to review and re-rank them as necessary. Members were invited to share additional recommendations for priority areas and will present testimony in support of the topics.

There was one public comment submitted verbally, and a robust discussion was held via the chat feature in Zoom Webinar.

Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Co-Chair Remarks
10:40 a.m.	ISA Topic Prioritization Discussion
11:55 a.m.	Public Comment
12:00 p.m.	Adjourn

Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 a.m. and welcomed members to the meeting of the IS WG.

Roll Call

MEMBERS IN ATTENDANCE

Steven Lane, Sutter Health, Co-Chair

Arien Malec, Change Healthcare, Co-Chair

Kelly Aldrich, Vanderbilt University School of Nursing

Hans Buitendijk, Cerner

Christina Caraballo, HIMSS

Grace Cordovano, Enlightening Results

Steven (Ike) Eichner, Texas Department of State Health Services

Sanjeev Tandon, Centers of Disease Control and Prevention (*Attending on behalf of Adi Gundlapalli*)

Jim Jirjis, HCA Healthcare

Leslie (Les) Lenert, Medical University of South Carolina

Hung S. Luu, Children's Health

David McCallie, Individual

Clem McDonald, National Library of Medicine

Mark Savage, Savage & Savage LLC



Abby Sears, OCHIN

MEMBERS NOT IN ATTENDANCE

Kensaku (Ken) Kawamoto, University of Utah Health
Thomas Cantilina, Department of Defense
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Michelle Schreiber, Centers for Medicare & Medicaid Services (CMS)
Ram Sriram, National Institute of Standards and Technology

ONC STAFF

Mike Berry, Designated Federal Officer
Al Taylor, Medical Informatics Officer
Matthew Rahn, Deputy Director, Standards Division

Key Specific Points of Discussion

TOPIC: CO-CHAIR REMARKS

Steven Lane and Arien Malec, IS WG co-chairs, welcomed everyone. Arien described the plan of work and agenda for the meeting, including a brief review of the WG's recommendations report, letter, and presentation to the HITAC at its upcoming April 13, 2022, meeting. He stated that the WG would begin to review the ISA portion of its work and then begin to create another set of recommendations to the HITAC.

Steven explained that the additional feedback on the report to the HITAC that WG members submitted by email was incorporated. He invited all attendees to share comments, questions, and feedback in the public chat in Zoom. He reminded members of the public that they were welcome to share verbally at 11:55 a.m. during the public comment period.

DISCUSSION:

- Kelly commented that the WG previously discussed how to specify who is doing the documentation for person-centered care and the potential use of the unique nurse identifier (UNI) but added that these key topics were not specifically reflected in the WG recommendations. She explained how this policy initiative has been a key focus for several years to ensure higher quality care outcomes. She stated that the identification of care team members is associated with quality and safety outcomes and that a nurse's identifier does not change after it has been issued by the National Council of State Boards of Nursing (NCSBN). Clem emphasized the need for the identifiers to be dynamic and to support local identifiers and suggested the use of a telephone number.
 - Steven noted that the WG wanted to be able to identify individuals using any of a number of identifiers but did not specify which ones. He suggested that if ONC were to develop a list of example identifiers, the UNI could be added as a potential value set in response to public comment on the data elements.
 - Al commented that there are no specific unique identifier value sets listed under the Care Team Member data class/element or the Care Team Member Role data element, which were meant to accommodate multiple types of identifiers. He explained that Care Team Member Phone and Email were already included as specific data elements in USCDI.
 - Ike commented that phone numbers can be captured but should not be used as an identifier because they may change over time and may contain sensitive data. Also, he described the care provider IDs used by the Texas Peer Provider Network.
 - Arien stated that Care Team Member Identifier is already in USCDI v2, and National Provider Identifier (NPI) is often used, though the nursing identifier could be added. He suggested that anything that is worthy of an identifier should have an associated assigning authority uniquely identified. Steven stated that several elements, including the NPI, have



been leveled by ONC as Level 2 data elements, which have the potential to be advanced into a version of USCDI. He encouraged Kelly to submit a public comment in support of unique nurse identifiers.

- Arien voiced his support of using a combination of assigning authority and an identifier, which would accommodate a variety of options.
- Steven thanked WG members for their feedback, noting that the goal of the current meeting was not to expand the scope of the WG's current recommendations to the HITAC.

TOPIC: WORKGROUP WORK PLAN

The co-chairs briefly reviewed the charges of the IS WG, which included:

- Overarching charge: Review and provide recommendations on the Draft United States Core Data for Interoperability Version 3 (USCDI v3) and other interoperability standards
- Specific charges:
 - Phase 1: Due by April 13, 2022:
 1. Evaluate draft Version 3 of the USCDI and provide HITAC with recommendations for:
 - 1a - New data classes and elements from Draft USCDI v3
 - 1b - Level 2 data classes and elements not included in Draft USCDI v3
 - Phase 2: Due June 16, 2022:
 1. Identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications.

TOPIC: ISA TOPIC PRIORITIZATION DISCUSSION

IS WG members reviewed the specific Phase 2 charge (listed above), and Arien described the interplay between the processes that ONC follows every year to update the USCDI and the Interoperability Standards Advisory (ISA), including updates to the ISA Reference Edition. He reviewed the ways in which the ISA and the USCDI are used and how the WG could make recommendations for changes to the ISA.

The WG viewed the ISA during the meeting and discussed its purpose and future use. Then, WG members reviewed the list of ISA topics that were identified by previous task forces and discussed how to prioritize them. The list included:

- Care Plans/Chronic Dx Management
- Data Sharing Between Federal & Commercial Entities
- Portal Data Aggregation Across Multiple Portals
- Occupation and Location of Work
- Data Exchange Formats for Price Transparency
- Social Determinants of Health (SDOH) Standards: Gravity Standards
- SDOH Standards: Centers for Disease Control and Prevention (CDC) Race/Ethnicity vocabulary subsets
- Lab Orders/Results: Standardization of Lab Data to Enhance Patient-Centered Outcomes Research and Value-Based Care (SHIELD)/LOINC In-Vitro Diagnostic (LIVD) test code mapping tool
- Lab Orders/Results: laboratory information system (LIS) to electronic health record (EHR)/public health (PH) systems
- CDC: PH Data Systems Certification
- CDC: Electronic Case Reporting (eCR) Standards
- HIPAA right to request corrections to one's medical records

DISCUSSION:



- David McCallie, who co-chaired the Interoperability Standards Priorities Task Force 2021 (ISP TF 2021) with Arien, explained that the ISP TF 2021 worked to clarify differences between the ISA and the USCDI. Also, the TF identified a number of high priority uses in which there are no existing standards of communication and guidance.
 - Arien agreed and explained how the TF interpreted its charge in 2021 to identify both needs and areas of emerging uses of standards, as well as categories of exchange. Clem agreed and asked for clarity on the use and updating process for the ISA.
 - Al discussed how the ISA is related to the Health IT certification process and how it can be used to mature standards and guidelines for future certification. He stated that the feature of the USCDI that allows open public comment does not exist in the ISA and explained how new content for the ISA can be input by approved users, after which it can be vetted and entered by ONC. He suggested that the WG examine how the issues of maturity and adoption in the ISA are similar to but not aligned with the USCDI. The ISA shows whether or not a standard is required via a specific field.
 - Hans stated that greater clarity around how the ISA is used would influence the current/future WG suggestions. He added that the purpose of the ISA is to identify standards that are commonly known/used or in progress, but there is not a requirement that the ISA be used, only that certification would point to the use of a standard from the ISA (as a library). Arien agreed that there is no implication that inclusion in the ISA means that an item is required for certification, though, because of multiple recommendations over time, the ISA includes a maturity scale that provides guidance to stakeholders on how to solve problems and how to track the maturity of underlying standards and implementation guides (IGs). It could also serve as a catalog of future certification needs.
 - Christina commented that the WG has an opportunity to better clarify the ties between the ISA and the USCDI and noted that clarity is lacking around how the adoption levels in the ISA are determined. She proposed that the WG do an exercise on mapping the ISA to levels of the USCDI and that they could recommend expanding the ISA to include which federal requirements are needed. If the ISA is intended to serve as an encyclopedia that feeds into the USCDI, it should be formally noted and explained. Arien agreed and explained that this was the reasoning behind the creation of the IS WG from two other previous TFs. He explained that he and Hans had discussed whether all items that are required for certification should be included in the ISA, noting that it should be formally specified. Steven supported these statements, adding that ISA should be updated continuously to reflect updates to the USCDI and that items belong in ISA (with the appropriate specified standards) before they are added to the USCDI.
 - Arien asked Al if the scope of the WG's charge included contemplating the process and framework under which the ISA exists.
- Many WG members shared feedback on their priority topics prior to the meeting, and Arien commented that there was a running tally of topics that were receiving broad support in the WG's working spreadsheet document.
 - David asked if he could reprioritize the items following further discussion and explanation by the WG. Also, can the WG members suggest additional items to the list?
 - Steven responded that now is the time for additional suggestions and that the list was created because of work done by previous task forces. Clem suggested placing constraints on the items in the prioritization list, noting that some inclusions are individual code standards and some are broader. Clem commented that the messaging side of the ISA was not reflected in the list. Arien agreed and noted that high-priority areas would be clarified. He recommended that all WG members review the current version of the ISA.
 - Ike highlighted challenges faced by public health and providers around the disconnect between standards that are built into EHRs to utilize the HL7-developed eCR standards. He described gaps between real-world applications and federal requirements.
 - Hans commented that because the ISA includes both terminology vocabularies and



syntactical aspects/types of standards, the WG should focus on communicating the use cases that are reflective of current standards.

- Arien commented that the WG's mission and charge are to identify priority use cases because the vocabulary code sets and terminology are well covered in the USCDI. The WG should examine the content structure and services exchanged, including underlying use cases, and should focus on the broad level headings, as well as use cases associated with interoperability. Then, the WG will look at whether there are use cases or priority areas that are missing and if there are new implementation specifications emerging from HL7's work. Also, the WG can make recommendations regarding new and emerging areas that need to be reflected in the ISA, as well as focusing on the existing items in the table of the ISA. He described examples of areas in which the WG could evaluate the ISA and suggest new or updated use cases.
- David commented that he would share a list of key topics to add for the WG's consideration, and he suggested that the WG look for use cases to focus ONC's attention on all areas of the ISA associated with Fast Healthcare Interoperability Resources (FHIR) Accelerator programs. All associated FHIR Accelerator groups should be represented.
- Ike commented that there are additional, complex topics related to public health that are missing and suggested looking at recommendations from the Public Health Data Systems Task Force 2021 (PHDS TF 2021) or standing up a temporary task force/workgroup with the IS WG related to public health to make additional recommendations and to explore their impacts. He suggested that the PH recommendations could be separated and treated as a distinct class. Arien responded that the PHDS TF 2021 identified specific key points, and the WG co-chairs and ONC are working to ensure that all previous recommendations to the HITAC are covered. Steven stated that the previous PHDS TF asked that ONC consider reconvening the TF to continue its work; because ONC has not announced another cycle of the TF for 2022, Steven suggested that the IS WG 2022 invite public health subject matter experts to provide testimony and feedback during its Phase 2 meetings.
- Grace emphasized the importance of the right for patients and caregivers, under HIPAA, to request corrections to their health information that will be done in a timely manner. This is currently not happening consistently and, therefore, compromises patient care and safety.
 - Arien thanked Grace for her comments, noting that the patients have the right but that there are not standards or IGs that support this right.
- Arien suggested that the most impactful output of the WG will be to do research and to make recommendations to ONC to help prioritize their work. He described the spreadsheet in which the WG members have ranked their priorities and noted that it included a simple running ranking.
- In response to Les' question about LIVD/SHIELD, Arien discussed the differences between the Lab Orders/Results: laboratory information system (LIS) to electronic health record (EHR)/public health (PH) systems topic (focused on the differences in the workflows and lifecycles). He described the work of a previous workgroup that focused on Lab Orders/Results and made recommendations that on the Food and Drug Administration (FDA) and ONC to collaborate on an inclusive set of information flows that includes analyte machine and LIVD to LIS. There are two Lab Orders/Results workflows; one focuses on the laboratory analytic workflow, while the other follows the clinical workflow.
 - Hung corrected Arien's statements and noted that SHIELD is intended to go from end-to-end, from the provider placing an order, to the lab getting the result, to posting data in the EHR, and then sharing it to public health agencies and for other downstream secondary uses.
 - Arien explained that HHS has regulatory authority and oversight over the entire end-to-end workflow, through it crosses different agencies and offices. A previous task force suggested that HHS create an umbrella to cover this workflow. Steven and Arien discussed their support for collapsing the items.



- Steven summarized the current top three topic areas based on the rankings submitted by WG members, which included SDOH data and the Gravity Project's ongoing work, the SHIELD, and related workflows, and eCR Standards. WG members were invited to add and/or update their rankings in the shared Google document.
- David commented that SDOH standards were discussed at a previous task force, and Steven noted that, following the submission of those recommendations, the Gravity Project announced that additional work was underway related to SDOH standards.
 - Mark explained that the Gravity Project is considering use cases for population health and research and IGs. He will bring a summary to the WG at a future meeting. There are a lot of opportunities for the ISA to align with the Gravity Project and FHIR Accelerator work that is underway.
 - Arien thought that it might be worthwhile to create more explicit ties back to ISA to make sure it is a real-time classifier.
 - Mark explained that Gravity just started working on domains of health literacy (organizational and functional) under insurance coverage. This should be ready by mid-2022, and he will share information with the WG soon.
 - Hans discussed HL7's current work on SDOH standards and IGs, as well as related work on enabling Orders and Labs data streams to share Sexual Orientation and Gender Identity (SOGI) data.
- Grace asked if the other 11 use cases shared with the WG as priority topics have well-developed standards and IGs.
 - Arien responded that some have missing areas in the ISA (e.g., the HIPAA right to correction), while others have well-developed categorizations. There, the WG will highlight current work that is underway to recommend that ONC coordinate with others to push policy work to higher maturity levels.
 - Grace stated that she did not use a standards-based approach when ranking her choices, but, rather, she considered the real-world impact on patients.
 - Hans described how the standards and IGs vary in terms of maturity and availability across the ISA for the use cases the WG members were asked to rank. There are wide ranges in maturity, and Arien commented that the main function of the WG would be to make prioritization recommendations to ONC. A minor task will be to identify missing areas in the ISA.
 - Clem commented that he would prioritize research, care, and administration, though research was not mentioned in the list of topics for prioritization. Also, checks do not exist to determine how well healthcare systems use these standards. Arien commented that research was covered during the last meeting of the ISA Task Force and explained that WG members were asked to share priorities. If anything is missing, they were asked to share now, but WG members should focus on specific areas to make an impact due to the large scope of the ISA.
 - David explained that standards are emerging outside of healthcare and discussed how major technology vendors (e.g., Adobe, Apple, Microsoft) are introducing standards to allow consumers to determine that data has provable sources across vendors. He stated that there are provenance standards within healthcare, but they are not widely usable outside of healthcare. Arien agreed that a provenance standard could be submitted and noted that not all standards in the ISA are healthcare specific. David and Arien described a payment remittance standard that is evolving outside of healthcare, and David offered to share a list of other similar use cases.
- Steven invited all IS WG members and members of the public to leave comments on the ISA website at <https://www.healthit.gov/isa>. ONC has a regular cycle of reviewing these comments and adding items to ISA. There is a page where one can see recent changes to the ISA.
- Clem commented that LIVD has not published anything yet, and Arien explained that the WG



would get more information on that work.

- Hung commented that he would share a short presentation from SHIELD that has been used recently. SHIELD is a collaboration between multiple agencies across HHS, as well as academic and external agencies. Hans commented that EHR vendors, device manufacturers, and others from private industry are also involved and shared that he is one of the authors of the LVD work on FHIR, which is still underway.
- Hung, Hans, and the ONC staff will testify on this work.
- Mark commented that the WG would consider a use case to work on a reference implementation that connects individuals and community-based organizations to support critical care settings.
 - Arien noted that this could be added as a priority use case, though the ISA is structured around real-world use cases, which would then point to IGs or associated specifications.
- Arien reviewed feedback from the meeting, and WG members were invited to reevaluate and re-rank their priority choices in the WG's working Google document. The co-chairs will ensure that the rankings are done consistently and will provide an update in the future.

Action Items and Next Steps

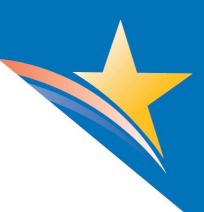
- Following the completion of the WG's Task 1 recommendations to the HITAC, WG members are invited to consider more ideas on the WG's Task 2 work on the Interoperability Standards Advisory (ISA) Standards.
- Homework for the 4/12 IS WG Meeting:
 - Suggest any new ISA topics in the new Google Sheet the WG will use to document observations, recommendations, and policy levers. WG members should have received an invitation to edit this sheet from Accel.
- WG members who have not yet ranked the ISA topic priorities should do so in the ISA Priorities Google Sheet.
- Review the following background materials related to lab data in preparation for next week's presentations:
 - ASPE's SHIELD primer: [SHIELD - Standardization of Lab Data to Enhance Patient-Centered Outcomes Research and Value-Based Care | ASPE \(hhs.gov\)](#)
 - MDIC's SHIELD overview: [Systemic Harmonization and Interoperability Enhancement for Lab Data \(SHIELD\) - MDIC](#)
 - LVD overview: [LVD - Digital Format for Publication of LOINC to Vendor IVD Test Results - IVD Industry Connectivity Consortium Website \(ivdconnectivity.org\)](#)
 - Previous TF recommendations on lab/orders: https://www.healthit.gov/sites/default/files/page/2019-12/2019-10-16_ISP_TF_Final_Report_signed_508.pdf

Public Comment

QUESTIONS AND COMMENTS RECEIVED VERBALLY

There was one public comment received verbally:

Corey Smith: Yes, thank you I will keep this short. Good morning or afternoon, I am Corey Smith, the Vice President of Informatics and Digital Products at the American Medical Association (AMA). I just wanted to respectfully request that the group look at average blood pressure, I think that was submitted for USCDI v3 and I think I saw in the draft recommendations, it was not being promoted into the USCDI v3. We had other folks come in support that, clinical folks. I just wanted again say that we have done a lot of work over recent years to elevate the importance of average blood pressure, clinically, and in the standards world. We would respectfully request that the group take one more look before making an official recommendation. Thank you.



The co-chairs thanked the public commenter. Arien stated that AMA has worked with LOINC to ensure that there is a standard nomenclature for addressing average blood pressures. The co-chairs explained that this comment would be reflected as an area of priority in the WG's upcoming recommendations and presentation to the HITAC that ONC work on this topic.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the Interoperability Standards Workgroup! Please remember to change your chat setting to "Everyone" if you would like all to see your comments.

Hans Buitendijk: I'm here, but was double muted.

David McCallie: Identifiers should always have an associated authority, otherwise you are locked in and inflexible

David McCallie: and the standards should allow for multiple identifiers if available (even at the same time)

Hans Buitendijk: Agreed with @David and most standards of interest allow for multiple identifiers (FHIR, C-CDA, v2, etc.)

David McCallie: Each bit of data is a clue - can't treat them as absolute. Just a clue. Like phone, address, DOB, etc

Hans Buitendijk: Regarding telephone numbers, they are good to help match, but would not be considered identifiers.

Arien Malec: We lost me...

Steven Lane: If you have a second screen, consider pulling this up and logging in / exploring as we discuss: <https://www.healthit.gov/isa/>

Grace Cordovano: Thanks Steven, the recent ISA updates page is very helpful.

David McCallie: In practical terms, the value of the ISA seems to be that it can direct the community to address a new need - the unsolved problems are where the impact hits hardest

Hans Buitendijk: Where the ISA indicates a standards is required is a reference, rather than that the ISA process of inclusion would yield the standard to become required or not.

Arien Malec: @Hans — works the other way, IMHO — inclusion of the ISA is required but not sufficient to include in a certification criterion.

Hans Buitendijk: +1 to Christina's suggestion to have a more specific reference.

Hans Buitendijk: @Arien - I don't believe that to be a requirement.

Steven Lane: I note that ISA page re Cognitive Status makes no mention that this is contemplated in Draft USCDI v3: <https://www.healthit.gov/isa/representing-patient-cognitive-status>

Hans Buitendijk: Here is the open door that ISA need not have the standard included "Stakeholders who administer government programs, procurements, and testing or certification programs with clinical health IT interoperability components are encouraged to look first to the ISA in order to more fully inform their goals."

Grace Cordovano: I would like to emphasize that the "HIPAA right to request corrections to one's medical records" use case in the prioritization worksheet broadly applies to essentially all USCDI data classes and elements. "The Privacy Rule provides individuals with the right to have their protected health information (PHI)



amended in a manner that is fully consistent with the Correction Principle in the Privacy and Security Framework.” as per <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/healthit/correction.pdf>. The HL7 Patient Empowerment Work Group on Patient Request for Corrections has been working on the IG and details may be found here: <https://build.fhir.org/ig/HL7/fhir-patient-correction/>. From the patient and carepartner perspective, I highly encourage prioritizing this use case.

Christina Caraballo: Hans comment on ISA and it being used as THE place to start is really important for us to remember as we think about our recommendations and the value of ISA.

Mark Savage: +1 @Grace re across data elements. And same for portal data aggregation across multiple portals.

Jim Jirjis: Jim Jirjis Had to join late

David McCallie: I ranked these two “lab” topics as top priority because they seem to be “easy” to solve - well worked out standards that are frustrated by inconsistent regulatory overlap. We just need to endorse to ONC that fixing those problems are a high priority

Hans Buitendijk: Agreed that LIVD is only focusing on the LIS-Device Manufacturer [*sic*] communication to optimize association of the right LOINC (or SNOMED) code with for the right test (or result).

David McCallie: I thought we covered SDOH standards in the prior ISA WG? What’s new here?

David McCallie: Thanks Steven and Mark

Hans Buitendijk: Gravity materials (not all) have merged with FHIR US Core. Major discussions on SDOH/SOGI on how to get those into standards further and for SOGI much discussion on how to get into Lab Orders and PH ELR reporting. New standards and guides updates are in flight in HL7.

Mark Savage: SDOH also relevant to PH data systems certification.

David McCallie: I'd like to add a new standard for consideration - an emerging “digital content provenance” standard from Adobe and many other major companies. I think consumers will want to be able to trust that PDFs (etc) with their health data can trust the provenance and authenticity. Seems that a non-HIT standard is appropriate here

David McCallie: <https://www.adobe.com/content/dam/cc/uk/aboutadobe/newsroom/pdfs/270122-c2pa-release.pdf>

Arien Malec: Sorry @clem — we’ll get to you.

Steven Lane: @David: <https://www.healthit.gov/isa/representing-data-provenance>

David McCallie: Maybe we should segment our approach and sub-categorize by “emerging” , “established but ignored”, etc

David McCallie: @steven - I think the broader non-HIT standard should trump the HIT-specific standard. That’s [*sic*] my point.

David McCallie: @Steven - perhaps when a document leaves the HIT enclave (say, via a portal download) the broader standard of provenance should be applied (since tools to review it will be much more available for the broader standard.)



Mark Savage: Gravity is working on a reference implementation to connect individuals/patients, community-based organizations, social service agencies and their health data and activities to clinical care settings using FHIR APIs. Is this "use case" relevant for ISA work, something to suggest for possible inclusion?

Steven Lane: <https://www.healthit.gov/isa/recent-isa-updates>

Christina Caraballo: +1 @David - health IT should incorporate and align with standards from outside of healthcare as appropriate. Project US@ is a good example.

Hans Buitendijk: LVD is not done (if we look for FHIR, but also the spreadsheet format). Being one of the author/editors for the FHIR IG and the work still in progress, definitely not done.

Steven Lane: <https://aspe.hhs.gov/shield-standardization-lab-data-enhance-patient-centered-outcomes-research-value-based-care>

Christina Caraballo: Unless I'm missing something, I'm surprised Gravity standards aren't already in ISA. We should recommend ONC add all data classes/elements in USCDI to ISA (at minimum all Level 2 and up)

Mark Savage: Happy to talk to care plans if desired today!

Corey Smith: are public comments limited to the agenda items discussed today?

Steven Lane: We are open to any public input.

Steven Lane: ● IS-WG-2022-Phase 1_ Recommendation 15 – Recommend ONC add support for Averaged values of multiple observations of the Systolic and Diastolic Blood Pressure data elements within the Vital Signs data class as recommended by the AMA and AHA M.A.P. program.

Corey Smith: Thank you.

Steven Lane: ○ Recommend that ONC work with stakeholders to determine how to best accommodate this utilizing LOINC codes or other means.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[IS WG Webpage](#)

[IS WG – April 12, 2022 Meeting Webpage](#)

[IS WG – April 12, 2022 Meeting Agenda](#)

[IS WG – April 12, 2022 Meeting Slides](#)

[HITAC Calendar Webpage](#)

Meeting Schedule and Adjournment

Steven and Arien thanked everyone for their participation, summarized key achievements from the current meeting, and shared a list of upcoming IS WG meetings. Steven explained that the WG would have another chance to provide detailed commentary and rankings and to share questions on topics.

The next meeting of the IS WG will be held on April 19, 2022.

The meeting was adjourned at 11:59 a.m. E.T.