



Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) INTEROPERABILITY STANDARDS WORKGROUP MEETING

May 17, 2022, 10:30 a.m. – 12:00 p.m. ET

VIRTUAL



Speakers

Name	Organization	Role
Steven Lane	Sutter Health	Co-Chair
Arien Malec	Change Healthcare	Co-Chair
Kelly Aldrich	Vanderbilt University School of Nursing	Member
Hans Buitendijk	Cerner	Member
Thomas Cantilina	Department of Defense	Member
Christina Caraballo	HIMSS	Member
Grace Cordovano	Enlightening Results	Member
Steven Eichner	Texas Department of State Health Services	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Adi Gundlapalli	Centers for Disease Control and Prevention	Member
Jim Jirjis	HCA Healthcare	Member
Kensaku Kawamoto	University of Utah Health	Member
John Kilbourne	Department of Veterans Health Affairs	Member
Leslie Lenert	Medical University of South Carolina	Member
Hung S. Luu	Children's Health	Member
David McCallie	Individual	Member
Clem McDonald	National Library of Medicine	Member
Mark Savage	Savage & Savage LLC	Member
Michelle Schreiber	Centers for Medicare and Medicaid Services	Member
Abby Sears	OCHIN	Member
Ram Sriram	National Institute of Standards and Technology	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	ONC Staff Lead
Denise Joseph	Office of the National Coordinator for Health Information Technology	ONC Staff Lead





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

Mike Berry

And good morning everyone, and thank you for joining the Interoperability Standards Workgroup. My name is Mike Berry. I am with ONC, and we are always glad that you can be with us for this workgroup meeting. As a reminder your feedback is welcomed, which could be typed in the chat feature throughout the meeting or could be made verbally during the public comment period that is schedule at about 11:55 Eastern Time this morning. So, I am going to begin roll call of our workgroup members. So, when I call your name, please indicate that you are here. I will start with our co-chairs. Steven Lane.

Steven Lane

Good morning.

Mike Berry

Morning. Arien Malec.

Arien Malec

Good morning.

Mike Berry

Kelly Aldrich. Hans Buitendijk. Thomas Cantilina or Jeff Ford. Christina Caraballo.

Christina Caraballo

Good morning.

Mike Berry

Grace Cordovano.

Grace Cordovano

Good morning.

Mike Berry

Steven Eichner.

Steven Eichner

Good morning.

Clem McDonald

[Inaudible] [00:01:06].

Female Speaker

Morning.

Mike Berry

Rajesh Godavarthi. Jim Jirjis. Ken Kawamoto. John Kilbourne.

John Kilbourne





Morning.

Mike Berry

Leslie Lenert. Hung Luu.

Hung Luu

Good morning.

Mike Berry

David McCallie.

David McCallie

Good morning.

Mike Berry

Clem McDonald. Mark Savage.

Mark Savage

Good morning.

Mike Berry

Michelle Schreiber. Abby Sears.

Abby Sears

Good morning.

Mike Berry

And I believe Ram Sriram is out today. Is John **[inaudible] [00:01:48]** here? Okay, I think that is everybody. So, thank you, everyone. Now please join me in welcoming Steven and Arien for their opening remarks.

Co-Chair Remarks (00:02:08)

Steven Lane

As always, thank you, everyone, for joining us today. Hans, I see you have joined in chat. Thank you so much. Really great to have folks here to drive forward on our recommendations. We are really in the home stretch now pushing ahead toward the final presentation to the HITAC, which we are going to be doing next month. So, a number of folks have worked hard to pull together their recommendations for our consideration and hopefully finalization today, and we are just going to keep on that over the next couple of weeks as we try to get through and craft recommendations for all the high-priority topics that we have discussed.

We do have Andrew Hayden, member of the ONC team, who is particularly involved in the maintenance of the ISA who has put together a brief presentation for us today just to provide more in the way the background. We thought that would be helpful for the group, and then we will dive right into a number of recommendations, hopefully hearing from Mark, Grace, perhaps Christina. I put together the eCR recommendations. And we will get through as many as we can. Arien, do you want to add to that?

Arien Malec





No. It is crunch time. Really appreciate all the work of the workgroup members to get in with spreadsheets and follow the guidelines of starting with “We recommend that ONC do” blah. And we have just a short amount of time before we have got to finalize and lock down these recommends into draft letter form for next month’s HITAC. This month, tomorrow, we are going to be giving sort of an interim report. But just a reminder that this really is crunch time, and really appreciate everyone’s diligence in working through it. So, with that, let us just jump into it.

Steven Lane

Well, I will just add one more thing, and that is we have a number of members of the public who have joined us this morning. Just want to remind all members of the public that you are welcome to participate in the chat using the Zoom tools and that we will break for public comment at 11:55 Eastern for anybody who wants to provide commentary verbally. If you are thinking of providing verbal commentary, feel free to raise your hand at whatever point you like during the course of the meeting, and we will just kind of queue you up in the attendees. If we have a number of folks who are looking to provide verbal public commentary, we might even cut to that sooner. So, with that, Andrew, are you with us?

History of ISA (00:04:45)

Andrew Hayden

I am. Can you hear me?

Steven Lane

We can hear you loudly and clearly.

Andrew Hayden

Great.

Steven Lane

And thank you so much for putting together this presentation.

Andrew Hayden

Certainly. Thank you, Dr. Lane. My name is Andrew Hayden, and I am the Standards Advisory lead with ONC. I am pleased to be presenting today to the workgroup and members of the public on historical and structural evolution of the ISA. Next slide, please. Here is what I will cover today. By way of review, I will start by providing an overview of the ISA’s purpose and principal stakeholders. Next, I will walk through the ISA’s historical and structural evolution and will conclude with an overview of its current structure. I will then turn things back over to Dr. Lane to initiate a brief question and answer session. Next slide, please.

These next few slides provide a brief overview of the ISA. The current slide provides a definition. The ISA is a single public list of the standards and implementation specifications that can best be used to address specific interoperability needs reflective of ongoing dialogue, debate, and consensus among industry stakeholders. It also serves as informational resource and is nonbinding. Next slide, please.

This slide illustrates how key stakeholders use the ISA. For stakeholders who administer government and nongovernment procurements, testing, certification, or grant programs, the ISA a resource to meet their interoperability needs. For developers of health IT, the ISA is a resource for available and appropriate standards and implement specifications to support their interoperability efforts. For implementors and users





of health IT products, the ISA is a resource that can ensure purchased products include standards that support specific interoperability needs. Next slide, please.

Now I will offer a few words on the ISA process. The web-based version of the ISA is updated frequently throughout the year as comments from stakeholders come in or as changes occur, with a call for review and comments in late summer. ONC publishes a static reference addition of the ISA each December or January. Next slide, please.

I know this is a busy slide. I will only cover or touch on a few key takeaways. But essentially, the slide depicts the historical and structural evolution of the ISA from its inception and 2015 to the present. The ISA has its roots in the 10-year vision paper to achieve an interoperability health IT infrastructure that ONC published in 2014. It also has its roots in the Shared Nationwide Interoperability Roadmap version 1.0 draft, here on after known as the Draft Interoperability Roadmap, published in January 2015, and the final Interoperability Roadmap published in October of 2015. The 10-year vision paper stated that ONC will continue to work with industry stakeholders and federal and state governments to advance core technical standards for terminology and vocabulary, content and format, transport and security.

The Draft Interoperability Roadmap incorporated an open 16-page draft of the first Interoperability Standards Advisory. With then national coordinator, Dr. Karen DeSalvo, stating in a letter that accompanied the Draft Roadmap that the advisory is an initial version of the quote “best available standards and implementation specifications list for interoperability of clinical health information that enables priority learning health system functions”, end quote, and that development of this list is identified as a critical action in the roadmap that ONC has committed to. In the final version of the roadmap published in October 2015, ONC committed to annually publish and update a list of the best available standards and implementation specification for health IT interoperability purposes and to support priority learning health system functions through an open and transparent process.

In response to extensive public comment on the two draft ISAs in 2015, the 2016 ISA final version began to look like today’s more modern ISA, adding six best available standards and implementation specification characteristics as well as interoperability needs and limitations and value subsections. For its part, the 2017 ISA added an interactive web version. While the 2019 web version saw the first addition of specialty care and settings tags for opioids and pediatrics. The 2020 ISA saw four new social determinants of health interoperability needs added. While the 2021 ISA added a COVID-19 subsection and a COVID-19 specialty care and settings tag in response to the pandemic. The 2022 web ISA added the social determinants of health specialty care and setting tag in March 2021. While the most recent 2022 reference addition of the ISA, 269 pages, contained 280 interoperability needs and highlighted additional representation of social determinants of health on COVID-19. Next slide, please.

The current structure of the ISA, as depicted on this slide, includes four major sections, four major informational appendices, and four specialty care and settings tags. Next slide, please. This slide depicts an ISA sample interoperability need, allows a prescriber to send a new prescription to a pharmacy. Here you can see the six best available standards in implementation specification characteristics originating from the 2016 ISA, standard process maturity, implementation maturity, adoption level, federally required cost, and test tool availability. Also, depicted are the limitations, dependencies, and pre-conditions for consideration attached to this particular interoperability need. Next slide, please.





This slide shows how to access the ISA's four specialty care and settings tags in the ISA web version. Hovering over the ISA content menu item in the web version will display the four tags. This functionality is currently being improved for ease of access. As referenced earlier, the first two specialty care and settings tags around opioids and pediatrics were added the ISA in 2019, mainly in response to 21st Century CARES Act requirements, but also to make it generally easier to find groups of interoperability needs supporting these specialty care areas. Next slide, please.

This slide depicts the social determinants of health specialty care and settings tag added to the ISA in March 2021. Next slide, please. And this slide depicts the catalogue of ISA reference addition PDFs that can be readily access from the Publications to be of the ISA web version main menu. The 2023 reference addition will be the 9th annual addition of the ISA. Next slide, please.

The recent ISA updates page on the ISA web version is a catalogue of changes to ISA's sections, subsections, and interoperability needs dating back to 2017. Next slide, please. This slide documents where we are in the comment process and how to create an account and submit comments. Comments are now open for the ISA web version. An annual review and comment period will open later this summer. An account must be created at the ISA web version main page to submit a comment. Also, by clicking on the ISA's RSS feed icon, users can pull up a feed they can plug into any RSS feed reader, allowing them to receive ISA updates in real time.

This concludes my presentation on historical and structural evolution of the ISA. Dr. Lane, now back to you.

Steven Lane

Thank you so much. Really appreciate that Andrew and the work you put in to pulling that together. I think it is really helpful for our work group to understand the ISA and the USCDI, which are the two areas that we have been tasked to provide input and recommendations, are really different. They just have a different history. They play a different role. And clearly they are related to one another, and in fact, we are going to craft some recommendations to make that relationship much clearer. David McCallie, you made a comment in the chat about the lack of use case section, and I think that that is something we are highlighted. And I think we are going to probably prepare recommendation around that.

Clem, welcome. As well as everybody else who made it on, Kelly, after the roll call. Anybody with any questions?

Arien Malec

Steven, yeah. I note that the USCDI is actually structurally under the ISA if you look at the overall organization of the ONC web page. So, I do not actually think that we are doing anything new or different by recommending that there be closer ties between the standards listing section of the ISA and the USCDI listing section of the ISA. Little known fact.

Steven Lane

Kelly, your hand is up.

Kelly Aldrich

Yeah, hi. Thanks, everyone. Andrew, thank you for this overview. Very interesting. I had a quick question if you do not mind or if you could just direct me to the resource. How do you determine the adoption rating?





Andrew Hayden

Yeah. Actually, the adoption rating is something that our SMEs that process the comments that come in collectively will determine. And we will do our own research, and we will look into the IGs, let us say, and their specific status or balloting status with the specific SDO. But normally, we conduct our own research. And if there are questions about that type of status, we will convene and talk it through.

Kelly Aldrich

Okay, thanks. It might be helpful for people to understand that because, in our data-driven world, people of very interested in the saturation rate as well as the uptake. So, thank you, Andrew, for that answer.

Andrew Hayden

Absolutely. Thanks for the question.

Steven Lane

Hans.

Hans Buitendijk

Thank you. Thank you, Andrew, for the update. Question that I have, and it is a clarification question. Over the last number of years and actually a part of the terminology of best available standards, and you mentioned that reference in your update as well, but in the actually text it was at one point in time removed. So, adjust as a clarification, the intent of the ISA is not necessarily that it judges or indicates which one is the best for a particular use case, but what is available for that particular use case. Is that a correct understanding?

Andrew Hayden

Yes.

Hans Buitendijk

Because one might **[inaudible] [00:15:51]** suggesting differently based on what that is.

Andrew Hayden

That is my understanding as well as, Hans, in that there was an evolution to sort of steer away from attaching a value judgement to standard. But, yes, initially I think the list was created to point out best available standards, but then over time we dropped that.

Chris Muir

Yeah, this is Chris Muir. Just want to add a little bit to that. But you are right, Andrew. But just to add a little bit more information.

So, you are both correct. Initially, we were contemplating and trying to determine what the best available standards were, but over time we also determined that it might be more helpful just to list the standards that are available and that put those other helpful attributes, like adoption levels, like where it is in lifecycle with the SDO and all those kinds of things, and then let individuals or entities decide on their own which standards that they want to use among them. We thought that was a much better approach. But anyway, that was kind of the history in how we came out of that.

Hans Buitendijk





Thank you.

Steven Lane

Arien.

Arien Malec

Yeah, just wanted to the workgroup out to some of the historical information on standards maturity. Back in the day Dixie Baker led the NwHIN Power Team. David and myself actively participated in that team. Dixie published a whitepaper on standards maturity. So, if you want to go back and look at at least a rubric or heuristic for standards maturity, I published that out to the chat. Brett also pointed out in the FAQ section that ONC has listed out the general framework for adoption level and maturity level. But as noted, I think that NwHIN Power Team really does a nigh job of out lining a framework for thinking about standards maturity and standards readiness.

Steven Lane

Excellent. Thank you. We have another hand up from Mark.

Mark Savage

Thanks. This is a different version of sort of the best available question. Does something have to meet a minimum level of requirements in order to get listed, or does anything go?

Andrew Hayden

This is something that I have consultations within the SME team that reviews the standards and implementations that come in via comment. It is typically a case-by-case basis. It is not a kind of necessarily universal blanket, except that we do review the different IGs and standards that come in. If there is something we consider out of scope of the current ISA, then it may not make it into the ISA. It is not 100% blanket acceptance. But I defer to Chris and/or Brett if they want to embellish further on that response.

Chris Muir

Yeah, we try to err on the side of being inclusive. But as Andrew said, we sometimes get things that we just feel like are not directly healthcare related or health related, and so we do not always publish those. But usually and in most cases, if it is a legitimate standard and if it fits within health and healthcare, we will include it.

Mark Savage

Thank you.

Steven Lane

Thank you. Arien, did you have another comment? Or was your hand just stuck up there?

Arien Malec

No, a legacy hand.

Review of Recommendations (00:20:13)

Steven Lane





No worries. I think we lost Christina temporarily. I do not know if she is on audio. But, Hans, you made a good comment regarding some structural adjustments that could be made in the ISA to make it clearer, how the maturity and adoption source information relates to each of those items. There are throughout going to be a series of recommendations around the structure of the ISA where I think various workgroup members have seen opportunities to improve that. And Christina has thankfully taken on the responsibility of trying organize those into a set of crisp recommendations for our consideration. So, we will see if we get to some of those today or not. But we are going to try to certainly get to them before we are done.

Arien Malec

And Hans has noted in the chat your help in drafting recommendations to improve the structure of the ISA is definitely welcomed.

Hans Buitendijk

Should I put that under or above the row that says, “No further additions.”

Steven Lane

You are welcome to draft it in a fresh row, but I would encourage you to collaborate with Christina to try to pull that together into a group.

Hans Buitendijk

I will make a first draft, and then I will ping Christine.

Steven Lane

Marvelous. Marvelous.

John Kilbourne

I had a quick question about the extra row business. This is John Kilbourne.

Steven Lane

Yes, John. Go ahead.

John Kilbourne

So I did not raise my hand. I was not sure how to interpret that. Because over the weekend, I was going to put some content there, and it looked like each row corresponded to a person. And so, if I wanted to say something, I would have had to add an extra row, but it very clearly says do not add an extra row.

Steven Lane

Yeah. The rows were initiated by individuals, but I number of people have chimed in and added content within each row. You can see if you look that there are multiple names in the rows of people chiming in. So, the idea was just we did not want to introduce new topics.

John Kilbourne

Ah, okay. Thank you.

Steven Lane

So, yeah.





John Kilbourne

I misunderstood then. Okay.

Steven Lane

Yeah, feel free. Feel free.

Steven Eichner

Just editorially, people are putting their names in brackets in entries.

Steven Lane

Exactly. Yeah, thank you, Eich. And everybody feels free to use the hand raise feature. It will help us to bring you forward. Any other questions for Andrew at this point? Great.

One other thing, Excel, if you guys can pull up the topics worksheet that we have just been referring to and display that. I hope you can get it into one screen. I have tried to work with it.

Chris Muir

Hey, Steven?

Steven Lane

Yes, Chris.

Chris Muir

David asked a question in the chat, or maybe made a comment, but I would like for him to further expound on what he said there. It would be helpful to me to understand what he is referencing.

David McCallie

Are you talking about the interoperability need and to dating a standard?

Chris Muir

Yeah. Yeah, can you say just a bit more about that so I understand?

David McCallie

Yeah. The notion is that there may be I like to phrase use case, just out of habit, that is recognized as a new need that does not yet have a standard, may not have a implementation guide in existence.

Chris Muir

Oh, right.

David McCallie

And it seems to me that it is worth tracking the important use cases for as much a reason to be a clue to some of the standards bodies as to where work is needed as it is to wait until they do something and then say, "Well, it looks like they were addressing this need." It seems like we should be driven by the needs, not driven by the emergence of standards.

Chris Muir

Yeah. No, that is a good comment. Thank you. That is helpful.





Arien Malec

A good example of that is price transparency and patient right to correct where there are accelerators to address both standards for price transparency and patient right to correction under HIPAA. But not yet recognized standards or IGs associated with that. And so, some of the areas of our commentary is to recommend that the ISA add additional use cases or interoperability needs and then reference the work going on in the accelerators in advance of having a published standard.

David McCallie

This is David again. There may be, inside of a broad use case, an interoperability need like say consumer access to their record via API a subdomain like access to full, quality, digital images for which this is not a clear implementation guide. But you could list that use case as a need that need to be developed. So, it might be a subset inside of a broader interoperability need.

Arien Malec

And right on cue, here is Mark Savage's item No. 1 on care plans and chronic disease management, where we are looking at just such a recommends.

Steven Lane

Actually, before we jump into Mark's recommendation No. 1, I want to point out that the spreadsheet now has a new column, Column I, called "ONC Priority." And one of the things that ONC did for us between the last meeting and this one is to point out those items for which they are particularly interested in receiving recommendations. So, you will note if you scroll down there are quite a number of items that ONC has categorized as their priority, so we certainly want to be sure to give them recommendations in those area if we are prepared to. And then in the column next to that to the left, Column H, is the current workgroup priority based on our rankings spreadsheet.

I will point out that a number of folks, including coming of you on the phone today, have not bothered to put your rankings in the rankings spreadsheet. And if you have a chance to do that, you would be more than welcome to contribute to how we are thinking about this. The ranks have been pretty static over the past week. But I am watching that if somebody wants to go in and prioritize items. It might help us just to organize our thinking over the next few days, or few weeks I should say, because we may well not get to every recommendations given the time available.

But what we do want to do is jump in. And I think starting with those items that are both high-priority for the workgroup and high-priority for ONC and try to finalize, really nail down our recommendations. Knowing as we do that it is easy to go down rabbit holes, and what we really want is to come up with recommendations with which we kind of all live.

So, my hope, unless you feel otherwise, Arien, would be do go to item No. 6. Which is also one that Mark started, having to do with the SDOH standards related to the Gravity recommendations that we heard. This has been identified as high-priority by our workgroup as well as by ONC. And Mark has worked hard to prepare some crisp recommendations for this, and I think if we can go through those and come to some agreement, that would be really wonderful.

Arien Malec





No objections. I think part of the role of the workgroup is to identify priorities independent of ONC, but it is useful to look at areas where we both think something is a high-priority.

Steven Lane

All right, Mark, I have given you the entire screen.

Mark Savage

Thank you. Well, I will try to shorten it. This is on the SDOH Gravity Standards. The recommendation in Column F tracks what we heard from Evelyn and Asha in the presentation. Keeps it at a high level for the succinct recommendations that were in this slide. You will recall that we found that much of what the Gravity project has added and what ONC has added into USCDI version two was not listed out in ISA, and so, in short, that is what we are recommending. To add the vocabulary and the value sets, add the implementation guide, add the reference implementation. Little more detail under A and B on that recommendation in front of you just to list the categories to provide some guidance for ONC to make sure that those things get added.

Then a separate recommendation for sort of tracking what we have all been talking about on these calls. Our charge is to be looking at the priority uses and use cases that HITAC has selected, but we did not really find a place there. So, I recommendation that we changed, the specialty care and settings to be priority use cases. Social determinants of health, which is listed there, is not really a specialty care or a specialty setting. It is 80% to 90% of health status, so it is a big picture use case.

And the recommendation is to list under those priority use cases which we have collected the various things that we have been talking about. One for achieving health equity, and that is where the social determinants of health work would go. Again, linking to what you see above, but it is a way to collect the different standards together in one place for the public, for the stakeholders who are looking for how to put some of these terminology, and exchange, and administrative standards together for better use. I will stop there and leave it to questions if there is any detail that is needed.

Arien Malec

Hey, Mark, I agree with both of these recommendations. As I am going over the first set of recommendations, I wonder whether some of the work that we did in the USCDI section to point out value sets for assessment might be good content for the ISA vocabulary code set and terminology section. I do not know that we have an area in the ISA where we point out common value subsets under an overall vocabulary standard.

Mark Savage

That makes sense, Arien. Arien, to me, this is in the meant to be exclusive. This is just meant to be a recommendation about including what the Gravity project has done. Other things [inaudible] [00:31:35] as well. This does not preclude those addition that we were talking about in phase one.

Arien Malec

Okay. Yeah. No, understood. It occurred to me that we do not actually have a structural place to put those recommended value sets.

Steven Lane





David, your hand is up.

David McCallie

Yes. First, I like Mark's suggestions, and I see them as a step in the right direction. But I am going to suggest maybe they do not go far enough and perhaps wonder into too pedantic an understanding of how to organize something as long-running as the ISA, which is to say what is a priority this year will not be a priority in two years. There will be a new priority. And I do not think necessarily categorizing the actual use case or interoperability need under the notion of priority makes long-term sense.

I would suggest an interoperability need is a need, is a need, is a need, and what is a priority is on cross reference to that. And as priorities change, I hope that our priorities in 2025 are different than the ones they were in 2015. So, I do not have good alternative language to suggest, but decouple the notion of what is a current priority from what is an interoperability need.

Steven Lane

That makes a lot of sense. So, Mark has presented some specific recommendations and has highlights some potential policy levers that could be utilized to meet those. In the past in our recommendations to the HITAC, we have identified specific policy levers as a supplement to the recommendations themselves. So, the idea is that all of this content would end up being included in our recommendation to the HITAC.

Hans, your hand is up.

Hans Buitendijk

I would just like to support David's comment with a plus one. Finally found it in a different spot, specialty care and settings, they have appropriate contexts otherwise. But indeed, how can I get across everything what is really of most importance in this year. So, fully support that approach.

Steven Lane

So, yeah, drafting that into a recommendation will be helpful getting some language on that. Okay. So, what I would like to do is see if we can move.

Arien Malec

You have Grace.

Steven Lane

Oh, we have one hand.

Arien Malec

Grace, yeah.

Steven Lane

Sorry, go ahead.

Arien Malec

Well, Grace had a recommendation about just the name of priority use case to use case. I assume that is what she was raising her hand about.





Grace Cordovano

Yeah, I am just trying to understand where the assumption came that it had to be a current priority. It is not necessary what is priority now versus five years or 10 years from now, but identifying important use cases that will continue to play a key role. And if they are addressed, then they can be removed from the list. But I highly doubt that anything that is pertinent work would be removed and taken off the reference list. So, I recommend moving simply to use cases.

David McCallie

Yeah. Grace, to be clear, I was certainly not suggesting that something ever leaves the ISA, but its status as the priority or current priority might change. So, the use case continues. The priority might fluctuate. Way back when we started all this stuff, the top priority was e-prescribing. We do not talk about that a lot anymore because it kind works. But it is still an interoperability need, and there is still standards and we still track it.

Steven Lane

Precisely. Eich?

Steven Eichner

Yes, two things. I agree with the priority component. Secondly, I think looking at the policy levers, one other component that ties in are conditions of participation. We noticed looking at the proposed IPPS rule for 2023 that there are several reference to including things as COPs that shift, not only from the technical requirement, but to the environment for actually using them on a functional basis.

Steven Lane

So, in the chat, we are seeing some people say perhaps priority does not belong in the ISA at all, that perhaps we should be focusing on use cases exclusively. Does anyone want to make a comment about that?

David McCallie

This is David again since I brought it up. I forego the hand raising thing. I think cross referencing. We are good at cross referencing, so identifying something that is a current priority of the current administration or currently as rated by HITAC, etc., is perfectly valuable to have somewhere for public availability. It is just an orthogonal access to the interoperability need itself. And so, we are just saying separate the concerns.

Steven Lane

John Kilbourne.

John Kilbourne

Yeah, I think I am agreeing with what was just said. I believe we should have some kind of ranking or this one is more morn than that one, and that is an important thing to say. Maybe that will change over time, and what was important before is not as important now. But is sort of a perpendicular, orthogonal kind of a thing to talk about, the priority or the ranking. But I do not know that just not having any kind of indication that this one really seems to matter and this other one, well, not so much right now; I think it would be helpful to indicate what matters more and what matters less to the best of our ability.

Steven Lane

Hans.





Hans Buitendijk

Well, we need a new name. What about something like “assessments”? We need something broader. We do not need to be limiting. Specialty sounds like specialists. We got to get a new name, or otherwise, we are going to float around this for days.

Arien Malec

Yeah, I would comment that right now we are bike shedding. We could probably send the rest of the workgroup discussing the right name. A, we can sleep on it; we can think about this and come back next week with some proposal for a name. Or we can kick this to ONC, our recommendation is that there be a view of the ISA that is organized by interoperability need or specialty. Our comment is that specialty care and setting does not capture that reorientation. And we can recommend that ONC come up with a new name, or as I said, we can sleep on it, think about this over the week, and then come back next week refreshed with some suggestions for new names. Either way, I think it is probably not the priority for us to debate the right at this point.

Hans Buitendijk

Perhaps one comment along those lines. As I currently understand, specialty care and settings are views of the other parts of the ISA, and those views have an interest which is not the same as priority, where you could either within those views or other parts of the ISA identify what is more or less important for a particular purpose. But the way I understand specialty care and settings is it is not meant to be a priority rather than other the things in the rest of the ISA that could make up quote-unquote that area. So, view I do like. But whatever the name is, we should not mix the need for a view for a particular higher-level topic versus the priority of use cases for a particular purpose.

Steven Lane

Steve, do you have something to add to this? I think we beat this one pretty much down.

Steven Eichner

I was going to add that we may not want to use the word “priority.” Or if we are thinking about priority, the **[inaudible] [00:40:49]** is who is establishing what that priority list looks like? Because there are a bunch of different interest groups, all of which may have competing priority lists, and what becomes critical to a system as a whole really can vary quite rapidly where there has always been an interest in public health exchange.

Looking at COVID-19 as an example, suddenly drove significant interest, significant drive in making an awful lot happen very quickly. And that is great and wonderful. We do not necessarily want to lose the experience of what we have developed and have it get deprioritized and put down somewhere until we have another crisis. So, I think we need to be careful about using the word “priority” without attaching who is setting or who is defining what that priority is.

Steven Lane

Okay. So, I would like to bring this discussion to a close. We have taken out that word “priority” from Mark’s recommendation, and I would like to see if we can come to a final conclusion on this one, turn it purple, and move on. Any objection? Terrific. I like turning things purple. That seems to be our color of completion. So, we will do that. Thank you, Mark, for bringing those forward. Really appreciate that work that you have done.





Mark Savage

And thank you to Evelyn and Asha for the presentation.

Steven Lane

Oh, absolutely.

All right. Following our rubric if you will, David, thank you for that, of trying to hit the ones that are both high-priority to us and high-priority to the ONC. Christina, I do not know if you responded to my text. You did. Okay, Christina has her name on a number of items related to the structure that are both high workgroup priority and high ONC priority. Christina, did you want to walk us through those at this point, or would you rather wait until next week?

Christina Caraballo

Yeah, I can start. Yeah, I can get started on it.

Steven Lane

We will go to No. 18 then, is that right?

Christina Caraballo

Yeah, 18, 19, and 20. And just a little orientation, my first step in this was to combine Grace, Steven, and Arien's work plus recommendations, these 18, 19, and 20 with 28, 29, 30, and 12. I have combined so far items 19, 28, and 29 into 20. So, we can probably delete the other ones, but I did not yet. I think these are pretty ready for review.

What it does not include so far for ISA optimization is some of the input that Grace had in item 12, which I will revisit, and especially settings recommendation that Arien had in 30. Other than that, I think this captures most of the structure recommendations that we have put forward so far. So, our overarching revised recommendation would be to include the most current published emerging standards with references to associated implementation guides, profiles, etc.

Steven Lane

I am sorry. Which one are you reading from Christina, which item?

Christina Caraballo

I am sorry.

Arien Malec

Twenty right now.

Steven Lane

Twenty. Okay, good.

Christina Caraballo

Twenty.

Arien Malec

Oh, whoops. Either I have lost the group, or the group has lost me.





Steven Lane

No, no. We can hear you.

Arien Malec

Okay.

Christina Caraballo

I can back up a little bit. Sorry, I was just in the middle of putting these together before our call, and you just probably jump right in. So, if I need to back up and orient a little bit.

Arien Malec

Christina, I think the intent is that 20 subsumes right now 18 and 19.

Christina Caraballo

Yes. And there is a note in there so people can reference it. It combines items 19, 20, and 29 for reference. So, item 20 is a combination of the three. So, it includes the federally required and some of the optimization that Arien and Hans had put together.

Steven Lane

Okay. So, do you want to walk us through those so we can take them one at a time, those recommendations?

Christina Caraballo

Sure. So, basically just starting from the beginning, we are recommending that ONC establish a streamline process with the SDOs to ensure ISA references the most recent versions of standards and associated IGs and profiles. So, this was part of our discussion to make sure there is a really solid connection with the work happening in the various SDOs so that things are updated in real time and there is not a lag between what is in the ISA and what we have happening in the standards world, with special attention to the accelerator projects.

So, that second line item on the recommendations is that ONC, when coordinating with the SDOs, prioritize coordination with the accelerators and similar-type acceleration projects to streamline the process to submit updates to ISA that can immediately incorporated, creating a more current and timely representation of what is available and what is critical to be aware of. So, I will stop there.

The next line looking at the spreadsheet was just a little separate. Okay, perfect. Thanks. We recommend that ONC add all the data classes and data elements and USCDI to the ISA. We recommend that ONC create a workflow to incorporate the USCDI submissions into ISA. So, I think those seem similar, but they are different. So, you have the existing data classes and data elements that are already in USCDI that may not be listed in the ISA. We should do a cross reference to that. And there are a lot of different data elements that being submitted to USCDI that not currently exist in ISA.

Steven, I see you have your hand up.

Steven Lane

Oh, I was just getting in line. I did not mean to interrupt you.





Christina Caraballo

Okay, cool. So, basically just making sure that any that is being submitted. And we are seeing a lot of interest from industry and communities of interest in submitting to USCDI, but those standards may not necessarily be in the ISA today and may never be considered for USCDI because they may not be targeted today because they are not going to be used for more broad and global standards. So, it is really important to have a place to capture high-priority data standards for different communities of interest they may be high-impact but may not be in USCDI. So, just having that really clear pipeline into ISA I think is really important, and I started to put some of that into the observations as well.

The next recommendation would be that ONC include in the ISA the USCDI version a standard is mapped to where relevant, where a standard implementation guide or similar is required by a federal program. We recommend that ONC list specific certification criteria and/or relevant federal programs for which the ISA item is named and/or required.

And I believe the others were old. So, those were the combinations. Although, this piece from Hans is new I think, just appeared on the Google Doc. But I will stop there.

Steven Lane

Wonderful. So, I did have the firsthand up, so I will take the liberty. And I put my question in the chat. You mentioned your recommendations three and four. Specifically, three, that ONC add all data classes, elements in the USCDI to ISA, which is to say specify in the ISA the relevant standards that go with every item in USCDI. And I wonder if we might say that that requirement would be, as an item, added to level two.

Once it is felt to be ready for exchange or for inclusion in a future version of USCDI, certainly at that point it should be reflected in the ISA. It might be reasonable, if they can, to add it to all the items in level one and at the comment level. But as we know, we really invite things to come in, especially at the comment level, that may not have a lot of standards of all. So, they may not actually be ready for the ISA, but you would certainly think that anything that made it up to level two should be fully reflected in the ISA. What do you think about that, Christina?

Christina Caraballo

My concern there is that USCDI evaluation process is for national exchange. And so, something may not be evaluated at a level two because of the requirement that we are looking for USCDI to be the base, like they are required for everybody. But it could be really, really important to a subset of stakeholders, and that is why I took out that level two and above.

Steven Lane

I see.

Christina Caraballo

I think as a first step putting level two and up would be great, but I do think there is a need to have more than just the USCDI leveling.

Steven Lane

So, I guess I just wonder though if there is some softening of the language that would give ONC some room to say that there are some things that have been submitted to USCDI that there just are not standards





around. And we within the to mature those, we want to list those perhaps at the comment level, but we cannot put them in ISA because there is nothing to say about them.

Christina Caraballo

Yeah.

Steven Lane

Unless you would just sort of put them in there and say, "And there are no standards."

Christina Caraballo

No, I hear you. What we could do is recommend that anything that would not necessarily be considered for placement in USCDI but has really important and valuable information in it make a recommendation to ONC to reach out to those stakeholders and recommend that they submit to the ISA as opposed to USCDI.

Steven Lane

Hans, I see your hand is up and also that you added a recommendation to Christina's here. So, you want to speak to that?

Hans Buitendijk

Yes, that the from our earlier discussion in the chats that I created that, and perhaps this is the right place that it should be inserted rather than a separate line because it is about ISA optimization to include the source. So, if that makes sense, then we can lift it up to below the list.

Steven Lane

You okay with that, Christina?

Christina Caraballo

That made sense to me.

Hans Buitendijk

I will remove the other separate row.

Steven Lane

I got it. Yeah.

Arien Malec

We also want to change SDOs to SDOs and similar bodies or SDOs and profiling organizations in the first bullet, per David's edit.

Christina Caraballo

And if we are just working from this one, we can probably remove my other comment in here.

Steven Lane

The one at the bottom?

Christina Caraballo

Yeah.





Steven Lane

Okay, I can do that. Yeah, I like the idea of sort of cleaning these up as we go and then turning them purple. So, just to be clear, Christina, what you saying is we can now remove item 19? Is that true?

Christina Caraballo

Yes.

Steven Lane

Okay, we will do that. This is why they are numbered. And you said you feel like we can remove items 28 and 29. Those have been included.

Christina Caraballo

I would ask that Hans and Arien do this.

Steven Lane

Hans and Arien.

Hans Buitendijk

I am comfortable with that.

Mark Savage

Arien, 29?

Arien Malec

Apologizes, had a family need to take care of.

Steven Lane

That is okay.

Arien Malec

Sorry.

Steven Lane

The question was just whether what you had drafted in item 29 you feel has been comfortably included in Christina's recommendation.

Arien Malec

Yeah, if we can go down to 29.

Steven Lane

Twenty-nine.

Arien Malec

Okay.

Steven Eichner





Steven, a suggestion. This is Steve Eichner. Administrative suggestion, rather than deleting, why do not you just mark them all black or something or put them down below or something so we are not losing them completely.

Steven Lane

That is fine.

Steven Eichner

Just a friendly suggestion.

Christina Caraballo

You have a strikethrough.

Arien Malec

We had a color coding that we used for the USCDI that I forget to mark things as already covered.

Steven Lane

We will figure that out. But that is fine, yeah. I am just so into deleting things and cleaning them up, but that is just me. All right.

Arien Malec

Standard [inaudible] [00:56:19] condo.

Steven Lane

All right. So, back to item 20 here. Anybody have anything to add with regard to the now large number of recommendations that we have incorporated here?

Arien Malec

Yeah. So, 29 and 30 are already addressed. So, my language for 30 is consistent with Mark's language for use case.

Steven Lane

Wonderful. Okay.

Hans Buitendijk

I made a small suggestion on 30, which is in the other one, is to instead use cases, since the term "view" is used frequently use "case view" perhaps as the perspective because it is pulling things together from other areas.

Steven Lane

And I am sorry, where is that going to go now, Hans?

Hans Buitendijk

I think that was Mark's number.

Steven Lane

It was up in Mark's.





Hans Buitendijk

Wherever that number was. No, it was No. 6, row six. They used the term “use case view.” Yeah, views.

Steven Lane

Mark, are you comfortable with that?

Mark Savage

Yes.

Steven Lane

Okay. Anybody object? Use case views. Captured. All right. So, back too Christina’s number, now No. 20. Any further comments on that? Or are we ready to turn that one purple? No hands up. David, you have a comment. Okay. Nothing new there. All right, going once, going twice. We are going to finalize this one and move on.

Let us see. We are at 8:30. Oh, good. We have got time to do a little bit more. Now, Christina, No. 18, is it now independent, or has that also been subsumed into 20?

Christina Caraballo

I do not think it is independent. I think it is kind of part of 20. I wanted to just look at it one more time and make sure we captured any type of recommendations to link ISA and USCDI well. So, I can take I look at it.

Steven Lane

That is fine. We can come back to that. All right. I will admit that I had homework to focus in on the lab recommendations. Clem, you have done a tremendous amount of work digging into the lab representations and adding more detail there, but I do not think that we are ready to bring those back yet today.

David McCallie

Yeah, Steven, you and I did a pass of the lab recommendations, so there is new content there.

Steven Lane

Do you want to walk us through some of that Arien?

Arien Malec

Maybe to your point, we can do another pass this week and bring back a proposed final look.

Steven Lane

Okay. That was my thought.

Arien Malec

Yeah.

Steven Lane

Yeah, we still needed to work through Clem’s comments. All right. Grace, your hand is up.

Grace Cordovano





Yes. There is an item that I had added in under 18 under Christina's that has not been addressed, and I just want to see if it is appropriate to touch on that.

Steven Lane

Yes, I saw that. Christina, do you see that?

Christina Caraballo

Yes, I have not gotten to incorporate some of those. I can take I look at some of the ones that have not been Xed off.

Steven Lane

Yeah, that is fine. Yeah. Again, we do not want to rush anybody's work. I think we will leave 18 as a to-do for next week and come back to that.

All right. If there is no objection, I would not mind walking us through the one that I have worked on, and that is the eCR item, by is at No. 11. Let me tidy this up so we can get it into a similar screen if possible. Might be hard. Think the observations at this point are less relevant than the recommendations and policy levers. Okay. So, here we are.

So, I worked on these, and Arien and I cycled back through email and discussion with the presenters on the eCR topic from last week and tried to winnow these down into a crisp set of recommendations and related policy levers. So, I can just walk through these quickly. The first one is that ONC include specific references to the latest CDA-based eCR standards as well as FHIR-based eCR standards, and we point out specifically what those are. The next one is that ISA separately identify the three different transactions identified in the FHIR eCR IG. This is SRD, the FHIR eICR, and the FHIR Reportability Response.

The third was that ISA include a separate public health reporting section which is distinct from eCR to hold references to reporting that are different from eCR. Today, they are all kind of lumped together under eCR, so it is a little confusing. And the final recommendation was that ONC coordinate with federal partners, and listed a number of them, and stakeholders to accelerate the maturity and adoption of standardized eCR. And then on the policy lever side, we have identified a number of federal partners within HHS who would have a stake in this at CMS, CDC, and CLIA. So, a lot of thought went in to try to winnow these down. Hans, your hand is up.

Hans Buitendijk

Yeah, just a clarification question. Overall, I completely agree with the recommendations. On the third one, clarification on exactly what you are trying to separate out since there is a public health reporting section already in the ISA. So, the question is, what is going to be different from it, or what needs to be done to organize that better? So, that is the one that I am looking at to see where we need to be more specific than what you are suggesting.

Steven Lane

Well, maybe it is just a matter of moving some thing. And again, I always have a hard time finding my way through the various drop downs. But there were some additional standards around public health reporting that were kind of tagged onto the eCR section as I recall, and the idea was to get them out of there.

Arien Malec





Yeah. No, it is a little confusing. There is a public health reporting top-level use case. And then there is a case reporting to public health agencies use case, and that is where you find the CDA specs and the FHIR specs for eCR. I am with Hans; I think this is already addressed so that public health reporting, adverse event reporting, adverse death record reporting, cancer case reporting, ELR transmission under it. I think already addresses the comment.

Steven Lane

Okay. So, you are saying we do not need the third one here.

Arien Malec

I think to Hans' point, it is already done.

Hans Buitendijk

Yeah.

Arien Malec

Or it was already a thing.

Hans Buitendijk

The clarification might be that on the case reporting, rows three and four, do not sound like they are case reporting. So, perhaps there is some clarification that will be helpful. One of them is called the Research and Public Health Technical Framework. How does it apply to case reporting, that might not be clear. So, maybe there is need for some additional clarification there.

Arien Malec

This is a question where you get be careful about what page of the ISA you are looking at. Because I am looking at a case reporting to public health agencies that includes the eCR CDA spec, the eCR Reportability Response spec, the RFD. Which I think RFD is listed under eCR because there is sort of a reflex public health section that references RFD. And then same thing for structured data capture. I think those two are duplicatively listed under case reporting because the case reporting spec includes reference to kind of this reflex addition of additional capture of data relevant for case reporting.

Hans Buitendijk

And might be helpful just to validate that separately because then should it really be in there? Or do the main specs already reference them, and that is sufficient?

Arien Malec

It says, if you look in limitations, dependencies, and pre-conditions, "Retrieve form for data capture structured data capture are paired together in pilot implementation to build a complete workflow." And so, this is an area where those specs are probably duplicatively listed in other places in the ISA, and that might be okay.

Steven Lane

Okay. So, it does not sound like we need my third recommendation at all. That this was by design at this point.

Arien Malec





Yep.

Steven Lane

Okay, good. So, I will just get rid of that one. So, the remaining three and the policy levers, anyone have any further ideas? Steve, your hand is up.

Steven Eichner

Yes, thank you. Looking at the coordination component, there probably needs to be greater attachment to local territorial public health, not just state, but local partners. There also are additional national organizations beyond APHL that are involved, Counsel of State Territorial Epidemiologists for example. So, it may look a little more generic.

Arien Malec

So, Eich, at some point that state, local territorial partners is intended to encompass both the state territorial and local entities, as well as **[inaudible] [01:07:35]**. And as you are aware, the list of partners to coordinate with gets deep. So, anyways, it is fine to include. Yeah.

Steven Eichner

Yeah. I was not suggesting it will be a long list. I noticed APHL was specifically called out.

Arien Malec

Yeah. Yeah. Okay, cool. So, maybe what we want to say is EG –

Steven Eichner

I got it.

Arien Malec

Yeah. So, partners includes the actual states, localities, and territories. So, I think we want to be clear that that includes the actual government agencies.

Steven Eichner

Okay. Right. And my focus here was on the public health side, not just state and local partners.

Arien Malec

Yeah.

Steven Eichner

At large. Not calling any specific entity.

Arien Malec

We can wordsmith this after the fact.

Steven Eichner

Thank you.

Steven Lane

How about that. Do you like that one?





Arien Malec

I will take an editing pass.

Steven Lane

Okay. Okay, I just want to be able to get it to purple. That is all. Hans.

Hans Buitendijk

Perhaps you want to put the word “and” before states slash local because they are not federal.

Arien Malec

It is a semicolon. It is a semicolon problem. This is my text. The mine. I will commit editing that.

Steven Lane

This is Arien's specialty.

Hans Buitendijk

Okay. I am looking forward to the semicolon.

Steven Lane

All right. Any other questions on the eCR recommendations? The policy levers, does anybody have anything to add or comment there? Some of this was news to me. I did not quite understand all the different folks and opportunities for ONC to collaborate with other HHS partners to get this done. So, it was nice to see that there are a lot of opportunities there. All right. Carmela, you have a comment in the chat. Did you want to say anything about that?

Carmela Couderc

No, I was just pointing out the different sections related to public health. That is all.

Steven Lane

Wonderful. Thank you so much.

Arien Malec

Semicolon is inserted.

Steven Lane

All right. We like semicolons.

Hans Buitendijk

Did we already get to purple?

Steven Lane

No, we are not there yet.

Hans Buitendijk

Okay.

Steven Lane





Arien, since you are in there, take my name out of the top. I will seed ownership to the larger workgroup. Did you have another comment, Hans? Your hand is still up.

Hans Buitendijk

Oh, sorry. I should have lowered that.

Steven Lane

Okay, great. So, anybody have anything else to add to this one, or can we consider it pushed over the line? Hearing none. Let us do that. Arien, you want to do the color while you are there? And that brings us to 8:41. Let us see. Let us go back to our agenda and see. That does give us time to do another one perhaps. Let us see.

Mark, not a lot of time. Do you feel like you could tackle your item No. 1, which is a high priority for us regarding care plans and chronic disease management?

Mark Savage

Yes. Yes.

Steven Lane

All right.

Mark Savage

Should I take off?

Steven Lane

Go right ahead. Yeah, item one.

Mark Savage

Okay, thanks. So, Grace and Abby worked with me on this. And in summary, we are focused on dynamic, longitudinal care plans, which is a way of pulling together the episodic plans of care or plans of treatment into a more holistic, comprehensive view of things across time, across condition, across care team member. There has been a lot of consideration of importance of that. I have put some examples in the observation column. The most recent one that I am thinking about is CMMI's strategy refresh about the importance of having longitudinal care plans for accountable care. I put all the links in there. And folks may have already clicked through just to see that. I have done some work with the FHIR at Scale Taskforce. I am on the monitoring board for NIH's and AHRQ's eCare Plan for multiple chronic conditions. So, a lot of good work.

And a recommendation here is sort of along the lines of use cases or use case views to pull what we do have together under a use case. Recommend that ONC do that to list dynamic longitudinal shared care plans as a use case or as a view within ISA, and to link to the existing relevant terminology exchange and administrative standards that are already there. But there is a lot in play as well.

So, the second recommendation is that ONC also work with stakeholder such as CMS, AHRQ, NIH, FAST it identify the gaps and work with those stakeholders and subject matter experts on thinking through how to fill those gaps and then to come back to the workgroup in January. The reason of structuring this recommendation this way because there is a lot of good work happening. But I think there is room for





improvement, so it is seemed better to use the time to do some thinking and come back to the workgroup in January.

So, it is a fairly short, succinct recommendation, but it gets the ball on an important use case rolling. Before turning to questions, let me check with Grace or Abby to see if they have anything that I have missed.

Grace Cordovano

I think you have done a great job summarizing everything we have talked about.

Mark Savage

Steven, Arien, back to you.

Steven Lane

Hand is up from David.

David McCallie

Yeah. This is a really nice summary of a lot of good work, some of which I am not very familiar with. So, take my comments as from the naïve side of the equation.

But my only concern, and I do not think it is going to lead to any suggested changes, but you over do a care plan and create something that is very difficult to implement. To me, the challenge is coordination in a dynamic fashion as it is a static, precise care plan. And the experience of trying to build precise, computable care plans in a hospital setting where you have control over all the resources was overwhelmingly too difficult for anybody to figure how to do. So, extending that to the community, if you are not careful, could create similar kinds of failure modes.

As long as your idea hir includes the notion of coordinating the care in a dynamic fashion, so it updates literally day-to-day, then I am very comfortable with this. I do not know if that made any sense, Mark.

Mark Savage

It does. And actually, I think there is been some for thinking done in that regard than there has about what the content and structure of the care plan might be. So, if you see the last bullet opinion observation in reference to the FAST Ecosystem Use Case Tiger Team's work on the shared care planning use case, that is just about change and updating, and you might find that interesting to take a look at. But total agree.

That is an approach to update automatically, and actually, it uses a subscription approach for options so that different care team members can decide whether they want to just get a notice that there is an update, whether they actually want to get the update. Tries to provide some option there.

David McCallie

Yeah, makes sense. I have mentioned this before I think, but when I was still working back at Cerner we did a prototype of a simple what we called a care wiki where individual members could just log into a shared wiki page and update and select to be notified. The world was not ready for such a thing at that time, but I think it could be now.

Mark Savage

Yes, agreed.





Steven Lane

Hans.

Hans Buitendijk

Thank you. I am trying to understand a little bit better. There is currently a care plan section in the ISA. And from the first recommendation, it is not fully clear to me in light of the discussion we around prioritization that this is more a prioritization of things that are all in there and we should then copy and align with those recommendations. Or if there is a use case view that is providing context across a number of different sections, and in that case, can we already be more specific in what we are trying to put forward in the ISA to make it clearer what the difference is between the use case view versus the care plan section that is currently in there?

Mark Savage

Hans, I think, big picture, most of what is in the ISA is episodic plan of care or plan of treatment the care plan gets used interchangeably for both. There is a reference in one under care plan to sharing patient care plans for multiple clinical contexts. So, there is some work there, but I think most of what you see is on around the episodic side. And this is lift up the importance of having something that is dynamic and longitudinal. And so, operationally, what you see already in ISA might get linked to this use case view, but there would be other things pulled together as well.

Hans Buitendijk

Perhaps then the suggestion would be, if there is a need to distinguish a care plan between episodic and dynamic as two separate sections, we need to be clear about that suggestion. If it is that care plan has two aspects to it and it is not coming out as clear, and there is more needed on the episodic dynamic across setting, we should clarify that. But then as we are adding standards to that, are we indeed just adding it there, or are there other areas that you are trying to pull together into view? That picture is not total clear from the recommendation where you are heading with that. So, I would ask to make it more specific in that regard. Right now, as a typical reader of ISA, I would not be sure where to go.

Arien Malec

So, Steven actually just pointed out where to go, which I think proves the point.

Mark Savage

Why. Steven and Arien, if that need is apparent to you, then there is language at the very beginning of the observation section that flags the difference, and that could be cut and pasted over into the recommendation column. But it seems more appropriate to me to be an observation.

Arien Malec

And I posted a comment that I wonder whether the crosscutting need because we actually have a section, as Steven points out, that covers care plans that encompass multiple clinic encounters in multiple clinical contexts. Whether the crosscutting concern is really around coordination of care, which includes bidirectional referrals as well as multiple settings of care, plans of care, as well as other needs. And so, that need for coordination of care might be the subsuming crosscutting concern, the subsuming view.

Mark Savage





Arien, I would say that for the people who are working in this area it is a little broader than coordination because there is also the connection with patient's goals, which may be short term and long term, what is the plan to get to those goals, which may be articulated as a patient would articulate them or articulated as a clinician would articulate them. So, I think a little broader than coordination.

Hans Buitendijk

I do like the suggestion that Arien is making of care coordination not to be specific to only rereferrals but includes the care plan component to have that total picture. I would agree with Mark that if that can be described in a way that is from goal to plan, to referral, to these other components that can help create a more holistic use case view care coordination wide e defined, and has the specific sections in the ISA of referrals and care plan among others that are contributing to that care coordination view.

Steven Lane

That sounds like a really good recommendation. Mark, would you feel comfortable sort of taking this back to the workshop and recrafting it in that format.

Mark Savage

Sure.

Steven Lane

That it is really going to be recommending a use case view around care coordination that links specifically to other sections include care plan, and then within that articulating the needs for this for general care plan that you and many others have been working hard on.

Mark Savage

Will do.

Steven Lane

Okay. So, we are going to hold No. 1 to come back to next time.

Grace, I know that you did a lot of work on your item 12 that we did not get to today. Some of that work also I think we have already covered in the ISA structural recommendations that Christina walked us through. Just scroll down one more down to 12 if you could, Denise. And so, what I would like to do, Grace, is put this one up for early consideration next time when we some back, and hopefully Arien and I will have a chance to work through a number of the lab recs and bring those back next time as well.

How does that sound?

Grace Cordovano

That is great.

Steven Lane

All right. And again, I really want to thank the workgroup members who have been working very hard on pulling these things together as well as everybody else who is coming with great commentary.





So, why do not we cut to public comment. I have encouraged public attendees to raise their hands if they have something they would like that say. I do not see any hands up yet, so we will give you all the instructions from the and Accel team here, or ONC team.

Public Comment (01:24:03)

Michael Berry

All right, everyone, we are going to open up our calls for public comments, and of course, written comments are always accepted at any time. So, if you happen to be on Zoom and would like to make a comment, please use the hand raise function, which is located on the Zoom toolbar at the bottom of your screen. If you are on the phone only, please star-nine to raise your hand, and once called upon press star-six to mute and unmute your line. So, we will pause for public comments. Not seeing any hands raised currently, Steven and Arien, so I will turn it back to you.

Steven Lane

Great. Well, we are not going to try to cover additional material during our last five minutes. I think we have made great progress, truly, and I really again will thank everyone for that. We will continue to fool the methodology of trying to identify first items that are both high-priority for the workgroup and a high priority for ONC as much as those overlap. We have got some more work to be done. Christina's going to be coming back with No. 18 next time to see if we have anything to flesh out there. I think we have a good plan for next week to keep on moving. I still do not see any hands up, so if you want to go to the next slide in the deck hear.

Arien Malec

Yeah, just a reminder to the workgroup members to keep up the good work of going through the spreadsheet. If you see anything that we have already addressed or is duplicative, please go ahead and tag that. And then in you have text, again just a reminder to use the magic words "We recommend that ONC," and then see in your recommendation makes sense in that context. And if it does not, start thinking about what you are recommending ONC do to achieve the outcome that you are looking for.

Steven Lane

I will also once again put in a plug if anybody has a chance to go to the prioritization spreadsheet. There are a number of items that are in our topics worksheet that really no one has crafted any recommendations around. I am thinking about specifically No. 2, No. 3. No. 4, some of the leftovers from prior ISPTF that David and Arien co-chaired. I do not know if you guys want to go back and look at those to see if there is something we should be pulling out to focus on there.

I put in item No. 10 on public health data systems certification. I have not done any further work on that. Eich, I do not know if you want to maybe take a look at that and see if there is something we should try to bring forward there. It was not prioritized either by us or ONC highly, so that we may end up dropping that one by the wayside.

And then, David McCallie, we do not have prioritization or your various items around linking with the accelerators, but I think, even so, those are good recommendations. You had multiple topics that you put in for various accelerators. Perhaps if you want to look at winnowing down that into one or two





recommendations that are sort of more general to link to accelerator work more generally. That might be helpful.

David McCallie

Yeah, it feels a little bit like we kind of covered that in the one approved earlier about linking to SDOs. So, I am not sure that that needs to reiterate the specific accelerators. It is really subsumed by the broader point.

Steven Lane

All right.

David McCallie

There are a couple of other specific use cases that are not, and I will go back and look at those again and see if they need to still be there. But linking to HL7 accelerators, I think we have kind of covered that.

Steven Lane

Okay. Hans.

Hans Buitendijk

It seems to me [inaudible] [01:28:15] on row 13 I made a suggestion.

Steven Lane

Item 13 or row 13?

Hans Buitendijk

Sorry, item 13.

Steven Lane

Okay, good.

Hans Buitendijk

I did make a recommendation to pull them all together and reference them in total. [Inaudible] [01:28:30] but it still would be helpful to be separate from the other comments to be very specific about it, not necessarily list them individually, but by referencing them is FHIR accelerators. Just something to look at, whether that works.

Steven Lane

David, how do you feel about that?

David McCallie

That sounds good. If Hans wants to offer a friendly amendment, I am sure I would be comfortable with it. So, take a whack at it, Hans.

Steven Lane

No, he is got it. He is got it down at the bottom of 13. Yeah, maybe you guys can just touch base on that and see if what Hans has recommended is good enough.





David McCallie

All right. I do not have a screen up for that.

Steven Lane

Yeah, that is fine. And we do not have any more time.

So, just a reminder, we have got really two more meetings to finalize or recommendations, and then we will be into reviewing the draft report that we will put together followed by the presentation slides. But again, encourage everyone to engage with the spreadsheets, provide your input, tag it with your name, and I think you get the routine with as to how this is all going to move forward.

Christina, last word.

Christina Caraballo

I was just going to say when I chatting that I can add the item 13 with the accelerators and incorporate it into the recommendation that I am working on.

Steven Lane

Marvelous.

David McCallie

Good.

Steven Lane

Collaboration, we love it. All right. Everyone have a wonderful day and week, and thank you for your time and attention. We will see you back next time.

Arien Malec

Thanks so much. Bye.

Adjourn (01:30:04)

