

Health Information Technology Advisory Committee

Interoperability Standards Workgroup 2023 Virtual Meeting

Meeting Notes | March 29, 2023, 10:30 AM – 12 PM ET

Executive Summary

The focus of the Interoperability Standards Workgroup (IS WG) was to review workgroup charges and review Draft United States Core Data for Interoperability Version 4 (USCDI v4) data elements and USCDI level 2 data elements. The IS WG discussed these topics and provided feedback. There was robust discussion via the chat feature in Zoom Webinar.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	IS WG Charge
10:40 AM	Diagnostic Imaging Data Elements
10:55 AM	Medication Data Elements
11:05 AM	Various Data Elements (48 – 56)
11:20 AM	Finalize Draft USCDI v4 and Level 2 Element Recommendations
11:55 AM	Public Comment
12:00 PM	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 AM.

Roll Call

Members in Attendance

Sarah DeSilvey, Gravity Project, Larner College of Medicine at the University of Vermont, Co-Chair
Naresh Sundar Rajan, CyncHealth, Co-Chair
Pooja Babbar, Point-of-Care Partners
Shila Blend, North Dakota Health Information Network
Ricky Bloomfield, Apple
Hans Buitendijk, Oracle Health
Christina Caraballo, HIMSS
Raj Dash, College of American Pathologists
Steven Eichner, Texas Department of State Health Services
Nedra Garrett, Centers for Disease Control and Prevention (CDC)



Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Steven Lane, Health Gorilla
Hung Luu, Children's Health
Anna McCollister, Individual
Clem McDonald, National Library of Medicine
Aaron Neinstein, UCSF Health
Mark Savage, Savage & Savage LLC
Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)
Shelly Spiro, Pharmacy HIT Collaborative
Ram Sriram, National Institute of Standards and Technology

Members Not in Attendance

Grace Cordovano, Enlightening Results
Bryant Thomas Karras, Washington State Department of Health
Meg Marshall, Department of Veterans Health Affairs
Deven McGraw, Invitae Corporation
Aaron Miri, Baptist Health
Kikelomo Adedayo Oshunkentan, Pegasystems

ONC Staff

Mike Berry, Designated Federal Officer, ONC
Al Taylor, USCDI Lead, ONC

Key Points of Discussion

Opening Remarks

IS WG co-chairs, Sarah DeSilvey and Naresh Rajan, welcomed attendees. Sarah reviewed the meeting agenda detailed in the [March 29, 2023, meeting presentation slides](#).

IS WG Charge

Sarah DeSilvey reviewed the IS WG Charge. The charge includes:

- Overarching charge: Review and provide recommendations on the Draft USCDI v4.
- Specific charge:
 - Due to the HITAC by April 12, 2023:
 1. Evaluate Draft USCDI v4 and provide HITAC with recommendations for:
 - a. New data classes and elements from Draft USCDI v4.
 - b. Level 2 data classes and elements not included in Draft USCDI v4.

Sarah presented a schedule for review of Draft USCDI v4 data classes and elements.

Discussion:

No comments were received from IS WG members.



Diagnostic Imaging Data Elements

Steven Lane reviewed past IS WG meeting discussions and current recommendations detailed in the IS WG google document for the following Diagnostic Imaging data elements: Imaging Reference, Accession Number, and Requested Procedure Identifier. He then explained that Carequality and Argonaut support these data elements.


IS WG members agreed to proceed with recommending these data elements for inclusion in USCDI v4 while considering IS WG comments.

Discussion:

- Steven Eichner discussed utility issues of access and data exchange in areas outside an urban/suburban environment. He suggested incorporating these comments in the IS WG recommendation.
 - Steven Lane agreed with this suggestion and will revise the IS WG google document.
- Hans Buitendijk discussed the value and current work related to these data elements. Carequality is conducting work with image service providers to increase the accessibility of data. Argonaut is in the process of assessing gaps and barriers to overcome data exchange related to these data elements. Argonaut may or may not have recommendations related to its viability in USCDI v4. Hans suggested the IS WG acknowledge the work of these two organizations.
- Hans noted the complexity of diagnostic image exchange, including challenges to incentivize and drive consistent exchange and accessibility of data. How do we ensure, from a patient perspective receiving the image and exchanging between providers, that a trust framework is applied? From an implementation perspective, inclusion in USCDI v4 does not solve all issues of data exchange. Data exchange will be problematic without scalable business and trust relationships between data exchanging entities.
- Ricky Bloomfield noted the need for a path to make this data available via API. Ricky has solicited input from Argonaut to understand implementation considerations of these data elements. Argonaut's expression number and procedure ID can be readily accessed and is feasible for implementation. Argonaut shared concern that data can be regularly provided for Imaging Reference. What is the right path to indicate publicly that there is a priority to make the image files directly available? Are there other methods outside of USCDI ONC can utilize to increase stakeholder engagement in addressing implementation concerns?
- Clem McDonald discussed multiple aspects that affect the scaling of Image Reference.
- Hans reminded IS WG members that the data elements of focus include Image Reference, whose scope is enabling image access.
- IS WG members agreed to proceed with recommending the following data elements for inclusion in USCDI v4: Imaging Reference, Accession Number, and Requested Procedure Identifier. IS WG members' comments will be considered when revising recommendations. Steven Lane and Hans will assist in updating the IS WG google document with IS WG comments.

Medication Data Elements

Pooja Babbrah, Michelle Schreiner, and Joel Andress reviewed the following Medication data elements: Discharge Medications, Medication Administration, Medication Route, and Medication Prescribed Code. The NCPDP task force has reviewed these data elements and did not have additional elements to bring forward.



CDC and CMS expressed support for these data elements. Shelly Spiro noted the Pharmacy HL7 WG agreed to review these data elements in detail.

IS WG members agreed to proceed with recommending all data elements, except Discharge Medications, for inclusion in USCDI v4. Discharge Medications will be kept in Level 2 pending clarifications regarding FHIR resources.

Discussion:

- Aaron Neinstein inquired whether the Discharge Medication data element includes only medications prescribed at discharge.
 - Shelly explained that this data element is interpreted at the data generating level by those creating the discharge list.
 - Aaron Neinstein noted the Discharge data element addresses a subset of current medication at the time of discharge.
- Al Taylor noted the existence of a Medication Code data element. Al suggested the final recommendation differentiate from Medication Administration Code and Medication Prescribed Code available in USCDI.
- Shelly noted the lack of a code for defining which medications are discharged and the lack of a FHIR resource for different types of lists.
- Steven Eichner suggested the inclusion of the discharge list intended for a future revision. Steven explained the issue that some drugs do not appear in lists as they lack NCDP codes, for example, trial medications.
- Pooja discussed the applicability of Discharge Medication in USCDI v4 as FHIR resources for this data element are not available. Pooja explained that she created an initial recommendation for Discharge Medication, assuming FHIR resources were available. Now that it's been clarified that FHIR resources are not available, IS WG members discussed inclusion in USCDI v4.
 - Shelly shared the HL7 and US Core medication list guidance. There is no codified medication list currently.
- IS WG members agreed to proceed with recommending all data elements, except Discharge Medications, for inclusion in USCDI v4.
 - Discharge Medications will be kept in Level 2 pending clarifications regarding FHIR resources.

Various Data Elements (48 – 56)

IS WG members discussed the following data elements: Vaccine Event Record Type, Orders for End of Life Care, Emergency Department Note, Functional Status, Disability Status, and Mental/Cognitive Status, Family Health History, Advance Directives, and Test Kit Universal Device Identifier (UDI).

IS WG members agreed to proceed with recommending all data elements for inclusion in USCDI v4.

Discussion:

- IS WG members discussed the following data element: Vaccination Event Record Type.
 - Hans Buitendijk inquired about current immunization data captured in USCDI.
 - Clem McDonald noted there is no accepted standard for vaccinations and medications.
 - Hans asked for clarity of scope regarding immunization concepts, its historical/planning function, and application to the current landscape.



- Shelly Spiro explained the aim of this data element was to determine if immunizations were administered.
 - Joel Andress suggested this data element document whether data is clinician provided vs. patient-reported independent of a clinician record.
- IS WG members agreed to proceed with recommending Vaccination Event Record Type in USCDI v4. IS WG members noted its application as it relates to historical vaccination information and the need to consider applications of planning and clinician-provided/patient-reported data.
- IS WG members discussed the following data element: End of Life Care.
 - Joel explained the relevance and critical need for End of Life Care as detailed in the IS WG google document.
 - Mark Savage noted potential duplications with recommendations related to Advance Directive.
 - IS WG members agreed to proceed with recommending End of Life Care for inclusion in USCDI v4 while understanding the need to clarify its distinction from Advance Directive.
- IS WG members discussed the following data element: Emergency Department Note.
 - Joel discussed the priority and rationale for this data element as detailed in the IS WG google document.
 - Steven Lane expressed no concerns but noted that the methodology of adding different note types may not be an ideal approach.
 - Michelle Schreiber discussed the need to include critical notes and differentiate between types of notes within USCDI.
 - Ricky Bloomfield expressed support for this data element. Ricky suggested the addition of specific notes codes to the recommendation.
 - Michelle indicated the discharge note from an emergency department is of priority to include in this data element.
 - Ricky will assist CMS in drafting the final recommendation for this data element.
 - Al discussed ONC's approach to identifying a starting or generic code. ONC may indicate a starter code set for recommendation into USCDI.
 - IS WG members agreed to proceed with recommending Emergency Department Note for inclusion in USCDI v4 while accounting for IS WG comments.
- IS WG members reviewed the following data elements: Functional Status, Disability Status, and Mental/Cognitive Status.
 - IS WG members noted this data element's recommendation intends to include assessment and results of assessments and ensure data sharing with those involved in the coordination of care.
 - IS WG members agreed to proceed with recommending Functional Status, Disability Status, and Mental/Cognition Status in USCDI v4 while accounting for IS WG comments.
- IS WG members reviewed the following data element: Family Health History.
 - Mark reviewed the recommendation detailed in the IS WG google document.
 - IS WG members agreed to proceed with recommending Family Health History for inclusion in USCDI v4.
- IS WG members discussed the following data element: Advance Directives.
 - Mark provided an update on the recommendation status for this data element. A subset of IS WG members have created both USCDI v4 and USCDI v5 recommendations, detailed in the IS WG google document.



- Shelly noted that Patient Care Workgroup Co-Chairs plan to further discuss this data element's concepts and how Care Plan components are incorporated in USCDI.
- IS WG members agreed to proceed with recommending the following data elements for inclusion in USCDI v4: Functional Status, Disability Status, and Mental/Cognition Status.
- IS WG members discussed the following data element: Test Kit UDI.
 - Raj Dash and Hans reviewed recommendations for this data element, detailed in the IS WG google document.
 - IS WG members agreed to proceed with recommending Test Kit UDI inclusion in USCDI v4.

PUBLIC COMMENT

Mike Berry opened the meeting for public comments:

QUESTIONS AND COMMENTS RECEIVED VERBALLY

No public comments were received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the Interoperability Standards Workgroup. We will start shortly.

Mike Berry (ONC): Please remember to tag "Everyone" when using Zoom chat (if you want others to see your message).

Ram Sriram: Is there any format for other multimodal data, e.g., speech.

Mark Savage: If we're concerned about "clinical quality" images, will the broadband issues be (somewhat) less for most clinical settings, while very important for rural patient, etc. access?

Steven Eichner: Mark S: I believe so. Some aspects do, of course relate not only to the file size of an image is how many images are necessary to convey useful information, such as x-ray images. Usually, there are several views related to a particular order or need. The time required to transmit a single image may not be burdensome, but at some point the aggregated file size becomes problematic- An analogue is the express checkout lane- one item is fast, two items a bit less so, and by the time you're at 15 items, it's no longer an express lane.

Mark Savage: Sounds like just adding mention of considerations that are attached to the recommendation to go forward?

Hans Buitendijk: Can I wordsmith a little?

Aaron Neinstein: @Joel, Michelle, and team - Would make sure to differentiate clearly between *prescribed* and *reconciled*. They will be very very different.

Steven Eichner: To clarify recommendations- Can/should we include in recommendations future work to provide clarifying information regarding medication lists AND a recommendation that ONC work with the relevant code-setting organizations to ensure drug code sets include all available medications, including those currently in clinical trials?

Aaron Neinstein: My vote would be to hold Discharge Medications and move the others forward

Aaron Neinstein: +1 to Pooja's vote



Hans Buitendijk: A medication list is currently derived from existing resources, particularly MedicationRequest. See: <https://build.fhir.org/ig/HL7/US-Core/medication-list.html>

Mark Savage: This (orders for end of life) will overlap with small group recommendation on Advance Directive.

Steven Lane: Support this recommendation 100%.

Mark Savage: Make it so!

Steven Lane: As a family physician I completely support the inclusion of Family Health History. This is critical information for the provision of holistic patient-centered care.

Pooja Babbrah: No concerns. I support this

Steven Lane: Grace is giving a talk at ViVE.

Rita Torkzadeh: Was Level 2 Author provenance element discussed already today?

Steven Eichner: I'll be happy to go through it again to confirm: want them in the spreadsheet, or is there a different document?

Mark Savage: @Rita, already approved.

Rita Torkzadeh: @Mark great!

Steven Lane: Fully support.

Steven Lane: Tremendous gratitude to the workgroup co-chairs for pulling us to the finish line.

Aaron Neinstein: +1 to Steven's comment. Amazing coordination and leadership!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

Resources

[IS WG Webpage](#)

[IS WG – March 29, 2023, Meeting Webpage](#)

[HITAC Calendar Webpage](#)

Adjournment

Sarah DeSilvey and Naresh Rajan, IS WG Co-Chairs, discussed their progress in drafting the final report. IS WG members were asked to assist with final report recommendations and insert final comments in column M of the IS WG google document.

The meeting was adjourned at 11:53 AM.