## HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) ADOPTED STANDARDS TASK FORCE 2022 MEETING

August 2, 2022, 10:30 a.m. – 12:00 p.m. ET

VIRTUAL

# Speakers

| Name | Organization | Role |
|------|-------------|------|
| **Hans Buitendijk** | **Oracle Cerner** | **Co-Chair** |
| **Steven (Ike) Eichner** | **Texas Department of State Health Services** | **Co-Chair** |
| Jeffrey Danford | Altera Digital Health | Member |
| Rajesh Godavarthi | MCG Health, part of the Hearst Health network | Member |
| Jim Jirjis | HCA Healthcare | Member |
| John Kilbourne | Department of Veterans Health Affair | Member |
| Hung S. Luu | Children's Health | Member |
| Clem McDonald | National Library of Medicine | Member |
| Deven McGraw | Invitae | Member |
| Eliel Oliveira | Dell Medical School, University of Texas at Austin | Member |
| Vassil Peytchev | Epic | Member |
| Samantha Pitts | Johns Hopkins University School of Medicine | Member |
| Alexis Snyder | Individual | Member |
| Fillipe Southerland | Yardi Systems, Inc. | Member |
| Ram Sriram | National Institute of Standards and Technology | Member |
| Raymonde Uy | National Association of Community Health Centers (NACHC) | Member |
| Debi Willis | PatientLink Enterprises | Member |
| Michael Berry | Office of the National Coordinator for Health Information Technology | Designated Federal Officer |
| Liz Turi | Office of the National Coordinator for Health Information Technology | ONC Staff Lead |
| Scott Bohon | Office of the National Coordinator for Health Information Technology | ONC Staff Lead |

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

**<u>Michael Berry</u>**
Hello everyone, and good morning. I am Mike Berry with ONC, and I would like to thank you for joining the Adopted Standards Task Force. As a reminder, your feedback is always welcomed, which can be typed in the chat feature throughout the meeting, or can be made verbally during the public comment period that is scheduled at about 11:50 Eastern Time this morning. And, I will note that when you are using the Zoom chat, if you change to "everyone," then everyone can see your chat. If you do not change to "everyone," then everyone will not see your chat, so just keep that in mind when you are chatting. So, I am going to begin roll call of our Task Force members, so when I call your name, please indicate that you are here. And, I will start with our cochairs. Steve Eichner?

**<u>Steven Eichner</u>**
Present. Good morning.

**<u>Michael Berry</u>**
And, Hans Buitendijk is off today, but he should be back next week. Jeff Danford? Raj Godavarthi? Jim Jirjis? John Kilbourne?

**<u>John Kilbourne</u>**
I am here, thank you.

**<u>Michael Berry</u>**
Hung Luu?

**<u>Hung S. Luu</u>**
Good morning.

**<u>Michael Berry</u>**
Clem McDonald?

**<u>Clem McDonald</u>**
Good morning.

**<u>Michael Berry</u>**
Deven McGraw?

**<u>Deven McGraw</u>**
Here.

**<u>Michael Berry</u>**
Eliel Oliveira? Vassil Peytchev?

**<u>Vassil Peytchev</u>**
Here, good morning.

**Michael Berry**
Samantha Pitts? Alexis Snyder?

**Alexis Snyder**
Good morning.

**Michael Berry**
Fil Southerland?

**Fillipe Southerland**
Good morning.

**Michael Berry**
Ram Sriram is off today, so he will not be with us. Raymonde Uy?

**Raymonde Uy**
Good morning.

**Michael Berry**
And, Debi Willis?

**Debi Willis**
Good morning.

**Michael Berry**
Great. Well, thank you so much, everyone. Now, please join me in welcoming Steve for his opening remarks. Steve?

**Steven Eichner**
Good morning, and welcome, all. Welcome to August, and welcome to the next meeting of the HITAC Task Force on interoperability standards. We are going to continue to go through some standards today and develop recommendations for future review and forwarding to the HITAC for their review and then submission to ONC, but before we get into that, I want to make just a couple of quick announcements. First is on Thursday, there is an electronic health information-sharing workshop, hosted by ONC, running from 1:00 p.m. to 5:00 p.m. Eastern Time, and it is going to be a listening session and guided discussion on opportunities and challenges related to sharing electronic health information, and I think Mike is going to type the URL or provide the URL in our chat. There is free registration available. Also, ONC did release USCDI Version 3 last week, so that is officially released and in play. And, I am going to turn the floor back to Mike to remind us about making comments in chat and how to make sure that everybody is seeing them.

**Michael Berry**
Right. So, of course, we will have our formal public comment towards the end of our meeting today, and everyone is welcome to chat and share your information, but please remember to change your chat to "everyone" if you want everyone to see your chat. Thanks.

## ONC Standards Review – Finalize SHA-1, Syndromic Surveillance, and Group 7 (00:03:27)

**Steven Eichner**
And, before we get into our current work, are there any questions, comments, or observations from Task Force members? Okay, seeing no hands raised, we will go ahead and move on into our standards review. And, first up, we were going to have a quick conversation to close out the language on SHA-1, which is the hash that is currently referenced in standard. We have learned in the intervening week that SHA-1 is depreciated in the language of the regulation in actuality, so we should be able to expect that that is going to continue in future regulation. The surrounding regulation is open for public comment at this time, so I would like to suggest that the language we might put forth might be something along the lines of your recommendation to replace the standard with a new standard after public comment, again ensuring that SHA-1 is depreciated and not used. Is there any comment, discussion, or suggestion of another position?

**Fillipe Southerland**
That sounds reasonable to me, Steve.

**Steven Eichner**
Okay, so we will put text together for next week for review around that, and as homework, starting on Thursday, we will look to get some draft text into the worksheet for review. And again, looking back to syndromic surveillance, we were still not sure about where to go with syndromic because we were not sure if there was a good replacement standard in development, so we still do not have a lot of clarity in that respect, and I would like to open the floor for any comments or observations. Do we still need to leave it tabled? I will take silence as a yes. I am going to look at chat to see if you have any comments. So, we have no comments on that, so we will leave it tabled for the time being.

We are now going to move into Group 7 and hopefully develop some recommendations or at least discuss the existing standards. So, the screen has been updated with the relevant standards. Standard 51 is the CDC Race and Ethnicity Code Set, Version 1, which is from March 2000. There has been a lot of work done, especially in the last couple of years, looking at race and ethnicity, and modernizing the code set, and trying to recognize significant components of race and ethnicity, trying to account for social determinants of health, looking at potential ways of expanding or accounting between the 720-ish codes that are available in the CDC catalog that do map up to the OMB's standard catalog of about 10 components. So, where do we want to go in this recommendation? There is nothing published in the SVAP in terms of a next iteration. And, there is nothing immediately available from CDC as a named replacement, or at least that we could find at this time. Yes, sir?

**Raymonde Uy**
Hi, sorry. This is Ray from NACHC. On USCDI V.3 and today on USCDI, they referenced CDC Race and Ethnicity Code Set Version 1.2, dated July 2021, but for the life of me, I could not find the difference between Version 1 and 1.2, so, just to get that out there if anyone has more information. Thanks.

**Steven Eichner**
Okay. I do not know the differences offhand, but we can ask CDC and get an explanation as to what the differences might be.

**Fillipe Southerland**
I did see a reference to this on HealthIT.gov. I just pasted the link to that in the chat. It looks like 1.2 is a minor update to Version 1, but I do not have a lot of detail beyond that.

**Steven Eichner**
So, again, from a regulatory standpoint, this falls in line a little bit with the question of advancing other standards consistent with USCDI in terms of what comes first and looking at consistency across standards. So, one of the potential recommendations we could make would be for ONC to ensure alignment between USCDI and other standards in use in regulation.

**Alexis Snyder**
This is Alexis. I had my hand raised, but I do not think you saw it.

**Steven Eichner**
No, I did not see that.

**Alexis Snyder**
I was just going to say I think your idea of saying that it should align with the current USCDI Version 3 at the very least makes sense. I had not seen the 1.2, and when I search for it, I do not see it, and so, I am glad there is a link here now, and I will look at it, but it would be nice to determine what the updates are because the current version, dating back to March 2000, has to be outdated. Language has changed, appropriateness of how we code and how we talk about race and ethnicity is highly different than back in 2000, and so, I would welcome seeing the difference and hearing presentations from anyone in that area to help us make a decision. But, I do think your suggestion of coinciding at the very least with USCDI 3 is reasonable, as we have already had all those discussions and updated that.

**Raymonde Uy**
I agree with that. This is Ray again from NACHC. For community health centers across the United States, UDS, or the Uniform Data System, does this as a standard report to HRSA, and they do use the specific OID on PHIN VADS, and it seems to be that both 1.0 and 1.2 are pointing at the same OID, but we are trying to make sure that, for example, UDS and UDS Plus are aligned with USCDI V.2 and V.3, so I agree with Alexis, Fil, and other comments. Thanks.

**Steven Eichner**
Yes, it does feel that that is a good way of linking it together from a multi-consumption or multiple entities consuming the data, whether you are looking at it from a public health perspective, looking at it from a reporting perspective, looking at it from an information exchange perspective, and it does lay a framework for subsequent adoption. I am not suggesting that it has to be 1.2, but if we were not in alignment with USCDI and other regulatory standards for exchange, it could get very complicated for the vendors and for providers with two potentially competing code sets in the same application for potentially similar purposes. That could get very confusing and confounding.

**Vassil Peytchev**

We already have an issue with US CORE, which has their own value sets. I think they reference something from the CDC, but at least what is published seems to be a very limited subset of ethnicity. And so, if we reference USCDI 3 and its value set there, as far as I know, there is no US CORE implementation guide that will satisfy this, and therefore, we have a big gap that somehow has to be fixed.

### Steven Eichner
I was having a discussion with somebody in the last couple of days where we were talking about exchanging race and ethnicity information and looking at the detail resolution and trying to resolve how you resolve exchange or address exchange when you have two different resolutions of data that you need or that you are using for potentially different purposes, and looking at exchanging information in terms of how the consuming system or the sending system understands what the consumption looks like so that it is a viable exchange. If you are using a system that supports all 720 subdomains, but the receiving system only can consume 12, who is responsible for mapping?

And, that is not a standard-specific question, but that is a good illustration of where it becomes challenging if there are multiple standards in play. And of course, once you simplify or resolve it to the fewer categories, you cannot really go back. Obviously, it is out of scope for us to change the regulatory text, and we cannot do that, but is there some information that we might share in a recommendation language that might advise ONC of the issue? Vassil or Ray, would that be a good idea?

### Raymonde Uy
I agree with that. I am just making sure that is aligned with the UDS 2021 manual for reporting. That is mostly community health center needs, though.

### Deven McGraw
In general, as you pointed out, the problem of people using different standards because there are multiple ones out there is not unique to this, as you pointed out. So, I think it underscores the importance of the work that we do as a recommending body for when standards really do need to be retired to say that when we know that definitively. We can always add that as an overarching comment to the work. Is there something unique about this particular item that we are talking about now that makes it even more acute, this problem of multiple standards being out there?

### Steven Eichner
I think one of the things that might make it a bit more huge is looking at the potential distribution or utility of codes, and that there is some regional distribution, again, not better or worse, where you look at the impact of the different code sets and the benefits of the different resolutions in different domains, where if you are looking at a community or an environment where there is lots of distribution and you are looking at detailed resolution, you could use quite a number of codes to be very specific, where if you look at some other geographic regions of the country, there really is not or may not be as much of a deep dive. It is just not a detailed resolution. You may have a much shallower differentiation of language and ethnicity in some regions than others. Again, it is not better or worse, just as a matter of function, and if you have a very diverse community, you may have greater benefit of having a greater diversity of codes, where if you have a less diverse community, regardless of the codes being there, you are simply not using them because you do not have a population that would be coded that way.

**Deven McGraw**

Right. So, how does that bear on our task, which is to recommend when standards need to be retired or maintained?

**Steven Eichner**

Well, again, coming back to here, I think it potentially pushes a need in the recommendation language to ensure that there is consistency not only in a single standard, but if there are multiple potentially competing standards, that you address that framework or that ONC address that framework and be very cognizant. If you are using two different standards to describe the same object that do not map to each other, why are you doing that? And, if you are using standards that map at a hierarchical level, understand which hierarchy should be used and when.

**Deven McGraw**

Okay, you have lots of hands up, so I will drop it. Thanks.

**Steven Eichner**

Alexis?

**Alexis Snyder**

I was just trying to wrap my head around this. I really think it becomes a problem when there is not a standard code set, more than just… I mean, Steve, you are talking about how it could be a variance in code sets by geographic location, and it may be that in one community, you need more, and in another community, people do not represent that race or ethnicity so it is not there, but we never know who is in that community. We do not really know. You might know the majority of who is in there. And, that can change over time; that can change daily.

So, I do not know that we can make a recommendation to standardize it, but it concerns me if folks are using different value sets to identify race and ethnicity, specifically because there are so many subsets that are not currently listed, and we do not want to miss somebody that, by their race or ethnicity that they identify with, and their biology that may go along with that, misses something for some kind of screening process or increased risk for something, so I do think this is really important, and I would like to have somebody highlight the differences and see if the 1.2 is even stringent enough at this point. But, it has to be since March 2000, so we cannot be up to speed with capturing everything. I would vote that it needs to be updated.

**Steven Eichner**

Ray?

**Raymonde Uy**

Yes, I agree with that, and if you look at the CDC OID specifically titled "ethnicity," it is actually exactly the same as race, and we know that in reporting, as we define ethnicity, it is usually Hispanic or non-Latino, and we are also trying to align with the OMB reporting, which, again, is Hispanic or not Hispanic origin, and again, like you said earlier, Steve, based on the state and state regulations, for example, in Oregon, they have an expanded way of defining race and its associated codes, so that is one of my bigger issues. For example, on PHIN VADS, the ethnicity and race value sets are exactly the same, which I think is incorrect.

**Steven Eichner**
Hung?

**Hung S. Luu**
I would agree with your comment saying that we should insert some high-level language to say that if there are existing standards out there, then there should be harmonization as much as possible, but I really would not want to see this committee be paralyzed by **[inaudible] [00:23:07]**. I think that we have a clear charge in that we evaluate standards. Is it the most current? Is it in use? Is it obsolete or not? And, we recommend either that it remain in circulation or it be retired. But, I think beyond that, if we get too much into a deeper dive of how it should be used or how it should be harmonized, I think that is beyond the charge of this Task Force, and it really needs to be narrowly focused.

**Steven Eichner**
Thank you for that.

**Clem McDonald**
I agree with Dr. Hung. I would also like to comment. I do not think there are many that believe that race has strong biologic meaning. It is a sociopolitical definition. The biologic connections are pretty weak. There are some, of course, but they are pretty weak.

**Steven Eichner**
Does anyone have… Is Carmelo on the line?

**Liz Turi**
No, she is not. We can invite her for next week, but she was not able to join today.

**Steven Eichner**
That would be great. I do not think it is the Task Force's expertise to say which particular standard or which approach, but I do think that it would be reasonable to say that there does need to be either a single standard or good attention to a harmonious adoption of standards and help communicate that there are different consumers of data at different levels, and it is a complicated issue, and suggest again that ONC work with stakeholders to map out a path for using either a single standard or a consolidated related list, but again, understand what the user community of those standards is. Is that a reasonable approach?

**Alexis Snyder**
Ike, I am still confused. Are we voting to retire this standard and ask them to upgrade, or are we not? I think that is the simple question in front of us.

**Steven Eichner**
Yes, I think there is consensus that 2000 is a very old standard and 1.2 is identified as something that is more modern, so the 1.0 is in need of replacement, and it is important to replace it with a harmonized standard for other uses so there are not multiple races and ethnicity standards being applied in different domains, right?

**Clem McDonald**

Could someone articulate what the different standards are perceived to be? Ethnicity is a tree, and you can climb down the tree and be more specific. I did not realize there were multiple code systems for ethnicity proposed by CDC.

**Steven Eichner**

Clem, it is not so much that there are different complete code sets, it is looking at the level of detail in that hierarchy that you are presenting.

**Clem McDonald**

But, that is the free choice of the user, so I do not know how we can control that. That is defined. "Here they are. If you want to use them, you can. If you do not, that is okay." I do not think we can discipline that.

**Steven Eichner**

Yes. The challenge there in looking at the specificity is when you are looking at exchange and what the data consumer is expecting or needs to achieve its business objectives.

**Clem McDonald**

No, it is the producer who determines what is there, not the consumer. I do not know how we can control that. The fact is that the five common ones are what are used, almost universally, and if you go down to almost 400 or 500, it is a pretty difficult lift for clerks checking in to make those distinctions. So, I think this is a waste of discussion. I think we have to stay with it and leave it be.

**Steven Eichner**

Well, part of the challenge is states like Oregon and Washington are requiring reporting at a very detailed level.

**Clem McDonald**

Well, that is okay, but we cannot demand it across the world. This is America! People kind of do what they want. Individual states can choose. So, I do not know what we are going to try to accomplish here with this.

**Deven McGraw**

Well, Clem, what would be the issue of just harmonizing with USCDI and updating to 1.2?

**Clem McDonald**

Oh, I do not know if there is an issue there getting it updated. It is just a matter of whether we use the detailed lower part of the tree or the upper part. I do not think that is in our control.

**Deven McGraw**

Yes, I am with you on that one, but in terms of retiring the standards on the screen in front of us and updating to 1.2 to harmonize it with USCDI, it feels like a question that is pertinent to us.

**Clem McDonald**

Thank you for keeping us on target.

**Steven Eichner**
Alexis, you have been waiting patiently.

**Alexis Snyder**
I do not want us to keep the whole meeting to this topic, but to what Clem was saying, to talk about it coming from the producer and that a consumer does not really have any control over this is part of why we have these advisory groups. So, I think we are here to represent what the consumers want, or at least I am, and I think that a big piece that we might be overlooking with standardized sets is that people also need a way that clearly identifies and relates to who they are, and I think in today's day and age, the way that our groups are listed in the March 2000 version does not have enough race and ethnicity information for those who identify differently than that list, and I think when we have been talking about producer versus consumer, the consumer needs to be comfortable with having the information in front of them that speaks to them, and not just always having to pick "other," and always having to pick "other" does not give a representation of who you are to the folks who are pulling the information.

So, I just wanted to say that, but it does go back to what Deven is saying. I just wanted to get that out in reference to what Clem had said. But, we need to decide already what we are doing with this and just move forward. And again, for the third time, I will just say that it does not make sense to keep the March 2000 version.

**Fillipe Southerland**
One point of clarification for me. I am reading USCDI Version 3, and it appears to reference 1.0 for the code set. I just wanted to confirm that, and if we push this to 1.2, are there additional repercussions?

**Deven McGraw**
Well, that makes a big difference with us saying that we want it to align to USCDI Version 3, then, if that is pinpointing using 1.0.

**Raymonde Uy**
I just checked the V.3 race, and it pinpoints to 1.2. Let me find the one that Fil found.

**Fillipe Southerland**
Yes, the link I was looking at is here. That is the January version, though, so maybe that changed between the draft in January.

**Steven Eichner**
Yes, I would look at the full release.

**Fillipe Southerland**
V.3, okay.

**Raymonde Uy**
Looking at the final, it is referencing 1.2.

**Fillipe Southerland**

Okay, great, thank you.

**Raymonde Uy**
Nice find, Fil.

**Steven Eichner**
Thank you for that, both of you.

**Vassil Peytchev**
Why is that under "race"?

**Steven Eichner**
Sorry, Vassil?

**Vassil Peytchev**
The list.

**Steven Eichner**
So, I think the consensus position is looking at a recommendation that the standard be aligned with USCDI, and that it be retired and shifted to 1.2, consistent with the current USCDI, and going forward, they move together. Is that a good position?

**Vassil Peytchev**
That is a good position, but we need to point out that that leaves US CORE out of the picture. US CORE is non-supportive of that. There is some mechanical error in the build of US CORE. They have about 20 codes for ethnicity, which are mostly related to Latin America, and no other ethnicity codes except "other." So, it is a discrepancy that we should point out in our comment because if the path forward is to use FHIR, we are referencing a value set that does not have a presentation in FHIR. That is all.

**Steven Eichner**
Okay, so we will add on a sentence that says there should also be alignment with US CORE, which is a sensible position.

**Vassil Peytchev**
No, US CORE needs to be aligned with this because US CORE is **[inaudible] [00:34:27]**.

**Steven Eichner**
Right, yes. That was my intention. If I did not say it that way, that was certainly where I was trying to go. Okay, shall we move on to Line 52, value sets for administrative vendor? Do we have a default position on the standard? Are we recommending that it continue?

**Vassil Peytchev**
I do not think there is a replacement. There are some SNOMED codes in the USCDI reference, but…

**Steven Eichner**

Okay. Do we adopt or suggest text about maintaining the standard, but also working with stakeholders, again, kind of adopting the same framework of language for race and ethnicity, that there should be linkage between the standard, USCDI, and US CORE?

**Deven McGraw**
I think that would be reasonable.

**Fillipe Southerland**
I agree.

**Steven Eichner**
And that way, it is tied to whatever discussions are going forward and adopting whatever standard is included in USCDI or any changes in that space?

**Fillipe Southerland**
I am reading a comment here on gender identity on USCDI, and here, CDC is saying they would like to see an expansion on this code set alignment as well.

**Raymonde Uy**
This is Ray. We do a lot of work on SOGI, or sexual orientation and gender identity, but I think the standard reference here is specifically although it is labeled as administrative gender, we are looking at sex assigned at birth and not specifically gender identity.

**Vassil Peytchev**
I do not think it is sex assigned at birth. I think it legal sex.

**Raymonde Uy**
Legal sex, thanks, Vassil.

**Vassil Peytchev**
This specific value set is probably good enough for legal sex.

**Raymonde Uy**
Got it, thanks.

**Vassil Peytchev**
That might be useful to mention. Maintain as an appropriate value set for legal sex at this point, and three years from now, it probably will not be.

**Steven Eichner**
Should it still tie back to USCDI and CORE? Fil, you looked like you were about to say something.

**Fillipe Southerland**
I was looking here at the comments, and I saw this reference from the HL7 Gender Harmony Project, and I do not know if this ties into the legal definition here if this is relevant to that, but I did want to point out that

there is this HL7 Gender Harmony Project out there. It looks like they are making a recommendation to reference SNOMED, where there is "identifies as male," "identifies as female," or "identifies as nonbinary."

**Raymonde Uy**

Commenting on that, USCDI V.1 and V.2 do reference Line 52, HL7 V.3 standard for administrative gender, but on V.3, they reference SNOMED instead of the reference we are talking about here, ID 52, so I vote to maintain for now. SOGI is important, but I do not think this specific standard talks about sexual orientation and gender identity.

**Steven Eichner**

Yes, at least in terms of standard, it is administrative standard. I guess one of the things we might look at is the context of the regulation in terms of what it is defining.

**Raymonde Uy**

Yes. Then, on USCDI, they also change. It is not "administrative gender." They call it "birth sex," which got changed to "sex assigned at birth," and on V.3, it is just "sex."

**Steven Eichner**

So, can we put a note as an action item to confirm what the regulatory application of Line 52 is, with the idea of confirming that the regulatory language is about an administrative use or related to administrative collection and use of data, not for clinical or other purposes, just to help differentiate and make sure that it is collecting the issue that we think it is addressing rather than something else?

**Raymonde Uy**

I am checking it right now. Yes, it seems like more of an administrative set and not so much clinical or SDOH-related.

**Steven Eichner**

Okay, so we are good there, so we can take that action item off, and I think we are good. Are there any other comments or questions on 52? And, I will draft some suggested text and put it in the draft text column by Friday morning.

**Raymonde Uy**

No comment. Thanks, Steve.

**Steven Eichner**

Looking at Line 53, OMB standards for maintaining, collecting, and presenting federal data on race and ethnicity, Statistical Directive No. 15, as revised October 1997.

**Raymonde Uy**

This is working for community health centers, so I vote working. They have not changed this since 1997, so…

**Steven Eichner**

Again, is this a straight "maintain," or "maintain and update to be consistent with any other change OMB makes," or "collaborate"? If OMB has made a change in the root policy, collaborate with appropriate stakeholders?

**Raymonde Uy**
I agree with that.

**Steven Eichner**
So, we will tag it. That is kind of a trigger event, right?

**Raymonde Uy**
I agree with that.

**Steven Eichner**
Okay, cool.

**Raymonde Uy**
I will let others…

**John Kilbourne**
I have a question. This is John Kilbourne. What comes up over and over again here is whether a standard that is a few years old would be approved by us as is, or if it will be maintained or updated. What I am trying to get to is to ask where the SVAP process just takes care of this, or when do we say the SVAP process, which is kind of black-box to me, will take care of this, and when do we have to say, "Well, there is a trigger event that might happen, and then we will check back in if that happens"? I am not really clear on when we can trust that updates will happen and will be taken care of.

So, if the RxNorm gets a new release, that is a no-brainer. The SVAP process will take care of that fact that the RxNorm standard has changed, and now there is a new version. But, for something like this that seems a little bit more complicated, I hope this is the right question or the right time to ask this question, but I am not clear when we have to say something about how the standard has changed and this committee has to something about it versus that the standard updates itself, and that new update is taken in by USCDI or by us. I hope my question makes some sense, and if it does not, I apologize.

**Deven McGraw**
So, our committee was created because of a provision in the 21st Century CURES Act that requires ONC to establish a process that occurs every three years for evaluating standards to see if they should be retired or moved on, and it sort of is nested in with these other processes that ONC has already established on its own for creating updates to standards, and then periodically recognizing a new set as required in the regulation. So, our task is not to oversee the entire standards universe in terms of when things need to be turned on or off necessarily. We have a role to look at this particular snapshot in time to see if anything that is currently required needs to be retired or should be maintained. But, it fits within a broader scheme where there are lots of other avenues for paying attention to where standards are in the process, if that makes any sense. So, folks from ONC can correct me if I am wrong, but we get to look at where we are today, we have this once-every-three-years opportunity, but we do not have this consistent oversight role.

**Steven Eichner**
Thank you so much for that wonderful summary, Deven. Another piece of the puzzle is that SVAP does not include every standard that ONC may be using. For example, I do not think the standard presented in front of us at the moment is in SVAP's domain or catalog, nor does SVAP look at USCDI in the same way.

**Deven McGraw**
Right. The fact that there might be gaps does not mean that our role expands.

**Clem McDonald**
Deven, thank you for keeping us focused.

**Steven Eichner**
Vassil?

**Vassil Peytchev**
I just wanted to make sure that we are on the same page. Maybe I am wrong, and that will be good clarification, but my understanding is that SVAP opens the door, but does not set the floor. In other words, if there is a new version of an SVAP standard, the use of that standard is approved for whatever regulated data exchange is happening, but that does not change what the regulation says. If some standards say Version 1 and SVAP adds Version 2, people can use either version to satisfy the requirement. It is our role to say whether that Version 1 will continue to be used or we should start asking everybody to use Version 2. I think that is the difference, and if that is not it, I would appreciate being corrected.

**Steven Eichner**
You are right on. The SVAP is voluntary, except it is for voluntary utilization, not looking at regulatory language, which is often more focused on required usage of a particular standard. So, SVAP can be a launching pad, a test platform, or a way of evolving to what is in use and what is required for committees certainly looking through SVAP and leveraging SVAP as emerging standards or standards in, if you will, trial and use or limited production use as a next step, but really, looking at what standard is actually in regulation is the scope of the committee. Ray?

**Raymonde Uy**
I agree with that. This is really great feedback. For Line ID 53, the OMB 97, there is a directive right now to create a technical working group to update this, but it is projected to be summer 2024, and this is from the OMB leadership.

**Steven Eichner**
Wonderful. Thank you for that. And, I think the drive of suggested language around that is for the FQs and other entities that are using the standard to be consistent with whatever the OMB has in place at the time, but it is really an OMB-developed standard or tool, and between OMB and its stakeholders in the sense to develop, adopt, and modify. Is that a good summary?

**Fillipe Southerland**

And, do we include for future committees the language that we are aware that there is work being done on the new standard with the target date of '24?

**Steven Eichner**
Yes, and that would potentially line up with about three years from now in terms of new policy being finalized and potentially eligible for adoption. I mean, it was finalized in production, as it were. So again, we will draft some suggested text and put that in the worksheet by Friday morning. So, we need to move on to the next. Whoever is sharing the screen, can we move to the next page?

**Michael Berry**
Steve, I think that is the end of Group 7.

**Steven Eichner**
Okay, wonderful. So, I think we may end our conversation a little bit early. Do we have any last comments on what we have reviewed today, before we go to public comment?

**Michael Berry**
Steve, you might want to ask for volunteers to help write the final disposition on some of these. I think that you have been taking the lead on that, but some others might be willing to do that for you and with you.

**Steven Eichner**
Would anybody like to participate in a small working group or draft language?

**Raymonde Uy**
For those discussed today, I would be happy to help.

**Steven Eichner**
Yes, sir. Wonderful. Would you prefer to do a working group, or would you prefer to draft some language?

**Raymonde Uy**
I will try to draft some language. Those are specifically for race, ethnicity, and administrative gender, so those really impact FQHCs, so I would be happy to help with that.

**Steven Eichner**
Wonderful. Ray, are you including the report from OMB in that collection?

**Raymonde Uy**
Yes. I will reference some information to explain that. Thanks.

**Steven Eichner**
Wonderful. Can we go back to the slide to see what we have left?

**Raymonde Uy**
I think it is mostly upcoming meetings, Steve.

**Steven Eichner**

Going back to the worksheet side. Vassil, do you want to take a look at the entry for the encryption?

**Vassil Peytchev**

I am looking.

**Steven Eichner**

If not, do not worry about it.

**Vassil Peytchev**

I have my copy open, so I will look at it.

**Fillipe Southerland**

Ike, while we are waiting there, was an action on the Line 22 line item? Was there follow-up you needed us to do individually on that, or is that something the team is going to come back to the workgroup with?

**Steven Eichner**

For language for…

**Fillipe Southerland**

I believe it was the next slide, on Line 22, for the public health…syndromic surveillance.

**Steven Eichner**

I think we tabled that for the week.

**Fillipe Southerland**

Okay. So, just additional research by individual numbers.

**Steven Eichner**

Yes, sir.

**Fillipe Southerland**

Thank you.

**Vassil Peytchev**

I assume you are talking about the secure hash standard.

**Steven Eichner**

Yes.

**Vassil Peytchev**

And, what did you want me to look at?

**Steven Eichner**

Are you interested in writing a recommendation about a path forward?

**Vassil Peytchev**
Sure. For next week, or right now?

**Steven Eichner**
No, no, next week.

**Vassil Peytchev**
Yes, okay.

**Steven Eichner**
It only needs to be a couple sentences.

**Vassil Peytchev**
Yes, okay.

**Steven Eichner**
Do we have any other volunteers? Okay. Mike, do we want to go to public comment?

**Michael Berry**
Sure, I am happy to do so. I just want to recap. My understanding is that Raymond is going to work on the final disposition for Group 7, Vassil is going to work on the final disposition for secure hash, and Line 22 is tabled for this week, and I think to Fil's point, is there any research or anything that you wanted to ask the Task Force to do? Because it sounds like we are going to be revisiting Line 22, right?

**Steven Eichner**
Yes. If the Task Force would like to look at surrounding data for syndromic surveillance, so see if you can come up with a link or two for further exploration for homework, and see if we can get a subject matter expert to talk or speak to the issues. We had hoped to have an SME join us this week, but they were not available.

## Public Comment (00:56:59)

**Michael Berry**
Okay, that is great. Thanks for confirming. So, we are going to open up our call for public comment. And, if you are 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, and if you happen to be on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. So, let's pause for a moment to see if anyone raises their hand. I am not seeing any hands raised, Steve, so I will turn it back to you to wrap us up with next steps.

## Next Steps (00:57:36)

**Steven Eichner**
Okay. Well, thank you all for a really productive meeting and really good conversation about standards. I think we are making good progress. We will be in a good position when we need to report our status to full

HITAC in a couple of weeks. Thank you so much for folks who are working on developing some text. We look forward to hitting some of our remaining standards next week and welcoming back Hans. Do we want to go back to the worksheet a little bit and talk just for a second about what we have left and what is coming up? I think it is Group 6, if I remember correctly.

**Michael Berry**
Liz, do you have your worksheet up that you can share your screen, possibly? **[inaudible] [00:58:48 – 00:59:47]**

**Steven Eichner**
Just to give everybody a sense of what is up and coming, and again, looking from a homework perspective, if folks want to take a look into some of the standards that we are talking about, that would be great, and again, please feel free to use the worksheet to make comments and make suggestions. We do use that to help drive conversation and the development of potential recommendations. So, we will be focusing on HL7 and FHIR, largely, in the next week or two. So, if there are any last-minute questions, we would love to hear them. If not, we would be happy to give back about a half hour of time. Thank you all so much for joining us, and we really do appreciate all the work that is going forward. I see we have gotten some good materials together, and it has really been an honor to support the workgroup in its activities. That being said, I will turn it over to Mike for any last words, and we will see you next week.

**Michael Berry**
Yes, just echoing Steve, we really appreciate everyone's support. This is, of course, a new process for us at ONC and for all of you, so we really appreciate you hanging in there while we work out the kinks. So, thank you so much for your time and dedication. We really appreciate it, and we will see you next Tuesday. Thank you.

## Adjourn (01:01:27)