

# Health Information Technology Advisory Committee

## Interoperability Standards Workgroup 2023 Virtual Meeting

### Meeting Notes | February 1, 2023, 10:30 AM – 12 PM ET

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#### Executive Summary

The focus of the Interoperability Standards Workgroup (IS WG) was to review workgroup charges, the United States Core Data for Interoperability (USCDI) process, and work plan development with a focus on Draft USCDI Version 4 (v4) data elements. IS WG discussed the topics and provided feedback.

Public comments were submitted verbally and via the chat feature in Zoom Webinar and email.

#### Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	IS WG Charge and Timelines
10:40 AM	USCDI Process Background
11:30 AM	Work Plan Development – New Draft USCDI v4 data elements
11:55 AM	Public Comment
12:00 PM	Adjourn

#### Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:32 AM.

#### Roll Call

#### Members in Attendance

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



Rajesh Godavarthi, MCG Health, part of the Hearst Health Network  
Bryant Thomas Karras, Washington State Department of Health  
Steven Lane, Health Gorilla  
Hung Luu, Children's Health  
Meg Marshall, Department of Veterans Health Affairs  
Anna McCollister, Individual  
Clem McDonald, National Library of Medicine  
Deven McGraw, Invitae Corporation  
Aaron Neinstein, UCSF Health  
Mark Savage, Savage & Savage LLC  
Michelle Schreiber, Centers for Medicare and Medicaid Services  
Ram Sriram, National Institute of Standards and Technology

### **Members Not in Attendance**

Aaron Miri, Baptist Health  
Kikelomo Adedayo Oshunkentan, Pegasystems  
Shelly Spiro, Pharmacy HIT Collaborative

### **ONC Staff**

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

## **Key Points of Discussion**

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### **Opening Remarks**

IS WG co-chairs, Sarah DeSilvey and Naresh Sundar Rajan, welcomed attendees. Sarah reviewed the meeting agenda detailed in [February 1, 2023, meeting presentation slides](#).

### **IS WG Charge and Timelines**

Sarah reviewed the IS WG Charge and Timeline. The charge includes:

- Overarching charge: Review and provide recommendations on the Draft USCDI Version 4.
- Specific charge:
  - Due to the HITAC by April 12, 2023:
    1. Evaluate Draft USCDI v4 and provide HITAC with recommendations for:
      - a. New data classes and elements from Draft USCDI v4.
      - b. Level 2 data classes and elements not included in Draft USCDI v4.

### **Discussion:**

No comments were received from IS WG members.



## USCDI Process Background

Al Taylor presented the USCDI process, detailed in presentation slides. This presentation included information on the value of USCDI, the expansion process and timeline, USCDI v4 prioritization criteria, the standards version advancement process, and USCDI & SVAP timeline.

Al explained USCDI's connections to the Interoperability Standards Advisory (ISA) and USCDI+. ISA is a catalog of current and emerging health IT standards referenced by USCDI. Not all standards in ISA are required. In addition to static annual publications, ISA is updated continuously as input is received from stakeholders. USCDI+ engages various federal agencies to support program requirements. These requirements may exceed or be a subset of USCDI requirements. USCDI+ builds off USCDI as a reference base.


Al reviewed the USCDI comment process and timeline. USCDI follows a single process for comment submission and USCDI updates. Al presented the ONDEC system that is used for USCDI submissions. The ONDEC system allows for public access and collaboration for submissions.

Once a version of USCDI is finalized, updates must be made to FHIR US Core , and C-CDA IGs to allow for exchange of new data elements. This process can take some time to complete. USCDI v3 and supporting US Core and C-CDA IG are expected to be adoptable through the Standards Versions Advancement Process in August 2023.

Al reviewed the USCDI timeline. During this period, ONC is undergoing public review and feedback on Draft USCDI v4. Public comments are due to ONC by April 17, 2023, at 11:59 PM. At this time, public comments received on new data elements will be considered for USCDI v5.

### Discussion:

- Grace Cordovano inquired how the IS WG's tasks will impact HIEs and the relation of the IS WG with TEFCA. [CORRECTION] Al explained that TEFCA sometimes, but not always, reference USCDI as data requirements for exchange, depending on the exchange use case. HIEs will follow the data sets required by TEFCA. Some HIEs may use USCDI v1 as the base data requirements.
- Hung Luu asked if the IS WG will have an opportunity to review USCDI+. Hung explained there may be instances where USCDI+'s use cases can be expanded for broad applications and elevations into USCDI. Al noted that USCDI+ data requirements are not niche; they are simply data requirements that reflect federal requirements outside of USCDI. Al will follow up with the IS WG on their ability to view USCDI+.
- Steven Lane inquired whether the industry should anticipate USCDI+ supplemental requirements in future rules, for example, the EHR reporting program. Michelle Schreiber explained that ONC is hoping to stick closely to the core USCDI while incorporating other federal reporting requirements beyond the scope of USCDI. Future measures specifications will include USCDI+ references.
- Steven Lane inquired clarity on whether TEFCA references USCDI as a requirement. Al believes that TEFCA does not reference USCDI as a standard for exchange. Al will confirm this with ONC. [CORRECTION NOTED ABOVE] In some use cases, USCDI is the referenced data set for TEFCA exchange.
- Steven Lane asked if any health IT vendors have been certified to USCDI v2 under the SVAP. Al is not sure of this.

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- Steven Eichner noted that if the adoption of USCDI v2 is not universal, USCDI v2 will not be effective for data exchange. Particularly with public health agencies and providers, if standard data is not consistently exchanged, there will be issues in data reliability and reporting.
  - Anna McCollister asked for clarity on the process for USCDI v4 prioritization criteria and the ability of the IS WG to recommend new data elements for USCDI v4. Anna explained that data classes and elements not included in USCDI may limit quality measures development. AI explained that prioritization criteria are based on HITAC recommendations, HHS priorities, and other input. Prioritization criteria revisions are within the scope of ONC's public feedback process. The IS WG is charged with commenting on the Draft USCDI v4 and level 2 data elements not included in USCDI v4. Michelle Schreiber offered to discuss further with Anna and the group about USCDI prioritization criteria development.
  - Joel Andress commented that data classes and elements not included in USCDI don't necessarily limit quality measurement development. There are mechanisms being put in place to expand upon USCDI and USCDI+ utilizing a workgroup under CMS.
  - Sarah welcomed federal members to the IS WG call:
    - Nedra Garrett, CDC
    - Meg Marshall, VA
    - Michelle Schreiber, CMS
    - Bridget Calvert, CMS
    - Joel Andress, CMS
    - Ram Sriram, NIST

## **WORK PLAN DEVELOPMENT – NEW DRAFT USCDI v4 DATA ELEMENTS**

Sarah DeSilvey presented the IS WG Charge, detailed in presentation slides. This presentation included a tentative schedule review of Draft USCDI v4 new data classes and elements, an overview of working documents, and an upcoming meeting schedule

AI and Sarah reviewed the IS WG Draft USCDI v4 recommendations google document. AI has listed Draft USCDI v4 data elements in this document. IS WG members are encouraged to add comments to this document. Comments will be consolidated into an IS WG final recommendation.

Sarah reviewed the upcoming IS WG meeting schedule. To allow for final recommendation review at the April HITAC meeting, IS WG commenting should be completed by the middle to end of March.

Sarah requested that IS WG members suggest guest speakers that need to be invited to WG meetings to help better understand the context of both Draft USCDI v4 and missing data elements.

### **Discussion:**

- Grace Cordovano noted that the previous IS WG created a prioritization grid for use in the review of USCDI data elements. Grace inquired if this grid will be provided to the current IS WG members and can be utilized in the review of USCDI v4. AI explained that the grid will be made available to IS WG members and can be utilized, along with other resources, in Draft USCDI v4 review.
- Hans Buitendijk inquired if background information on the data elements will be included for ease of review. AI explained that last year a separate document has been created detailing background information, including its status in FHIR IG and C-CDA. This information can be transferred to the current IS WG master worksheet for reference. AI noted that even if a data element does not



have a presence in FHIR IG/C-CDA, that does not mean the data element is not feasible for inclusion in USCDI v4.

- Sarah elevated IS WG member suggestions in the meeting chat. IS WG members suggested that background information be added to the editable IS WG google document for ease of access. IS WG members will expect that the background information is not edited. AI agreed with this approach.
- Sarah noted that IS WG members should work within the editable google document provided to ensure tracking of all comments and collaborative review.
- AI recommended that IS WG members add concrete recommendations to column H so that ONC can clearly understand what the comment is and how to address it.
- Sarah noted that IS WG comments relating to level 2 data elements not included in USCDI v4 can be inserted in rows below Draft USCDI v4 data elements.
- Sarah recommended that IS WG members work together to develop comments. New IS WG members can pair with experienced members to understand the commenting process better. Sarah offered to assist in matching new and old IS WG members.
- Steven Lane explained the significance of column M, Co-Chair Priority, and thanked IS WG Co-Chairs for taking on this responsibility.
- Sarah noted that IS WG members can reach out to IS WG Co-Chairs if they desire a working session to orient themselves to the google document commenting process.
- Bryant Karras inquired about the process of assigning red, yellow, and green levels of effort differentiation in the IS WG google documents. AI explained that ONC reviews and assigns this assessment based on aggregate developmental factors, including priority and ability to add new data elements.
- Steven Eichner suggested that IS WG members review USCDI adoption rates. There should be recommendations and requirements to increase the adoption of subsequent USCDI versions. AI noted that, as of today (six months after USCDI v2 became available for adoption/update), four developers and products have committed certification to SVAP standards. ONC's goal is to facilitate volunteer adoption of USCDI and to determine why adoption rates might not be high.

## **PUBLIC COMMENT**

Mike Berry opened the meeting for public comments:

## **QUESTIONS AND COMMENTS RECEIVED VERBALLY**

- Charles Gabriel inquired how USCDI+ data elements get adopted and its intersection with USCDI. The data elements in USCDI+ are separate from USCDI and have their own adoption path. Adoption of USCDI+ is driven by program participants applicable to specific data elements.

## **QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT**

Mike Berry (ONC): Good morning, and welcome to the Interoperability Standards Workgroup. We will be starting soon. Please remember to tag "Everyone" when using the Zoom chat if you would like all to see your message.

Sarah DeSilvey: Thank you for letting us know, Anna.

Mark Savage: Really appreciate ONC's ongoing work to add all USCDI data elements to ISA.



Sarah DeSilvey: +1 Mark

Mark Savage: <https://www.healthit.gov/isa/>

Mark Savage: The Interoperability Standards Advisory (ISA) process represents the model by which the Office of the National Coordinator for Health Information Technology (ONC) will coordinate the identification, assessment, and determination of "recognized" interoperability standards and implementation specifications for industry use to fulfill specific clinical health IT interoperability needs.

Steven Eichner: AI, can yo address which version of the USCDI becomes effective when, and how the USCDI relates to SVAP?

Steven Lane: While these requirements all map to USCDI V1 today, we all anticipate that rules will eventually be finalized that raise the floor to require the use of a newer version. As the wheels of rule making do not turn on the same annual cadence as our versioning, it is possible that the next rule(s) could jump >1 version (though I'm not holding my breath for this).

Christina Caraballo: Absolutely love the transparency of the USCDI submission and promotion process that ONC has created and how it promotes industry collaboration to advance high-impact data classes/elements.

Mark Savage: Side note: some jurisdictions ARE requiring more recent versions. California will require USCDI v2 for statewide data exchange in 2024, especially to be able to exchange SDOH data and improve health equity.

Steven Lane: +1 Mark. The Left Coast continues to innovate :-)

Christina Caraballo: Kudos California!

Grace Cordovano: How does USCDI impact HIEs and TEFCA? Are HIEs only required to follow USCDI v1?

Hans Buitendijk: @Mark: I thought that CA only required USCDI v2 for demographic data used in patient matching, i.e., patient address using US@. The language is ambiguous as to whether it is the full USCDI v2 for all. Do you have a link to the language that includes all USCDI v2?

Hung S. Luu: Will there be an opportunity to review what is in USCDI Plus?

Mark Savage: [https://www.chhs.ca.gov/wp-content/uploads/2022/12/4\\_CHHS\\_DSA-Data-Elements-to-Be-Exchanged-PP\\_Final\\_v1\\_11.16.22\\_For-Posting.pdf](https://www.chhs.ca.gov/wp-content/uploads/2022/12/4_CHHS_DSA-Data-Elements-to-Be-Exchanged-PP_Final_v1_11.16.22_For-Posting.pdf)

Mark Savage: California's specific details on USCDI v2.


Hans Buitendijk: @Ike: Currently USCDI v2 is in SVAP using FHIR US Core 5.0.0. Once FHIR US Core 6.0.0 is published (currently going through ballot) then USCDI v3 could go into SVAP as otherwise it would not have a standard to support it. Would require C-CDA as well.

Chares Gabriel: Does that mean that USCDI comes first before HI7 development

Steven Lane: Have ANY HIT vendors begun or completed the process of certifying to V2 under SVAP?

Hans Buitendijk: @Mark: Thanks!

Grace Cordovano: The ISWG previously spent quite a bit of time reviewing prioritization criteria. Is it possible to share that with the WG to provide context as well as to help with meeting the charges?



Raj Dash: @Chares, HL7 has existing and evolving standards to support what is proposed in USCDI. v2 is more mature but FHIR quickly evolving.

Hans Buitendijk: Currently USCDI is ahead of C-CDA and FHIR US Core. HL7 is wrapping up updates to both to support USCDI v3. USCDI v4 draft has proposals for which the latest C-CDA and FHIR US Core as anticipated (if everything is included as currently in draft) that neither would yet support.

Steven Lane: While we appreciate that consideration of USCDI+ is not in the scope of this WG, should the industry anticipate that there will also be rulemaking to require the use of the additional data elements there, or is it more likely that these will be referenced only in processes internal to government agencies?

Naresh Sundar Rajan: If it makes sense, In Nebraska and Iowa, we are pushing for USCDI-v3 as a standard specification.

Steven Eichner: AI: What percentage of vendors are adopting standards included in SVAP? Does it differ from the adoption/implementation rate of standards required in regulation/statute?

If adoption isn't universal, it limits the effectiveness since not all providers will necessarily have adopted the standard.

Bridget Calvert (CMS): Thank you - USCDI+ is necessary for quality for CMS

Rita Torkzadeh: At the HL7 January WGM I heard FHIR Core can already support certain USCDI elements that are still in Level 2, such as Author for Provenance. Would these Level 2 elements that HL7 standards can already support be prioritized?

Bryant T Karras MD: "Result in only modest aggregate lift for all new data elements combined" it there a rule of thumb number on what is an OK number of elements or is it based on how new and hard to add... some may be well established and easy lift so ? is impact taken into account to justify needed effort

Deven McGraw: Info blocking is not tied to USCDI

Steven Lane: Yes. Thanks for that reminder Deven. (I caught myself ;-)

Deven McGraw: You did as I was typing but I had already pressed send 😊 There's a lot of value to USCDI as a reference data set, even where not specifically required, and suspect as the dataset expands and there is more widespread adoption, the utility/ease of pointing to it as a set of expectations/requirements will increase.

Steven Lane: @ Rita, our WG can recommend lay Level 2 data element for inclusion in the final V4. It is up to ONC to determine which of our and the public's suggestions will actually be included.

Sarah DeSilvey: Thank you, Steven.

Steven Lane: When can the public anticipate seeing the first version of USCDI+?

Christina Caraballo: On this page, check out the "Review Prep Sheet" - <https://www.healthit.gov/isa/ONDEC> ; it has the criteria ONC uses to evaluate the level where data classes/elements are placed in USCDI.

Steven Lane: Thank you AI and ONC for this discussion. It is very helpful to lay the ground rules for the efficient and focused functioning of our WG.

Irina Angel: Great point, Anna, it raises question about diversifying the audience contributing to the process.





Grace Cordovano: Anna, thank you for raising impact on patients. From previous experience, the challenges with some of the data classes/elements that are critical to patients lack mature standards. Happy to connect on this with any WG members.

Steven Lane: A number of the recommendations submitted by prior iterations of this WG have focused on making this process as open, public and inclusive as possible. ANYONE should be able and encouraged to submit suggested data classes and elements through the website.

Rita Torkzadeh: @Steven thank you. This impacts all data elements that would be reported/generated by patients.

Irina Angel: As a child psychiatrist I am interested in supporting the mindset of longitudinal patient record with the beginning to the NICU for premies, if safeguarded and represented in the standard format that can support diagnostic process and advocacy

Steven Lane: Data elements can be submitted for inclusion even without established standards. Being listed at the Comment level is not an embarrassment, but rather a public signal to the industry that such data elements may be worthy of focus. Others can also submit comments and offer support for these elements as part of their advancement to higher levels and potential future inclusion.

Christina Caraballo: +1 Steven. ONDEC enables communities of interest to "rally" behind a data element /class and advocate and collaborate to promote it through the process demonstrating overall impact and technical readiness.

Sarah DeSilvey: +1 Steven

Steven Lane: @ Irina - I have heard the goal for scope of data in the longitudinal record described as "from lust to dust". No need to await the prenatal or birth data.

Grace Cordovano: This revisits previous discussions on highlighting critical data classes/elements for standards development where mature standards, are at the moment, lacking.

Hans Buitendijk: Ultimately, it seems that the target of USCDI should be at least all EHI, not a smaller set. The challenge is the pace at which that can advance considering the related pace of standards development to support the expansion and adoption.

Ricky Bloomfield: +1 @Hans

Mark Savage: + 100 @Hans!

Ricky Bloomfield: Hence this existing prioritization.

Grace Cordovano: @Ricky, the USCDI v4 Prioritization Criteria highlighted in today's meeting is not the grid that we previously worked on. Would love clarity on whether we will be utilizing the previous ISWG prioritization grid as a reference.

Hans Buitendijk: And that includes pace at which USCDI v1, v2, v3, etc. will be consistently, or inconsistently used as the base or the optional capability in various jurisdictions and programs as we already are seeing unfold. But that is an interesting and important discussion to be had outside of the progression of USCDI per se.

Ricky Bloomfield: Thanks, @Grace. I wasn't referring to that list specifically, but rather to this general process of updating the USCDI each year.





This would be a major project, but one way to determine the gap would be to take a survey of the existing EHI within health organizations to catalog the data that isn't get part of EHI (and quantified based on volume and utility). I'm not sure that that has ever been done, but if it has, it would be useful to see the results.

Mark Savage: Should we add columns E and F of "data elements" to the working Google doc?

Mark Savage: \*columns D, E and F

Raj Dash (College of American Pathologists): +1 to Mark's query. Having one spreadsheet would be easier to work with.

Raj Dash (College of American Pathologists): @Steven, raises question of spreadsheet curation. There is text that is in "justification" that is probably best put into "discussion"

Raj Dash (College of American Pathologists): D, E, and F

Raj Dash (College of American Pathologists): So we can propose discuss underlying standard

Ricky Bloomfield: @Hans, great work on the spreadsheet. You had already added the substantive comments re: US Core and C-CDA support by the time I got to it.

Steven Lane: Should we consider the "Justification" as being from ONC, related to why they have proposed this, and "Discussion" as our WG contributions?

Hans Buitendijk: E and F are meant to only reflect current state of the standards designated to demonstrate certified support of USCDI.

Raj Dash (College of American Pathologists): Agree, a tab would be fine.

Mark Savage: @Steven, I thought justification was ISWG member's justification for her recommendation?

Steven Lane: Ah! Thanks Mark. (Still getting oriented)

Mark Savage: H is the ISWG member's rec, and K is the ISWG's final rec to ONC. So think ultimately we look to K.

Grace Cordovano: Also happy to help any new members get oriented!

Irina Angel: Thank you, this is very helpful and clear

Naresh Sundar Rajan: Please feel free to reach out to Sarah, AI, or myself, if you need more details and/or orientation.

Mark Savage: Happy to help as well. [MarkSavage.eHealth@pacbell.net](mailto:MarkSavage.eHealth@pacbell.net)

Christina Caraballo: Same. Happy to help orient. I wasn't on the last round but co-chaired the first 3 years when we helped establish the promotion process and submission form. Also, happy to discuss ISA.

Sarah DeSilvey: Steven, thank you for this suggestion!

Christina Caraballo: +1 Steven. Great idea!



Pooja Babbrah: I think the off cadence meeting would be great

Hans Buitendijk: Likewise happy to assist and provide background on USCDI and standards and certification implementation considerations.

Mark Savage: Speakers have made huge contributions to ISWG understanding in the past!

Ricky Bloomfield: It may be helpful to have an SME for the HL7 Physical Activity IG to speak since that's one of the proposed elements that is least implemented.

Ann Phillips: Steve Eichner +1 - thank you for saying this when no one else has!

Pooja Babbrah: Sorry - I missed how we should recommend guest speakers. Did you want those names emailed

Steven Lane: +1 Ike! It would be helpful if ONC had a process for collecting information from certified HIT vendors re their adoption and utilization of the new data classes/elements, even if they are not certifying to SVAP standards.

Grace Cordovano: Suggesting SMEs in Advance Care Planning/End of Life care paired with standards development experts in that respective arena; may also pair with ER physician.

Pooja Babbrah: +1 Grace

Sarah DeSilvey: Yes, please email the co-chairs and ONC reps or the whole committee. Conversely, one might suggest this in the google doc? But the email seems wisest.

Mark Savage: SME on care planning also relevant to Level 2 Care Plan data element!

Pooja Babbrah: Thanks, Sarah

Sarah DeSilvey: Wise, Grace. Thank you!

Ricky Bloomfield: CHPL allows filtering based on Cert version (e.g., 2015) but I didn't see a filter for USCDI version. That might be a useful addition to CHPL.

Steven Lane: Could this be incorporated under the rubric of #RealWorldEvidence such that vendors of certified HIT are required to report on their adoption of evolving standards?

Grace Cordovano: We can add speaker recommendations in Tab 2 of our working google doc

Albert Taylor: @ricky I will bring this up with our Cert team that fields the CHPL

Ricky Bloomfield: Thank you!

Hans Buitendijk: Regarding the number 4 that have adopted some SVAP, it is important to emphasize that this need not mean adoption of USCDI v2 and its supporting standards, rather somebody may have updated to FHIR US Core 4.0.0 to support USCDI v1.

Mark Savage: VERY helpful!

Steven Lane: Thank you for that clarification @Hans.

Steven Lane: THANK YOU to the co-chairs!!



## QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

### Resources

[IS WG Webpage](#)

[IS WG – February 1, 2023, Meeting Webpage](#)

[HITAC Calendar Webpage](#)

### Workgroup Work Planning

Sarah and Naresh thanked IS WG members for their participation and noted comments will be further reviewed by them. IS WG members are encouraged to reach out to Sarah and Naresh if they have any outstanding questions.

### Adjournment

The meeting was adjourned at 12:01 PM.