Transcript

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

April 5, 2023 10:30 AM – 12 PM ET

VIRTUAL

Speakers

Name	Organization	Role
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	Member
Shila Blend	North Dakota Health Information Network	Member
Ricky Bloomfield	Apple	Member
Hans Buitendijk	Oracle Health	Member
Christina Caraballo	HIMSS	Member
Grace Cordovano	Enlightening Results	Member
Raj Dash	College of American Pathologists	Member
Steven Eichner	Texas Department of State Health Services	Member
Nedra Garrett	Centers for Disease Control and Prevention	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Bryant Thomas Karras	Washington State Department of Health	Member
Steven Lane	Health Gorilla	Member
Hung Luu	Children's Health	Member
Meg Marshall	Department of Veterans Affairs	Member
Anna McCollister	Individual	Member
Clem McDonald	National Library of Medicine	Member
Deven McGraw	Invitae Corporation	Member
Aaron Miri	Baptist Health	Member
Aaron Neinstein	UCSF Health	Member
Kikelomo Oshunkentan	Pegasystems	Member
Mark Savage	Savage & Savage LLC	Member
Michelle Schreiber	Centers for Medicare and Medicaid Services	Member
Shelly Spiro	Pharmacy HIT Collaborative	Member
Ram Sriram	National Institute of Standards and Technology	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Carmela Couderc	Office of the National Coordinator for Health Information Technology	ONC Staff Lead

Name	Organization	Role
Bridget Calvert	Centers for Medicare and Medicaid Services	Discussant

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

Michael Berry
Good morning, everyone, and welcome to the Interoperability Standards Workgroup. I am Mike Berry with ONC, and I would like to thank you for joining us today. Today is our last scheduled meeting, and on behalf of ONC, I would like to thank all of our workgroup members for all of their hard work and support for this work. All workgroup meetings are open to the public, and your feedback is welcomed, which can be typed in the Zoom chat feature throughout the meeting or can be made verbally during the public comment period that is scheduled at about 11:55 Eastern Time this morning. I would like to begin rollcall of our workgroup members, so when I call your name, please indicate if you are here. I will start with our cochairs. Sarah DeSilvey?

Sarah DeSilvey
Hi, I am here.

Michael Berry
Naresh Sundar Rajan?

Naresh Sundar Rajan
Good morning, I am here.

Michael Berry
Pooja Babbrah?

Pooja Babbrah
Good morning, I am here.

Michael Berry
Shila Blend? Ricky Bloomfield is not able to join us today. Hans Buitendijk? I know Hans is here, but I believe he is having audio problems. Christina Caraballo? Grace Cordovano?

Grace Cordovano
Good morning.

Michael Berry
Raj Dash is not able to join us today. Steve Eichner?

Steven Eichner
Good morning.

Michael Berry
Nedra Garrett?

Nedra Garrett
Hey, good morning.

Michael Berry
Raj Godavarthi?

Rajesh Godavarthi
Good morning.

Michael Berry
Bryant Thomas Karras? Steven Lane?

Steven Lane
Good morning.

Michael Berry
Hung Luu?

Hung Luu
Good morning.

Michael Berry
Meg Marshall?

Meg Marshall
Good morning.

Michael Berry
Anna McCollister? Clem McDonald? Deven McGraw?

Deven McGraw
Good morning, everybody.

Michael Berry
Aaron Miri? Aaron Neinstein?

Aaron Neinstein
Good morning.

Anna McCollister
This is Anna. I was on mute. Sorry about that.

Michael Berry
All right, thank you, Anna. Kikelomo Oshunkentan?

Kikelomo Oshunkentan
Good morning.

Michael Berry
I was trying to hide there for our last time, as it is our last call today.

Kikelomo Oshunkentan
You can call me Daya. I have been waiting… Just call me Daya. All my friends do.

Michael Berry
Thank you. Mark Savage?

Mark Savage
Good morning. Easier name, too.

Michael Berry
Michelle Schreiber?

Bridget Calvert
This is Bridget Calvert from CMS. Michelle will be on shortly.

Michael Berry
All right, thanks, Bridget. Shelly Spiro?

Shelly Spiro
I am here, good morning.

Michael Berry
Ram Sriram?

Ram Sriram
Good morning.

Michael Berry
Good morning, everyone. Thank you so much, and now, please join me in welcoming Sarah and Naresh for their opening remarks.

IS WG Charge (00:03:01)

Sarah DeSilvey
Welcome, everybody. We have a lot to do today. Our task is to review the collective draft recommendation that we are sending off to HITAC. We are going to be spending the bulk of our day working in the document and reviewing those and reconciling comments. Just as a note as we head into this, we are trying to find a

balance between including the subtlety of the diverse wisdom that we have in the workgroup and ensuring that we have actionable recommendations that ONC can pick up and take forward, so we are just noting there is kind of a balance to be found there as we work on the final recommendations. We are going to be going rec by rec, and so, we will approach that shortly, and then we will have public comment at the end and adjourn. This is a working session today, from the beginning to the end. Any other comments, Naresh, before we dive in?

Naresh Sundar Rajan
No, let's move forward, Sarah. Thank you.

Sarah DeSilvey
Sounds great, okay. Next slide, please. The charge, well known to all. Next slide. So, our overarching charge was to review prior recommendations on USCDI V.4. We have done that, and we have also added a few Level 2 data classes and elements not included in draft USCDI V.4, and we are working on our recommendation draft today, and then, the ONC team, Naresh, and myself will try to integrate it all and marry it into a final version in the days ahead. Again, thanks to everybody who has leaned into the Google doc. There are a lot of comments in there that have highlighted needs for conversation, and we will just get to them today. As everyone is likely aware, Al Taylor is on vacation, so I am really grateful for Carmela to lean into this work. She will be guiding us in the reconciling of the versions today. I believe we are ready to dive in. Carmela, are you ready to share?

Carmela Couderc
I am.

Finalize Draft USCDI v4 and Level 2 Recommendations (00:05:11)

Sarah DeSilvey
All right, thank you. Steven Lane is raising a note. We should aim to keep the recs themselves as tight and actionable as possible and to include the background and context in a separate paragraph. Thank you, Steven. I am really grateful for all of the wisdom expressed by past leaders in this work and cochairs in this work. Of course, Naresh and I are quite new to it all, so we just lean on the shoulders of giants in this. So, what we have done is basically highlighted the recommendations that we feel like we need to lean into, noting that we are starting… Oh, Carmela, it looks like you already updated the numbers, right?

Carmela Couderc
I did.

Sarah DeSilvey
Okay, so I am going to jog all the numbers we had logged by one in order to get into the work. So, the first recommendation, we thought… Again, we are not going to comment on grammar, we are not going to be reviewing background, we are just moving directly into the work. So, we thought one, two, and three were fairly solid. We just want to make sure we understand the directions for Recommendation No. 4. So, the differentiation from nonmedical use and medical use was in the definition, so the thought is that we do not need the annotation at the bottom, that we can just clearly state in Recommendation 4 that ONC add substance use to the health status elements data class and reference specific LOINC codes mentioned in the submission. Again, because there is a concern, actually, that by highlighting the definition itself, it is as

if we did not note that it is included in the definition. Any thoughts there about removing the bullet and the elements that are already struck through? Any concerns with doing that, given that, again, in the definition, it defines that it is different than medical use?

Steven Lane
I just think wherever we have an opportunity to be crisp, we should take it.

Sarah DeSilvey
Great, okay. I agree. I have one related question. Again, sorry for this not being on the document itself. So, from a pediatric perspective, as I am family practice and pediatric faculty, I did not note any pediatric-sensitive tools in either the alcohol use or substance use data elements, and I just want to briefly ask the opinion of the workgroup whether we should offer recommendation to include a tool such as the CRAFFT tool in time, given the need to possibly consider pediatric populations.

Steven Lane
I think those kinds of expanding future ideas do fit well in the background paragraphs.

Sarah DeSilvey
Great. Any concerns to considering how we might… Again, we may or may not proceed with that because it is a late-breaking thought on my part, so, my apologies. Shelly?

Shelly Spiro
Yes. I see that you crossed off RxNorm, and RxNorm is still a code that is being used for substance use.

Sarah DeSilvey
Is it being used for substance use in nonmedical substance use, Shelly?

Shelly Spiro
Oh, not nonmedical. Sorry, I thought you were on substance use.

Sarah DeSilvey
We are. So, the reason I had crossed off is because of that…

Shelly Spiro
I understand what you are saying. It just depends on who is on… There are cases where we would use… You are saying it for nonmedical use. Okay, I will back off on that, then. Sorry, too early in the morning and not a cup of coffee.

Sarah DeSilvey
The recommendation was that given that the definition clearly states that this data element applies to nonmedical use of substances, the annotation and commentary we had about medical substances is not required, and so, for the sake of brevity, the request was to remove that. Ike?

Steven Eichner
Never mind, you just answered my question.

Sarah DeSilvey
Perfect, okay. So, we agree that we are okay with removing it for the sake of brevity and considering how to add recommendations for pediatric elements in time. And then, we go on to six. There were no concerns with that one. I believe the questions with six are contained in the comment. First of all, there is a thought that the final bullet is more a note, and ONC wondered whether it needed to belong there, and then, there is a request from ONC to confirm that the element taxonomies are examples of facility identifiers. Any thoughts on the recommendations from ONC and intersecting with the workgroup? Any concerns with removing that final bullet, and any attempt to clarify CCN, PTAN, and NPI?

Steven Lane
It does not seem like the final bullet is really adding a lot.

Michelle Schreiber
And from CMS, we are fine with this, too.

Sarah DeSilvey
Okay. And then, can we have confirmation that we have included the correct facility identifier?

Michelle Schreiber
Yes, those are correct. CCN, PTAN, NPI, and CLIA.

Sarah DeSilvey
Fantastic. Hans, do you have another question?

Hans Buitendijk
Yes. It is around five, six, and one later on. Part of the discussion that we had was the recommendation that not only are those data elements added on their own, but that we indicated that there should be references in the relevant data classes where that is pertinent and relevant because not all other data classes in USCDI have that. So, the comment that I made there is that I thought we were going to have that recommendation in there as well. I made the note relevant to five to put it somewhere. Where are we going to do that? Because without that information, it becomes very hard to interpret what that really means. So, without understanding whether certain data classes need facility information, because not all do, what is USCDI saying about where that is relevant? If we just do these recommendations, we will not have it.

Sarah DeSilvey
Mark, do you have a comment on that? Hans, I hear you.

Mark Savage
It is a broader comment. I will lift up what I put in the chat. Last year, I think we put some level of context and rationale into the narrative report, but we were careful to be crisp on the slide presentation that went to HITAC itself. It was sort of a blending, more detail in one place, but not in the other, and if we want to do that again this year, which does make sense to me, that may help with what Hans is talking about right now. Thanks.

Sarah DeSilvey
Which is really critical context, from what I am understanding.

Hans Buitendijk
Yes, and this is a good example. Without it, it is unclear when to add something either in standards or in the program. Otherwise, it has insufficient meaning to just drop it in on its own.

Sarah DeSilvey
So, what is the workgroup's response to Hans and Mark's commentary here, that this kind of context is important? Shelly?

Shelly Spiro
I struggled with this one quite a bit because facility ID is really important. There are some that use facility ID as a location code for where the patient is. I know the purpose for this one is more on what the government needs and using, but there are some places in pharmacy… I am not sure if we want to do it now; maybe we can add it to… I am kind of confused on how we use facility location code, and that is why I was not quite sure if it belonged in facility ID. I am not sure what to do, but I thought I should mention that.

Sarah DeSilvey
Thank you. So, I just want to hold up that there is a thought of rationale from Hans and Steven. Do you have a comment to this? I think we are trying to figure out how to put that context briefly into the recommendation versus the slides going to HITAC. Steven?

Steven Lane
Again, I think we should include it in the recommendation if we feel that it is important, and in this case, it sounds like it is, so there is more work to be done here to really get this clear, and again, historically, ONC has been great about accepting and acting on those recommendations. In the slides, again, only add a context slide or bullet where it is really necessary. Where they can just be done as a quick voiceover, that is usually more than enough.

Sarah DeSilvey
Fantastic. I want to loop back around just to check in with the CDC and CMS before we get going, given that this is something that they care deeply about. Hans?

Hans Buitendijk
To clarify, it is not suggesting to remove any of the other ones unless this is included. So, just to be clear about that, that is not what I am suggesting, but to include it, there is a little bit of a challenge because it applies to the three-four elements that, on their own, would not provide the guidance. I would agree with Steven that in adding it to the document, ONC can decide and determine how to act on that, but not providing the context to have awareness that if you include this kind of data or other ones, as there are a couple of other examples that might come up, without having that context, it can be hard for any program to understand to what extent they are really asked to support that if they are required to support USCDI. The boundary would not be clear. It might be overdone or underdone, but not rightly done.

Sarah DeSilvey

Maybe we can create a section in the background specifically tying Recommendations 5, 6, 7, etc.

Hans Buitendijk
Then it is also available for anybody that reads the document. Not only is ONC the target audience, but everybody else that reads it understands why we are recommending what we are and realizes the thought that went into it.

Sarah DeSilvey
Great, and then, that would allow us to tie it together with multiple elements without having to repeat every time.

Hans Buitendijk
Right.

Sarah DeSilvey
Ike?

Steven Eichner
Yes, thank you. I want to modify the recommendation language to include state, local, and territorial public health agencies.

Steven Lane
You forgot tribal.

Steven Eichner
Sorry. I meant to say it. If I did not say it, that is my error. I definitely want to include tribal partners in it as well. That was my oversight. Sorry, it was on my brain.

Sarah DeSilvey
Ike, can you go from the top, including tribal, please?

Steven Eichner
Absolutely. Tribal, state, local, and territorial.

Sarah DeSilvey
Thank you, that makes sense.

Steven Lane
Actually, the acronym that people use is STLT, so, usually, it starts with state.

Sarah DeSilvey
We can adjust that later. We are just inverting tribal and state. Okay, perfect.

Steven Eichner
Thank you.

Sarah DeSilvey
Thank you. Just for the sake of time, understanding that we need to move things along, Bryant? Bryant, you are on mute if you are trying to talk.

Bryant Thomas Karras
I would not use the word "stakeholders." "Partners" or, in the case of tribal, they are not the stakeholders, they are often the authorities.

Sarah DeSilvey
Yes. It has been changed to "interested parties." Does that seem sufficient? It has to be inclusive of all the different types.

Bryant Thomas Karras
"Authorities" often sounds better.

Steven Eichner
Right, because it is really equal groups. Everybody has an important voice because we are using the information at least as much as our CDC colleagues.

Sarah DeSilvey
Wonderful, okay. So, what we have done here is move forward in trying to include the context in background with an inclusive commentary on each of the relevant facility data element types, and we have updated the recommendation. Are we ready to move on?

Bryant Thomas Karras
My last comment is to ask if this is future-proof. Are there identifiers in that list of four that would allow flexibility for states to add a state licensure number or other identifier to be in that with a proper data type identity.

Sarah DeSilvey
We would certainly be able to add that in time, correct? It seems possible to add additional terms, especially given the exploratory nature of what we are stating in the recommendation.

Steven Eichner
Bryant, this is Steve. From my perspective, what is being included is not capping and saying other things cannot be included at a later point. That is part of the purpose behind this taskforce and others in the regular updating of the USCDI. I do not see anything in these four elements that constrains the addition of other elements down the line, and I agree with you on the implication, that there are additional elements and factors that need to be included or addressed at some point, like facility type, state identifiers, and the like. But I see this as looking at a foundation, not necessarily the end of the story.

Sarah DeSilvey
Carmela has included the ONC classic "included but not limited to," which might be helpful in this instance. Does that seem good, Bryant?

Bryant Thomas Karras
That would be perfect.

Sarah DeSilvey
Wonderful, thank you. All right, I believe the facility elements are resolved, and we are moving on. I believe we had a question from our CDC/CMS colleagues regarding the average blood pressure. Michelle?

Michelle Schreiber
Thanks, Sarah. We had kind of been discussing mean versus average versus what is in and what is out. We talked to CDC recently, so I think we are okay with how it stands.

Sarah DeSilvey
Fantastic, okay. So then, I believe we are moving on. The next spot that we identified a need to lean into was Recommendation No. 10. There is some back-and-forth commentary that we just need to resolve in order to move forward on there. This is really regarding intent to indicate the accension number and some questions regarding whether that is applicable always, and we just need to resolve that in order to move on. Hans?

Hans Buitendijk
On this part, I thought that the conversation was that there are a couple different identifiers that are in play, and at that point in time, which one of those are we really most interested in advancing? Accession number seemed to be the one, which also is reflected in some of the submission details and the terms used there, that that is the one that, when available, is most relevant to ensure that it can be shared, notwithstanding that there could be other specimen identifiers in play as well, but it is that one that I thought was the primary one, hence that it is clarified that that is what the specimen identifier is focusing on, not just any identifier, but particularly the accession number.

Steven Lane
And the language there might be intended to include the accession number when available.

Sarah DeSilvey
As opposed to “to indicate”? Is that what I hear?

Steven Lane
Right. “To indicate” implies a one-to-one, that that is always what it is, and Hans’s point is that there may be additional specimen identifiers beyond the accession number, depending on the system.

Sarah DeSilvey
Would that resolve the concern from the ONC side, if we say “include” as opposed to “indicate”? It seems to. Barring any other concerns, we are updating the recommendation to say “include.” Thank you, Steven, for steering that one. All right. Any other concerns on this recommendation before we move on to the next one?

Carmela Couderc

Hi, this is Carmela. I think this should be assigned “to” the specimen, not “of” the specimen.

Steven Lane
That sounds good, Carmela.

Carmela Couderc
Thanks.

Sarah DeSilvey
Perfect. Thank you, Carmela.

Steven Lane
Is Hung Luu here?

Sarah DeSilvey
Hung is here. Raj is not. I think Hung was supposed to be. Hung, are you with us?

Steven Lane
Yes, he is here. Just give us a thumbs up, Hung.

Sarah DeSilvey
Give us a thumbs up. Are we good?

Hung Luu
Yes, I like what I am hearing.

Sarah DeSilvey
Wonderful, fantastic. Okay, moving on to the next recommendation, No. 13. So, we have Pooja noting to recommend this as a note rather than a bullet, kind of similar comments to what we are talking about with how to include context. Pooja, any thoughts there?

Pooja Babbrah
As I was reading through it, honestly, it was just a formatting thing that we may want to make as a note, but whatever we decide for however we want to note things, I am good with that. Perfect.

Steven Lane
Yes, that is perfect. Whether it is “note” or “background context,” just be consistent through the document.

Pooja Babbrah
That was my only comment.

Sarah DeSilvey
Should we dispose of this similarly to how we did the background and the facility elements and put it in the background text, or do we want to have it be a note? I do feel like we should have it be consistent.

Steven Lane
Yes. Use "background" if that is what you did before.

Pooja Babbrah
Yes, I totally agree.

Sarah DeSilvey
Sounds good. So, we are adding a background comment on 13. Thank you, friends. Moving on to 16. Actually, wait a minute. There is one comment there. Hans suggests removing "small," as in combination with data elements already in USCDI V.3, since we have already **[inaudible] [00:25:19]** sub-step. Any concern on removing that, just to resolve Hans's comment? I do not see a concern there.

Pooja Babbrah
No concern from my side.

Sarah DeSilvey
Thank you, Pooja. Any other concerns? Okay, great. Carmela, that last comment there… I think that one resolves this one too, correct? Okay. Any concerns with the last sentence there? No, it not seem there is a concern with removing that in line with…

Pooja Babbrah
No concerns.

Sarah DeSilvey
Great, thank you. We can remove the justification and the colon as well, and just leave the background. The next one I have to work on is 16, but there are some comments here. Carmela, which sentence does your comment relate to? Is it the last sentence, related to implementation, which is outside? Is that from above?

Carmela Couderc
Yes. So, where it says "does not include patient-reported adherence collected through apps or devices," just when I was going through it, I thought that was related to implementation, which is outside the scope of USCDI, and then I checked the submission, and it does not exclude patient-reported adherence.

Sarah DeSilvey
Thank you, Carmela. Pooja, any thoughts here?

Pooja Babbrah
The reason we wanted to do this is there was a lot of discussion during the workgroup meetings of how we capture it, if a patient is reporting it through a device, one of their apps, or things like that. I will open this up to Steven, and maybe Shelly also. Do we do this as a background comment? I am not sure.

Steven Lane

I think we could just leave it off and let the market figure this out. Again, it is not specific to USCDI itself. I think by saying "does not include," we are actually limiting this, so I think just being silent on it makes more sense.

Sarah DeSilvey
Shelly?

Shelly Spiro
This is Shelly. I agree with removing it.

Sarah DeSilvey
Hans?

Hans Buitendijk
I am concerned with removing it because the context of where it is being used, and therefore what it implies, is substantial in that area, given what that entails in the flows. This is one of the challenges with USCDI, because it is applicable to all HIT, with some of the terms, not "limited to," but "including" **[inaudible] [00:28:36]**, and there is a submission that sits behind it that can go into full-blown implementation guides. I think it is important for USCDI to actually scope the context in which that data is meant to be used. I would urge that we do include context and scope like that, which is not an implementation consideration, it is a consideration of where to implement, and that is related to the scope of what we are trying to achieve. So, I would be concerned if that is removed.

Steven Lane
Hans, I disagree with you.

Hans Buitendijk
That is fair.

Steven Lane
I think it is better to leave it flexible.

Sarah DeSilvey
The submission did not exclude it, correct? Is this what I am hearing?

Unidentified Speaker
Right.

Sarah DeSilvey
Shelly?

Shelly Spiro
I do not think we should keep that in there because there are several of us who are capturing patients' interactions. I do not think that sentence belongs in this at this particular time because right now, adherence on the quality side is using claims-based data for adherence, and we are moving towards more, and we do

have example in the care plan, an ability to capture some of the patient's, whether that is coming from a device or something else, but to keep it in there, you are sort of excluding it, and I do not agree with including it. I think it should be more open.

Sarah DeSilvey
Pooja? And then we need to move on.

Pooja Babbrah
I just think that with the first sentence, we do clarify that it is captured by the provider, pharmacist, or clinician through the med history process. I guess that could include if a patient does have information they are reporting. So, again, I am okay with removing this if we decide to move forward with that.

Sarah DeSilvey
If there is sufficient context that needs to be conveyed, maybe we can do that elsewhere without creating the possible limitation that we are sensing here. Does that sound good, like if there is context that Hans is speaking of that needs to be present? We understand that we are not 100% in agreement with removing this at this time, given that it was not in the original submission, it might limit, and generally, there is overall agreement that it is okay.

Steven Eichner
This is Steve Eichner. I think the text does need a little bit of additional work, not just that sentence necessarily, but the sentence above it, because if you actually read it, "medication consumed according to instructions is captured by…" is not necessarily clear, either.

Sarah DeSilvey
Maybe with all this noted, the leads of this group can think about this and come back with a possible new reframing.

Pooja Babbrah
Yes, we can do that.

Steven Eichner
I am happy for a short offline discussion to help work that through, if it would be helpful.

Sarah DeSilvey
Thank you so much, and for understanding the timeliness of this. It has to happen swiftly. Thank you, Pooja and Ike. Let me just see here. I think we are good. Grace asked for a link to references, but that might not necessarily be in the references, but I do feel like if someone could reply to her, that would be helpful.

Steven Lane
We typically do not include links in the recommendation documents.

Sarah DeSilvey
Yes, so it would not be here, but just for… All right. And then, I believe we are moving on to Level 2 elements. So, those were all the primary comments we had. Oh, Hans?

Hans Buitendijk
There was one comment that I included just before that that was relative to the USCDI draft, physical activity. I recollect from the discussions that we had that it was not only an adoption and recommendation to adopt **[inaudible] [00:32:56]** quite, but that there was a clarification in there, particularly since the discussions, the presentations, and the implementation guidance were referenced in the submission material to avoid confusion on scope, that this was meant to be reflective of what the IG referenced as the basic measure, not the rest of the implementation guide. So, to avoid confusion in the clarification, that is the part that I thought was missing, because I do not think it was a blanket of the recommendation given the confusion and ambiguity of the language currently used in that proposal.

Sarah DeSilvey
So, what I hear you saying is you want us to specify… Because we did not include physical activity because we thought our recommendations were so closely aligned with the submission, but I hear you saying that because we were so closely leaning into the measures and instruments in the submission specifically, you want that clarified in the recommendation.

Hans Buitendijk
Correct, because based on the conversation and what the ask was in the discussion, it was not the full IG. This is actually not published yet.

Sarah DeSilvey
Okay, that is an easy lift. Let's just align with the LOINC instruments as detailed in the submission, and we will certainly consider that. That seems fairly straightforward.

Hans Buitendijk
Which is the base measure where the focus was.

Sarah DeSilvey
Okay.

Carmela Couderc
So, are we saying that we are missing a recommendation here?

Sarah DeSilvey
Yes, because we only included recommendations that seem to be of note in requiring clarification, so, physical activity…

Carmela Couderc
Right.

Sarah DeSilvey
So, that is what I hear Hans saying, and we can easily do that. That is not complicated. Do you agree?

Hans Buitendijk

I would agree.

Sarah DeSilvey
We can easily do that. Thank you, Hans.

Hans Buitendijk
Thank you.

Carmela Couderc
All right…

Sarah DeSilvey
We will do that later. So, now we are moving into Level 2 elements. Again, this is where we just need to make sure that our recommendations are concise enough to be actionable for ONC. So, really, the commentary is on what is necessary in here, and agreeing on scope. So, we have the recommendation that ONC rename the patient summary and plan data class to patient care plan, and the assessment plan of treatment data element to care plan summary, and then we have both current work and future work, and we just need to clarify. We need to basically simplify this and clarify what is actionable this year for ONC. Hans, I think we can resolve that comment that you have there, the top one, or we can just leave it, but we know that is going to be the focus of the new physical activity data element rec.

Hans Buitendijk
Yes, that is going to be resolved.

Mark Savage
Sarah, can I jump in with a comment?

Sarah DeSilvey
Yes, please.

Mark Savage
I think part of what happened here was that the original draft just included mostly the top language and none of the bullets, and it seemed like it was missing a lot of what we had put in, and so, I dropped that text in as well, and it ends up showing as a sub-bullet, but I would just throw out that I think the recommendation that is halfway down through the first sub-bullet, there with the cursor, is sort of the core recommendation from the small group, and then, what is above listed in bold is, in some ways, a sub-bullet of what is underneath it. I do not know if that helps you feel like this is a crisper recommendation than what it looks like now. Thank you.

Hans Buitendijk
Mark, I agree with that. If I read it correctly, where the cursor is right now is separated out as part of a forward-looking discussion wherever that goes. The first part is clearly specific to Level 2 and what to do with that one, correct?

Mark Savage

Right, and I think this is an instance where we have, in times past, identified some key priorities that we recommend to ONC for work to be done for the next time, and I think this is one of them, at least from the care plan small group's perspective, and worth keeping in. I know there has been some discussion about focusing on USCDI V.4, but we really thought this was important to put in for work to be prepared for V.5 as well, and I would hope that we keep that.

Sarah DeSilvey
So, is it akin to the background that we have in other areas, where we would leave the recommendation on this Level 2 element super crisp, but then add the important wisdom and commentary from the subgroup in a note or in the background text?

Steven Lane
That usually works really well, Sarah.

Sarah DeSilvey
Can we do that?

Mark Savage
I would say that might be a matter of judgment. I think this is important enough that I would keep it as a recommendation, but it is a judgement call.

Carmela Couderc
Should it be a separate recommendation with a separate number instead of embedded in this one? I am not sure what we are asking to happen.

Hans Buitendijk
Maybe as a thought, it does align. I would be more inclined to go with Mark, that it is a separate recommendation or part of this, because when you look at the Level 2 proposal, it includes and implies potentially more than what we are actually saying what to do in USCDI Version 4 and what to do next, so it kind of splits up to the charge of what data should or should not go in. It is a statement of what should go in now or is recommended to go in and what is recommended to be addressed in a subsequent step, so, in that sense, it is more like a recommendation than an additional note at the end of what to do generally as future steps.

Steven Lane
Another approach that we have taken in the past is to have an entirely separate section in the recommendations document at the very end, which is recommendations for future work, and say, "These are things that the workgroup also discussed and felt needed to be transmitted, but they are not specifically a recommendation related to Version 4, which is our primary charge," and that has also been done successfully.

Sarah DeSilvey
That makes sense in some ways, because this is not background or context. So, does that seem like a good way to go forward? It is not necessarily a different recommendation in the same way that we are recommending USCDI V.4 and Level 2 elements. It is a directional strategic recommendation.

Mark Savage
We have done it that way in the past. On this in particular, to split it up into two separate places is just going to make it confusing, but we have done it that way in the past, more for things that were not being split up. They were more standalone. In my view, this is not.

Steven Lane
I certainly support Mark's approach of leaving it here as a bullet within this recommendation. Having a separate recommendation for something that is not related to V.4 really seems to be coloring outside the lines, so I would include it in the recommendation if we were going to do that.

Sarah DeSilvey
Any concerns with leaving it as defined right now, within the current recommendation, as a related strategic statement?

Steven Lane
If Carmela is not **[inaudible – crosstalk] [00:40:50]**, I think we are okay.

Sarah DeSilvey
I know, I know! Are we okay with that?

Carmela Couderc
I am trying to think if we want some sort of label to this, other than "recommend."

Sarah DeSilvey
Maybe "strategic thoughts" or something like that, or "looking forward to USCDI V.5." Carmela, maybe we can work on the wording there, just to make sure it seems clear, and move on. Does that seem good?

Carmela Couderc
Sure.

Mark Savage
I have noticed that sometimes, we have used the word "suggest" instead of "recommend," and maybe we have done that because it was…

Sarah DeSilvey
Clarified.

Mark Savage
"Recommend" was a formal part of the recommendations.

Steven Lane
I like that, Mark.

Mark Savage

I do not know if that helps here.

Sarah DeSilvey
It does help. At least it is not "recommend/recommend."

Steven Lane
I want to remind everyone that Mark is an attorney.

Mark Savage
I play one on Zoom.

Sarah DeSilvey
All right. Are we good with Recommendation 16? Carmela, resolve the comment.

Carmela Couderc
I just want to confirm that everybody has had a chance to read this and is okay with all this.

Sarah DeSilvey
That is the meta comment. Seeing the recommendation clearly stated here, is everybody okay with the recommendation that ONC rename patient summary and patient data class to patient care plan and the assessment and plan of treatment element to care plan summary?

Mark Savage
Sarah, there is one comment around planned procedures from the discussion between Ricky and me, and I would continue to recommend that we leave it at procedures and say "e.g., planned interventions" because of the formal name in USCDI.

Sarah DeSilvey
I just want to make sure. The first question there…

Carmela Couderc
Oh, this here?

Sarah DeSilvey
Yes. The first question was if everyone is okay with the recommendation as it stands, and I hear no dissent. Steven?

Steven Lane
I was just going to say that we have had Matt Anshen active in the chat discussing future appointments, and I wonder if those belong here as well, or if they under an appointments context.

Mark Savage
Steven, is there an appointments data element? I am not remembering.

Carmela Couderc

Well, certainly in scheduling, I guess. Maybe not in USCDI.

Steven Lane
It seems that if we are going to talk about having planned procedures, having future appointments there would be appropriate, and Matt has provided a number of references to the typical standards. This is sort of the 11th hour for squeezing something in like this, but I do not know if anyone here, Hans in particular, has any knowledge of this.

Mark Savage
Maybe "procedures, e.g., planned interventions, future appointments."

Sarah DeSilvey
Or the future appointments element could be confirmed in the exploratory work that we are asking ONC to do. It does not necessarily have to be added in at this moment if we are asking ONC to…

Hans Buitendijk
I would keep it vague in that there are some lines that people are drawing, even before the actual appointments, into still plans to make an appointment, and leave it up somehow that we can leave that up for the discussion to make sure what is really in the plan, outside the plan, and not everybody is on the same page, and maybe we just have to allow for that variation, which is fine, too. So, it is fine as an example, but…

Steven Eichner
This is Steve, and this is on the edges of my knowledge and experience, but it would seem to me that putting appointments in this block could be problematic because I could very well have appointments outside of a care plan, like my first appointment, so, you end up with a peculiar feedback loop or them wanting to put appointments in multiple classes or multiple environments, and that seems to me to be very problematic.

Hans Buitendijk
I generally agree with Ike on that, but if the first part says planned procedures and the procedures could be a variety of interventions, referrals, tests, etc., that is the kind of procedures that are called, but they are all planned, as opposed to…

Sarah DeSilvey
Just for the sake of time, I just want to caution on adding new complexity and new elements to this, as we do have 10 more recommendations to go, and we already have asked ONC to convene stakeholders to define this work with direction and focus, so is it okay to pause on adding new elements and the discussion and refinement that comes along with them, understanding that we have already asked ONC to lean into this? Is that okay?

Steven Eichner
This is Steve. That works for me, and I recognize that future plans, like the idea of future appointments, need to be addressed. I am just not sure that both those elements look like they do here now, exactly to your point, and that is something that just needs to be considered down the line and is not a rushed decision.

Shelly Spiro
This is Shelly. I just have a couple of comments. I agree that procedures really is the same as interventions. We are also missing outcomes, and that is why I agree that ONC should convene and get with the patient care workgroup at HL7, because scheduling does not belong within this particular piece, so I like the way it is now, procedures and interventions. Outcomes is not addressed at all, and that also needs to go in there, and there is also a link to goals and how we address goals. So, I agree that ONC should convene a group to really restructure how care plans are put into USCDI.

Carmela Couderc
I think this bullet is really just a list. It says, "Here are some common elements that are in USCDI that are not referenced as key components of a care plan," so this bullet is not making any specific recommendation to say that ONC should include these in a care plan definition. To me, this is just a statement. "Oh, here are some things that could be in a care plan that are already in USCDI." Does this provide any more information? And then, I look at this last bullet, and I am not sure what that means.

Hans Buitendijk
Regarding the first question, I think that could be clarified in the bullet, the basic common data elements, to indicate that we do suggest that they are explicitly referenced in the care plan so that it is clear what structured components are to be there, but ONC should work with the community to identify which ones can move in there. So, it is meant to be not just a list of things that are there, but it is exploring and identifying which ones are explicitly referenced, and this is a set of examples. I completely agree with Shelly that there are other ones that may need to be considered as well.

Then, regarding the last two bullets, I think the second to last one that is highlighted is already reflected in the top recommendation right now, so it may not be needed there anymore, and the last bullet is probably more a separate statement that we have to be cautious not to mix health concerns, patient goals, etc. as individual structured elements with the narrative summary, so that is not meant to be a replacement of, it is an addition to. I think those are the essential elements of it. So, it is meant to be a "recommendation/suggestion" to look at this, to be specifically referenced.

Carmela Couderc
So, could we have a wording suggestion for this? I think what I heard you say, Hans, is to delete these last two bullets.

Hans Buitendijk
Definitely the second to last data element for care plan type, because that is already stated in the blue top level. The bottom one is meant to make sure that whatever happens, it is not meant to be a replacement of, it is meant to be and addition to.

Carmela Couderc
When you read that, I am not sure it makes sense. "Assessment and plan of treatment would be or remain the narrative care plan summary."

Hans Buitendijk

Personally, I am okay if it is removed if others feel comfortable that it would not result in a replacement of. I think that is the main thing. Keep the concept of the care plan summary. The rest is all additional.

Mark Savage
Sarah, I have a comment on these two points at the appropriate time.

Shelly Spiro
This is Shelly. I do too.

Sarah DeSilvey
Mark?

Mark Savage
So, can you return the language that was just deleted so that I can actually see it? Thank you. So, in this small group discussion, we talked about how it was important to know what type of care plan was being referenced, as there was no data element there. So, this is a plan situation where we plan to be crisp. We just added it as a bullet under the list of common data elements, but it is not yet included. So, we spotted that as something that was important to think about as we were thinking about pharmacy care plans, etc. So, that was why it was there. The group may still decide to delete it, but it did add.

And then, on the last bullet point, we talked about how we are dealing with a care plan situation now which is largely narrative, and that still can be useful. So, that bullet point was to flag that we might be retaining as a separate thing a narrative description, sort of a summary. Anyway, as context for why those two bullet points are there, they seem useful to me, and to the last point about what to do about the wording, you could put the word "suggest" in front of the basic, and maybe that is enough of a flag, but Hans is right, we were recommending this. We did go through, and these are the data elements in USCDI already.

Carmela Couderc
However, this bullet here that is highlighted that says "would be an important addition" is not yet in USCDI.

Sarah DeSilvey
In my mind, that would become a note or be removed, because you cannot have these exist in USCDI, and then have a list of bullets where one does not exist. Can we move the assessment and plan of treatment element up into the recommendation above?

Shelly Spiro
This is Shelly. In terms of the assessment and plan of treatment, really, it is part of the health concerns within the care plan. That is where you would put it. So, because it is a separate one that is already in USCDI, I still think it belongs there on the list, but it really should be a sub-bullet under health concerns within the care plan data analyst model, or the DAM. I agree that the type of care plan is important and agree that it should go into the notes, along with outcomes, as potential added data classes or elements under the care plan.

Sarah DeSilvey

I just want to make sure that we are considering time. So, we agree that we have to clarify that these are initial recommendations for what could be included in that class based on what is already in USCDI, so we need to refine that sentence, and maybe we can just work on that, or the sub-workgroup can do that. And then, maybe we can make the care plan type as a note because, again, it is not currently in USCDI, so it does not completely align to the bullets, and maybe we can move the bullet that is assessment and plan of treatment just into part of the commentary above. I am just trying to move through to the next elements. Hans?

Hans Buitendijk
Just to confirm, I agree with Mark that plan type needs to be somewhere to indicate that that was a suggestion to do. In Recommendation 22, advance directive, that is where we talk about it more. So, somewhere between 22 and 16 as currently numbered, the notion that aligning these together needs a care plan type to include that. So, I agree with Mark; it is just the placement of where it goes. But, it is not just a note. It is a recommendation that we suggest to add that because that can help achieve what we want to do.

Sarah DeSilvey
Is that a future work statement, since we already have other future work?

Shelly Spiro
Definitely future work.

Hans Buitendijk
Mark? I think it fits with the other comment that you had, that it all ties together. We need to look at this together to make it fit.

Sarah DeSilvey
Or maybe we just put it as a new suggestion. So, we have "suggest ONC convene." We could do "suggest ONC add." Mark?

Mark Savage
Yes.

Sarah DeSilvey
So, Carmela, we have a new suggestion bullet under the other suggestion bullet. That would be the disposition for this one. And then, where are we at with assessment and plan of treatment? Do we need that somewhere? Thank you, that looks good. The assessment and plan of treatment looks like a note to me. It is not part of the bullet of recommended elements.

Shelly Spiro
Assessment and plan of treatment is a subsection of health concerns, but is a major component within health concerns of the care plan DAM. That is where you would put assessments in the health concern section.

Sarah DeSilvey

Any concern for leaving this here? Are we okay just leaving the assessment and plan of treatment to remain in the narrative care plan summary here?

Shelly Spiro
Yes, because it is already noted in USCDI as a point, and would go with the other bullets that are in other places within USCDI today, but need to be referenced into the care plan data class.

Sarah DeSilvey
So is it okay to leave it here, or in this bulleted list?

Shelly Spiro
I am for leaving it there.

Sarah DeSilvey
Any concerns?

Carmela Couderc
One of my points, though, is that the text in this bullet is a little concerning. "Assessment and plan of treatment would be or remain in the narrative care plan summary." Am I missing something? I do not know if that makes sense, "would be or remain."

Shelly Spiro
I think that goes back to the idea that thee are data elements now in USCDI that are all over the place, but are components of the care plan, and I think that is what the bullets are saying, that these are the components that we have in USCDI that are in other places, but should be linked to the care plan class in some way, and that is where the additional work needs to take place.

Carmela Couderc
I am not doing a good job of explaining myself. I understand that, but the text in this bullet is confusing to me, "as a data element already in USCDI recommended to be included as key components of a care plan, assessment and plan of treatment would be or remain the narrative." "Would be the narrative" or "remain as the narrative"? I just do not understand what we are saying here.

Mark Savage
The discussion was that as we are recommending to move toward structured data for a care plan, that did not mean to dump assessment and plan of treatment. It still has function. That function probably would be more towards the narrative care plan summary, and that is why you have the combination of "would be or remain." If that is confusing, it seems like it is a better use of time to just move on and do this offline, but that is the background.

Carmela Couderc
Okay.

Sarah DeSilvey

That definitely needs to be wordsmithed, and for the sake of time, I do think we should move offline. Now, I believe we are on to 20, unless there are other elements there that we want to… Okay, we have Carmela's comments here, and then Mark's answer.

Carmela Couderc
I was trying to figure out if the recommendation is that you actually want to put in the definition of those data elements that they are self-reported. I am wondering what the… Because this is an implementation issue, kind of like excluding self-reported medication adherence.

Mark Savage
It is a little bigger than that. There was discussion last year about whether clinicians would be entering that information or not, and the Gender Harmony Project was being clear and we were being clear that they would be self-reported.

Carmela Couderc
So, is the recommendation that you want to update the definition to include that they are self-reported? That is my question.

Mark Savage
The definition of the data element?

Carmela Couderc
Yes. I am trying to figure out if this is a recommendation to actually change something in USCDI in the Level 2 data element.

Sarah DeSilvey
It is either definitional or implementation. Is that what I am hearing you saying, Carmela?

Carmela Couderc
I am just trying to figure out if there is something you are asking ONC to do. I guess that is what I should say. Are you asking ONC to do something in USCDI specifically?

Mark Savage
Well, as a recommendation, it was structural, so in that bifurcation of definitional or implementation, it would be more on the definitional side.

Sarah DeSilvey
So then, we can say "recommend that self-reported gender identity remain the patient…" Should we just work it into the recommendation, Carmela?

Carmela Couderc
I am not sure.

Mark Savage
I would just pull it up into the previous and keep it as a separate sentence.

Carmela Couderc
Are you saying to pull it up into the blue bold?

Mark Savage
Yes, correct.

Sarah DeSilvey
And then, as part of the recommendation very clearly as opposed to an implementation comment. Does that work to resolve the concern there?

Carmela Couderc
I still do not think you are asking for something specifically, but sure. Do you see what I mean? I am not sure what you are recommending ONC do in USCDI with this… I just do not know how actionable that is, but okay.

Sarah DeSilvey
Is that background we should add? Based on the literature we know is recommended in the background, the elements within the Gender Harmony recommendations are ideally self-reported by the individual. We can certainly include that in background because that is true.

Mark Savage
This is one of the consequences of stripping things down as much as we have done. It seems to me like it can stand alone as it is, but we can try to add the background if you want to do that.

Sarah DeSilvey
Would that be better? It seems six of one, half a dozen of the other, perhaps. We know it is critical because it is definitional and it is best practice, it is aligned with the evidence, so it is not regarding implementation, it is actually regarding recommendations. Does it seem okay to consider it here, or possibly in the background, and move on?

Carmela Couderc
In general, I guess this recommendation is just to keep data elements where they already are because gender identity, name to use, and pronouns are in the patient demographics information data class already, so I was trying to figure out if there is a recommendation for ONC to do something.

Mark Savage
I will repeat what I have dropped in the comments. There was discussion last year, and it was not just with these data elements, but others as well, whether they are clinically reported or they go elsewhere. There was discussion around disability status as well, where disability status was recommended to be in the demographic section, but cognitive functioning was not going in the demographics section because it was clinically reported, so we were having a series of discussions last year about what is the appropriate data class and which are truly demographics, so, last year, we were clear that it should be here. Things do get moved around among data classes. It does not seem to me to hurt to be clear, as we were last year, that these should stay in the patient demographic data class.

Sarah DeSilvey
Thank you, Mark. Carmela, does it seem like we are okay to move on?

Carmela Couderc
Yes, because I just do not think… Fine. I will just point out that we did try to clarify in the standards bulletin that the placement of a data element in its data class does not imply workflow or anything like that. They are just a category for ease of reading.

Sarah DeSilvey
Thank you, Carmela. I believe there is no concern with the addition of 22, which is removing the sub-bullet text on 22, so I think we can go ahead and do that.

Carmela Couderc
Are you on 21?

Sarah DeSilvey
Oh, 21, yes, sorry. My apologies.

Carmela Couderc
That is all right.

Sarah DeSilvey
I think that one can be resolved. I am trying to keep up here, Carmela.

Carmela Couderc
That is all right. We did just renumber them right before the meeting.

Sarah DeSilvey
I know. So, now we are on to 22. Again, a similar balance between actionable information and context, and we do have a fair number of elements to cover before we go into public comment. We have one, two, three, four, five, six, seven, eight, so I am hoping we can move swiftly through this advance directive conversation. It looks like in general, we can resolve the sub-comments and just settle with the greater concerns, just for the sake of clarity. Are there any structural concerns or general concerns with this recommendation as it stands, just from a practicality perspective or an ONC perspective?

Mark Savage
Is Grace on the line?

Steven Lane
She is.

Mark Savage
Okay, thank you. I sort of took the lead here. I just wanted to make sure she was able to chime in.

Steven Lane
Well, she was.

Sarah DeSilvey
She did have a patient who needed her, I think.

Steven Lane
I no longer see her on the list, so we are on our own.

Mark Savage
Sarah, what is the question?

Sarah DeSilvey
I think there was some thought again of the idea of trying to make this actionable because it is fairly lengthy, but again, it might be all necessary context and just understanding what we have done in the past, which is to move some of these elements up into background, and maybe not necessarily in the recommendation itself. So, if it is necessary context based on precedent, it might go in the background in order to keep this pretty crisp in the recommendation line. Does that seem fair?

Steven Lane
Yes. I think putting it in background is fine. I will note that the same commentary from Grace has been included in this recommendation these past years, so I do not think any of this comes as news to ONC.

Sarah DeSilvey
Correct.

Mark Savage
So, perhaps the sub-bullet that says "end of life" is more context, but with the sub-bullet that says "we also offer," I think the point of the first bullet there was to list the variety of documents because we are calling this advance directive, but it is not just advance directive. So, I think that is a helpful addition to keep.

Steven Lane
I agree.

Hans Buitendijk
I agree.

Sarah DeSilvey
To the first bullet, the end-of-life care information? Is that what you mean?

Mark Savage
No, that is the one that might not even be necessary here, in my opinion, because it is really just saying this is how it meets the priorities.

Sarah DeSilvey

Okay. But, really, it is the square-bulleted, and advance directive is not a singular data element that you feel like is critical.

Mark Savage
That was what my comment was, and if somebody can scroll down, I can remind myself what we were thinking about the other.

Hans Buitendijk
I would agree with Mark. If it starts with an advance directive, current standards, immediate goal, that would be appropriate background as to why it is also considered a type of a care plan and not just a singular data element per se.

Steven Lane
I also support that approach. This is Steven.

Mark Savage
The one thing about the immediate goals is that they were maybe more implementation, but we were trying to figure out how to keep what we have got, but to move forward as best we could.

Sarah DeSilvey
So, given that there is consensus, if we scroll up, I see us feeling that everything prior… The end-of-life is contextual and maybe could move to background, but the core of the recommendation starts with "We also have the following advice regarding," and that is what I hear Hans, Steven, and you agreeing is all core information. Hans?

Mark Savage
Yes, please.

Hans Buitendijk
Agreed, and perhaps from a meeting perspective and context, if this recommendation were to be next to care plan, it might help with the reader as well because that is where some of that connection occurs, that it is a type of a care plan, and by considering a type of care plan, and perhaps then using a data element called "care plan type," it is possible to organize and advance them collectively. Take advantage of the narrative, take advantage of the supporting information, etc. So, it might help to just get that perspective clearer to the readers on how they relate and how to advance them collectively.

Mark Savage
That is a great idea.

Sarah DeSilvey
That does make sense. Any concerns with this as it stands now?

Carmela Couderc
Did I hear that someone wants to move this text?

Sarah DeSilvey
Or remove it, or put it in background. The thought is that it is contextual information about the why, that is, that either would be in the background, but it would not be part of the direct recommendation, Carmela. Yes, that is what folks are saying.

Shelly Spiro
This is Shelly. Just a clarification that advance directive is not a care plan type, it is a component of the care plan, just like SDOH is a component of the care plan.

Hans Buitendijk
That would be a great discussion for follow-up as part of how to further structure it.

Sarah DeSilvey
Thank you, Carmela and Shelly. I believe we have a disposition for this one.

Carmela Couderc
Do we want to move this?

Sarah DeSilvey
The thought is yes, move it to be with its friend, care plan, which will require renumbering, but it may be easier for the person to read and understand alignment and integrations. Is that okay?

Mark Savage
Sounds right, offline.

Sarah DeSilvey
Can we scroll up for a second? Sorry to seize upon this, but just for the sake of inclusivity as a nurse practitioner, I think I saw the word "physician." It would be wise when applicable to use inclusive language there.

Carmela Couderc
How about "clinician"?

Sarah DeSilvey
Yes, or "provider." Does that make sense?

Shelly Spiro
I agree.

Sarah DeSilvey
Thank you. Fantastic. Now, I believe we are moving on to 25. Is that correct? Oh, Carmela, you have a comment here. So sorry.

Carmela Couderc
I really struggled to read this one and understand it.

Sarah DeSilvey
Hung, can you help walk us through this one?

Hung Luu
Yes, sorry, I was on mute. So, what we are asking for is that there is already a submitted Level 2 element that is test performed date and time, but that, however, is very ambiguous, and that is really not the purpose of the data element submission that we want to include because even though it is saying that it is the test performed date and time, the actual description for the data element is that it is the clinically observable time, and for labs, that is not the performance of the test. It is actually the collection of the specimen. I could undergo a collection right now, and the testing could be performed tomorrow. What is relevant is my chemistry on April 5th at close to 11:00 a.m., not tomorrow, when the test is actually performed. And so, the collection date and time is actually the clinically relevant observation time, and that is why we asked for the name change. Is that clear?

Carmela Couderc
No, sorry. I think that…

Hung Luu
If we go with glucose and we collect it from you today…

Carmela Couderc
No, sorry, I do understand the collection versus the test performed, but it is the name change suggestion that is confusing to me, and I am not sure that we would know how to address this recommendation.

Sarah DeSilvey
Should we take this offline?

Carmela Couderc
Yes, we could.

Sarah DeSilvey
Hung, would you volunteer to work with us to try to make sure it is clear so that ONC knows how to make this actionable?

Hung Luu
Okay. I… Okay.

Sarah DeSilvey
Concerns?

Carmela Couderc
If you think about data quality in general, you would not rename something. So, if something was submitted called "test performed date and time," that was meant to be when the test was performed, not the specimen collection date and time. There is already a specimen collection date and time data element in Level 2, and

it is not clear that the recommendation is that the end result is that we have two specimen collection date and time data elements where one is specimen collection date and time and one is specimen collection date and time clinically relevant to observation time. So, that is just where our heads were spinning a little bit while reading this one, but we can take it offline.

Hung Luu
We had actually suggested it as a new data element, but then we were given guidance by AI and ONC to suggest a rename, so I feel like we are kind of spinning around because we had originally gone the route of just saying that we would submit the collection date and time, but then we were told it would be better and cleaner if we were to actually suggest a name change, and now we are getting opposite guidance.

Carmela Couderc
Sorry. I apologize that AI and I did not say the exact same thing, but I am sure we can resolve this offline.

Hung Luu
Okay.

Sarah DeSilvey
Are we okay with moving forward to resolve it offline, understanding that the intent is clear, we just need to figure out how it is presented?

Carmela Couderc
Yes.

Hung Luu
Sure.

Sarah DeSilvey
Thank you. Moving on to 25, Carmela has a question. "Is recommendation related to test kit unique identifier or something else? There is no data that is named 'test kit device name' or 'test kit manufacturer name.'" I believe this is Hans, Hung, and colleagues. Can we review this one?

Hans Buitendijk
A thought that might help, because in the end, I think this is probably fairly straightforward, is on how to phrase it in the recommendation. In Level 2, the term "test kit unique identifier" is used, not "unique device identifier," but "unique identifier," and in that definition, it says at least device name, **[inaudible] [01:17:51]** name, and manufacturer name, and then it can go all the way up to UDI. So, I think what we are trying to do here is recognize that UDI would be a good goal over time, but to start, start with the device name and the manufacturer name, so it is taking part of the definition proposal of the test kit unique identifier, and if adjusting that wording helps and just makes sure it fits with that in light of what I think Carmela is asking for, we might have the clarity that she needs for ONC to understand what part of test kit unique identifier is meant to progress. Would that help?

Carmela Couderc
I am not sure if you are saying the recommendation is to add two new elements.

Hans Buitendijk
It is to add test kit unique identifier, but within that, it is the device name and manufacturer name that are really being addressed, not what the rest of that UDI would accomplish, and if you want to translate that into two separate elements because that is clearer, it probably would be. If you want to keep it together and make sure the definition is scoped to those two aspects, that is another way of doing it, but that is the essence, conceptually, that device name and manufacturer name are the two components, data elements, attributes, or whatever word you want to use that are proposed to go into USCDI Version 4 and to consider other components, attributes, elements, or whatever the name is later. I think I am reflecting that accurately from our discussions, but please correct me if I did not.

Sarah DeSilvey
If we need to get wording that ONC can understand, similarly to the one above, can I just ask that we work offline to get that? No disagreement on the recommendation, we just need to make the wording clear, right? So, is it okay to move this offline as well?

Carmela Couderc
Yes. My interpretation is that you are asking to adjust the definition of test kit unique identifier to include specifically those two items. I think that is what you are saying.

Hans Buitendijk
Yes. Why don't we just do that?

Carmela Couderc
Okay.

Sarah DeSilvey
Okay, so we are moving those two elements offline. This is a point of confusion for me, Recommendation 26. So, NPI is already in the care team member. This is a comment from Aaron. I thought that we did not go forward with this recommendation based on our last meeting, but there was some confusion regarding that. Is Aaron here today?

Aaron Neinstein
Yes, that is correct. We decided to take this one out, as it was already covered.

Sarah DeSilvey
Okay, so, goodbye 26. All right, I believe we are on to 27 now, and we have four more elements to go in five minutes. So, Carmela has a comment regarding merging provenance and author. Sorry, I know we are getting close to time. We have three minutes.

Carmela Couderc
I thought provenance/author was very similar in 27 and 28, but I see Mark has a comment that says they are just staying. I did not detect a lot of distinctness. Maybe we could…

Sarah DeSilvey

Let me just see here. So, we have 27, 29, 31, and 35 that need attention, I think.

Steven Lane
It sounds like we are going to need to schedule an ad hoc session.

Sarah DeSilvey
Correct, I think we will need to schedule an ad hoc session. We are almost there, but there are a few things coming down to the wire.

Carmela Couderc
May I suggest that it be today, just because I am out on Thursday and Friday?

Mark Savage
This is Mark. I can do that.

Steven Lane
This is Steven. I can try.

Mark Savage
If this is an offline thing on these two recommendations, if it is a broader thing, you want to hear from more than me.

Steven Lane
I can do today starting in an hour.

Carmela Couderc
I think it is a question of whether a quorum is needed in order to have those discussions because my schedule is a little cramped. I am not sure about the rest of the folks. If a quorum is not needed and there can be a sort of rump group to resolve this that then gets validated by email or some other short meeting, that would be one thing, but…

Sarah DeSilvey
Can we just quickly run through? Because I have to go back to clinic very shortly. I do not believe things like if something is one or two would require a quorum because we do not disagree on the intention, it is not a new recommendation, it is just trying to figure out how ONC can interpret it, so I believe that replies to 27, but if we look at 29, there are some more structural things that we need to figure out, and I am wondering if we can lean into those ones. I think we might need consensus of the team on those that would require a quorum. Can folks stay with us past noon?

Hans Buitendijk
I could.

Mark Savage
I can.

Sarah DeSilvey
Hans? All right, so we do need to switch over to public comment. We are going to have to figure out an ad hoc, but just understand that in my mind, if it is regarding merging, organization, and wording, those things can happen in offline meetings without a quorum, but if it is actually regarding fundamental changes to the recommendation, we might need to be present for that. We do need to move public comment just to reflect public comment needs at this time.

Public Comment (01:24:32)

Michael Berry
All right, we are going to open our meeting for public comment. If you are 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 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. I see that Paul Chase has raised his hand. You have three minutes. Go ahead, Paul.

Paul Chase
I just wanted to clarify what was happening with physical activity, what the disposition was on the physical activity data element.

Michael Berry
Sarah and Naresh, can you answer that question?

Sarah DeSilvey
My apologies. The physical activity was moved forward as a recommended data element. In the original assessment of the authors of the final recommendation, the changes were not significant enough to require a formal callout within the final recommendations. However, Hans is requesting that we go back and include it as a formal recommendation given that they were talking about the specific instruments within the physical activity recommendation and not necessarily the whole IG that is still going through the balloting process with HL7. So, we are going to go back and pull forward a recommendation specifically for physical activity based on our comments from previous meetings.

Paul Chase
Great, thank you.

Michael Berry
All right, thank you, Paul. Our next comment is listed as Matt Anshen, but I believe it is Shauna Sweeney. You have three minutes. Go ahead.

Shauna Sweeney
Hi, everyone. I am really happy to be here. Sorry for the false flag there. That is my husband, Matt. My name is Shauna Sweeney. I have been working in tech for the last eight years, I have been a family caregiver for the same amount of time, and I really did just want to put appointments on the agenda. I have gone out and interviewed over a thousand family caregivers at this point, and the single greatest concern for them comes down to the medical care and wellbeing of the person they are taking care of, and their

biggest anxiety is missing appointments and all the coordination that comes with that, and the preplanning that they have to do.

So, I would just like to put this back into the conversation for what the actionable next steps could be in order to make this more accessible. Right now, this data is currently locked in, health provider by health provider. We are often bustling our family members between multiple different practitioners across systems, and it is really, really hard right now to be on top of this, and we are missing appointments left and right because we do not have enough advance notice or coordination around this, so I would just love to hear this group's thoughts on how to put this on the agenda.

Michael Berry
Okay, thank you, Shauna. Do the cochairs have any comments back, or do we go back to the document?

Sarah DeSilvey
I just want to acknowledge that we hear you, and, in fact, I think you probably heard us talk about appointments earlier on today when we were talking about care planning, so I think we are collectively hearing the need for coordination on that. Especially just from a real practice perspective from a disconnected health system, I know how critical that is for families, so we hear you, and we will try to figure out how to integrate it in work going forward.

All right, if we can go back quickly, I do not know if we are going to have quorum past noon. I do not know if there is precedent for this because I am new, but one of the things I could imagine is having the subgroups meet on resolving those final elements, then presenting it to the workgroup regarding almost an e-vote, just because, again, I do not think we will have a quorum for the rest of the day. If the rest of the committee is comfortable, what I will try to do is work with ONC in our cochairs meeting right after this and present some options about how to go forward, and then engage the ISWG in solutions. It does seem like some folks can stay. Could we literally have a raising of hands of individuals that can stay beyond noon, just so we can get a sense of who? That would be helpful.

Mark Savage
Sarah, if you have the time, it might be good just to know what needs all of us and what does not need all of us. You pointed out rightly that 26 and 27 can be handled offline, and you pointed to one that had a lot of commentary. Maybe that is the only one.

Sarah DeSilvey
Yes, it might be the only one. So, it looks like we have a small group of folks who cannot attend, with the people who can ascertaining whether it needs to be brought forward to consensus in the absence of some of our members, just so we can keep on finalizing our recs. Any concerns with this small group that can stay moving on and just going forward? Okay. And so, understanding that some of the elements have already been brought offline, again, we already have a lab element conversation offline and an author recommendation offline, we do not feel like those things require consensus because it is all just about wording, and we agree, can we return to 28 or 30?

Carmela Couderc
I just need someone to stop sharing.

Sarah DeSilvey
Oh, yes. Can the Excel team stop sharing? Thank you, Deven, and thank you, Aaron. It looks like Aaron and Anna also need to leave. Again, thank you so much. So, this was regarding the diagnostic imaging data elements. It looks like there is a recommendation to move some of the information into background, similarly to other recommendations above. Carmela, does that seem like a fair thought, the information being critical needing to be contained in the final recommendation, but perhaps not necessarily in this section, or maybe so? Hans? Do you want to unmute so we can hear you?

Hans Buitendijk
Sorry about that. If it is moved, it is probably going to be a little bit more disjointed to read, but I think it is more important that it is not removed from the recommendation document so that there is awareness of the consideration that there are some concerns around this in light of where things are at. So, I think Ricky Bloomfield commented on it as well, that we would prefer that this stays in somewhere, but close to it, it provides the context more easily than reading the first, and then, somewhere in the back, you have to catch it up again.

Steven Lane
Yes, and that seems consistent with other recommendations that we have discussed, keeping it there as context.

Hans Buitendijk
Right.

Carmela Couderc
But the bullets are at the same level as the recommendation to include these data elements?

Sarah DeSilvey
We will make it background, then.

Steven Lane
Yes, make it background, exactly.

Hans Buitendijk
But the other way to do it is that in some other areas, it is just a sentence. So, "the following three diagnostic data elements in USCDI V.4," and then just enumerate them in the sentence of the recommendation, not as separate bullets. Either way, it can work, but that is **[inaudible] [01:32:06]** what is the best way to present it.

Sarah DeSilvey
Okay. So, there is both how to include this necessary context, the precedent above is to include it as background, and there is also a thought that maybe the sync three elements we are recommending could be in the text of the recommendation as opposed to separate bullets.

Hans Buitendijk

Right, and it might be that they are bullets that do not look alike. But I think it is presentation, not content.

Sarah DeSilvey
Okay, that sounds good. Carmela, that seems to be following the precedent we have above.

Carmela Couderc
All right. I will not make everybody look at that while I do it. I am just putting it in.

Sarah DeSilvey
Recommend, Carmela!

Carmela Couderc
Just so I can find that.

Hans Buitendijk
[Inaudible – crosstalk] [01:32:53]

Sarah DeSilvey
I do not believe we had a comment on 30. I believe we had a comment on 31, right?

Carmela Couderc
Yes, I just saw it. It says "recommend ONC evaluates this as a Level 2 data element."

Steven Lane
We have done this before. This was the sort of thing that ended up at the end because it is not a specific recommendation for V.4. It is something that is down below Level 2 that we want you to consider bringing up, so it is not a V.4 recommendation per se.

Carmela Couderc
Right, that was my point. I was looking for a specific recommendation for V.4, and then it mentioned something about V.5.

Sarah DeSilvey
Does that go in the future work section we were talking about?

Steven Lane
Or additional recommendations, whatever you want to call it.

Carmela Couderc
Okay. So, that means we will be creating a new section of the document.

Sarah DeSilvey
Which is that future work session we have talked about elsewhere. Thank you. And then, I believe we are on to 34, unless we have Hans's comment there.

Hans Buitendijk
I think that is a clarification on 31 to make sure what is meant with it, so if it is an easy one… It is administered by the clinician as medication adherence. I just want to make sure Shelly is still on the line. Administered and adherence… The way that could be used and interpreted, I want to make sure we got that, and not unnecessarily blending the two or separating them inappropriately, whichever it is.

Sarah DeSilvey
Are we all good?

Carmela Couderc
What is the specific change?

Hans Buitendijk
I was asking to clarify that this is medication administered by the clinician, as medication adherence would reflect what the patient indicates they have taken, so there are two different perspectives recorded by the clinician, what they did and what was provided by the patient, whether they did what they were suggested to do.

Carmela Couderc
So, is your suggestion the recommendation that the definition of the medication administered code include that it was something that was administered?

Hans Buitendijk
By the clinician.

Carmela Couderc
By the clinician to the patient.

Hans Buitendijk
In medication adherence, we cover that the patient indicates what they have actually done, which is kind of an administration, but conceptually, in USCDI, you are separating it, so we want to avoid it being blended if it should not, and I do not think it should, but I am curious what Shelly… Did she just drop?

Sarah DeSilvey
No, she is here. She has her hand raised. Shelly?

Shelly Spiro
Yes. Thanks, Hans. As I stated before when we talked about discharge medications, we still have some work to do on the medication list on identifying the different list, all the way down to identifying that particular medication as whether it is administered, whether it has been prescribed, and whether it is discontinued. These are all data points that need to be identified, and there is not anything now where we identify down to the data element of the medication what category it belongs to. So, I think it is future work. We would not use the term "medication administration code," we would say that these medications belong to the subset of those that are administered as part of a medication administration record, or even those identified by the patient. I think there is work that has to be done, and I have brought that to the pharmacy workgroup, and

there is also additional work taking place at NCPDP and HL7 in relationship to medication lists and how those medications are identified within the type of list. I do not know if that answers your question, Hans.

Hans Buitendijk
I think it helped clarify that indeed, more work is needed, and that is fine because then that can be sorted out, but then, there is a distinction that when the term "administered" is used, it should not be connected with administration record because the administered code can be self-declared by the patient if they know it or by the clinician as they document it, and it is a more general concept. It would be helpful if that was clear here if the intent is to go into USCDI Version 4. Are we really asking that we also have the administration record? That is not intended here.

Sarah DeSilvey
Can I clarify? Is the statement that Carmela has added after medication administered code correct at this time now, based on what Shelly said of work to be done? "Definition should be updated to reflect that this identifies the medication administered by a clinician," or is that all to be worked out in the ongoing work of definition finding? Shelly?

Shelly Spiro
Yes. I think that if you have to keep medication administration code in there, to me, it does not make sense because it is not a code, it is today, and it is more identification of the medication code fitting into an identified class or list that is codified. So, the list is codified. The medication code would not change because you are not going to have a separate code for a medication administration code because the medication itself is codified, if that makes any sense.

Hans Buitendijk
But that would indicate to me that at least that part of Recommendation 31 is not a USCDI Version 4 recommendation, but a request to start work on this so that in a future USCDI version, we can address that.

Shelly Spiro
Yes, and if you have to keep medication administration code in there, I would add medication administration list code.

Hans Buitendijk
But then split up Recommendation 32 into two parts. One is to add the medication route now in Version 4 and start to work on really getting the clarity on administration list or medication list, discharge, etc., and try to work on that so that the next time around, we have something that is ready to go into, say, Version 5.

Shelly Spiro
Correct.

Hans Buitendijk
So, it is two parts. Currently, it is combined into one. Then, I think whatever the terms are, that is okay, but it is indicative of what to work on.

Sarah DeSilvey

This is another instance where we might need… Just for the sake of trying to get this formalized, as we all agree on the intent and direction, can we work…?

Hans Buitendijk
The thing is, though, when it is CMS as part of measures, the administration is done by clinicians, not the adherence by the patient necessarily, as I currently understand the measures, but if we are talking about a discharge list that is not only used for measures, but also for actual exchange, then further work needs to be done to clarify. So, I think it still ends up in medication route. There is much more clarity around it. It is clear what is meant, and it could be added to Version 4 now. The rest needs work in order to understand what exactly it is that goes into USCDI Version 5 with a clear definition of what that means and what the scope is.

Shelly Spiro
Right, and the medication route has nothing to do with the medication administration code. It is a separate data element.

Steven Eichner
This is Steve. There are basically three elements: Medication, route, and who is administering it. Actually, the way the bullet point is written right now, medication administered code talks about the medication that is being administered, not by who is doing it. In other words, right now, if you read it literally, it should be updated to reflect that this identifies the medication administered by provider, which, to me, means it is the medication being administered by the provider, like RxNorm code, not the medication is being administered by a provider, which is identifying who actually administered it. So, I just want to make sure we are all on the same page as to what we are talking about.

Bridget Calvert
This is Bridget from CMS. I just want to clarify, Steven, what you and others are saying. So, we are looking at asking for the recommendation to have the administered route and prescribed, but administered being who administered it through the route and the prescribed being the actual medication. Is that correct? So, it would be all three components.

Steven Eichner
This is Steve. I am saying those are the three relevant components. Whether you want to track all of them or not may be a different question, but those are the three key components. The bullet, as written right now, is still focused on the medication being administered, not who is administering it.

Sarah DeSilvey
So, what I hear us saying is there are some things we can easily agree on and there are some things that are works in progress, right? We have some work-in-progress recommendations above, and I am wondering if we can figure out a way to refine this so that we are clearly stating what we know we can state now, and akin to recommendations above, we suggest the exploratory nature and refinement of the other elements, given the work that is happening in the ecosystem, just knowing that we have to get something tangible we can sink our teeth into in the recommendation doc at this time. Hans or Shelly, how do we go forward here?

Hans Buitendijk
The concern I have is that this is not sufficiently clear to have crisp recommendations that we would understand on all sides what exactly needs to be done. It might not take a lot of time to work through that, but depending on how you define it, it would pull in elements that are possibly reasonable because it is already reported in some fashion, and in other areas, it is addressing new areas of a requirement that is not there yet. Is that implied, included, or not? So, that is why I am uncomfortable moving forward with that at this stage.

Bridget Calvert
So, are there recommendations specific to existing Level 2 data elements that the workgroup wants to put forth?

Shelly Spiro
This is Shelly. What I think would be important if we are looking at the definition is does CMS think the medication administration code definition is correct, or does that need to be changed? They are calling it something that, as pharmacists, we are not familiar with. They are calling it a medication administration code that does not exist. So, having that definition of what CMS is looking for in these three data elements specifically would help us move forward to coordinate between what pharmacy is capturing or what clinicians are capturing in an institutional setting. It would be helpful if CMS could more clearly define these data elements so that we can put the right name to it and then come up with the right type of coding that we are working on now in terms of lists and other components that CMS or CDC is interested in capturing.

Bridget Calvert
Okay. So, the medication administration is the element, so I think as far as being able to make a decision in this group right now, I will have to be able to follow up by email, Carmela, so that I can take it back to CMS. I know Michelle is no longer on the call, and I tried pinging her to see if we are comfortable making a final decision right now, so I will need to follow up.

Sarah DeSilvey
Maybe this requires similar work to the care plan work, that we all recommend that it is really critical, we just need consensus agreement on the definitions, elements, and alignment, but, Bridget, we appreciate that. I think there is only one more.

Steven Lane
In that CMS discussion, capture what Hans just put in the chat. We need to be clear if it is medication administered or medication administration.

Bridget Calvert
Where do we see administration?

Shelly Spiro
In the chat. I agree with Hans that the definition is not clear on what it means, and it is not clear on what it means in the current definition that is on the recommendation.

Steven Lane

Well, the definition of the term itself.

Carmela Couderc
Let's go look in medications. Medication administered code is the Level 2 data element that we are entering a comment on.

Shelly Spiro
If that is the case, and it is not what is the recommendation, which should be administered code, and it is not a code, it is…

Carmela Couderc
I believe it says "medication administered code."

Steven Lane
Yes, that is what it says. I believe we are saying it does not make sense.

Mark Savage
That is a first.

Carmela Couderc
Well, okay, but we are making comments on Level 2 data elements. So, you could make a recommendation to clarify the name.

Shelly Spiro
Yes. When I pulled up the element, it says "medication administration," so that is what I referred to. Oh, never mind.

Carmela Couderc
It is "medication administered code" that was submitted, and it says "a code or set of codes that specify the medication that was administered."

Hans Buitendijk
Right, but when you go into the submission below it, that is where some of these confusions are between what is defined in the proposal and what is in the submission. You go to the first cell, if you go up, and the rationale for separate consideration. It goes straight to medication administration as the resource, and that is where the question is coming. Depending on what you are trying to imply with this, I am going to be thinking medication administration, medication use statement, or adherence. Which one are we really talking about now?

Carmela Couderc
Just remember, USCDI is going supposed to be implementation-agnostic. We are not tying directly to FHIR and a FHIR resource.

Hans Buitendijk

I understand that. The problem is that with the way that things are phrased, and then submissions are, in part, tapped into or not, and that the language there uses that, that is part of the way that it is currently coming across, that it would include what the submission is talking about. So, perhaps if we can separate better the submission text from what is really being proposed… At this point in time, it is unclear in many cases what I really need to look at from what is being proposed, the full IG that is referenced, just a definition, or something in between? We are really going back and forth.

Carmela Couderc
Well, a data element is not an implementation guide. It is just a data element. That is it.

Hans Buitendijk
But understanding what that means if you get, in a definition, "including but not limited to," and a submission sits behind it, it gives opportunity to interpret that well beyond what, perhaps, the intent is, hence these questions around scope and clearly defining what it is in light of the fact that we are not only seeing the proposed definition, but we are also seeing the submission and the discussion around it where it is unclear which part actually was included and which part is not.

Shelly Spiro
Sarah, my recommendation would be that we need to define the medication list type code, and that is what we are working on, that you have the data element medications, which is codified in RxNorm or NDC, but the list has not been codified. So, if a medication is administered, it can be on a medication administration record and showing that it was administered, it can be on a discontinued medication list, or it can be on the active medication list, so having a codified type of where that medication belongs within the list will, I believe, help CMS capture that information in the right bucket that they are looking for. We do not have that coding system set up yet. We are still working on defining the lists.

Sarah DeSilvey
So, of all the things we have worked on today, this one still seems like a work in progress. We can create those definitions, but are we comfortable moving forward in the absence of coming back for quorum if those definitions are found, or are we saying, akin to other things, that we recommend leaning into medication list and clarifying elements in order to support the desire for these types of data? How do we want to dispose of this?

Bridget Calvert
Sarah, my opinion, being here on behalf of CMS, and if you look at the spreadsheet comment, it was coming from Michelle and Nedra, is that we take the edits that were made and our final recommendation, send it just to the two of them, tell them where the group landed in the 4/5 meeting, tell them that this is what we are going to submit, ask if there is any objection, and let them have an opportunity to restate what they were commenting, that they wanted to go from comment level to Level 2, and maybe that sparks up some different conversation, but I think because it came from them, we need to at least afford the opportunity to have feedback from those specific individuals.

Sarah DeSilvey
Correct. The only concern is I do not think we have that verbiage to give them at this time. I think even that needs work, and that is something that gives me pause. Hans?

Hans Buitendijk
I think there is a part that says the prescribed code and the route code have much more clarity that USCDI Version 4 could take on. If I am looking at medication administered in the discussion that we have, then, at that point in time, there is more work to be done, it might be harder to get that final agreement, even with the clarification provided. So, maybe if we can still have the split so that one is clear versus the other, it would help. At least, then, we are moving the ball forward while avoiding ambiguous or unclear definitions that still need more work that are going to lead to confusion as to what is really intended or not.

Sarah DeSilvey
So, what I hear you saying is going forward with prescribed and route, and again, akin to the care plan work we have recommended, leaning into administered. Would crafting some language regarding that akin to how we have done it above meet the needs of the ISWG for a recommendation to bring back to CMS and CDC?

Shelly Spiro
This is Shelly. On the medication prescribed, there is not a way to define in a codified way that this medication was prescribed because it then goes into the prescribed list. And so, that is why I say route of administration is clearly codified, but the medication prescribed is not codified, you are just going to have the name of the code and say, "Okay, it belongs in this bucket."

Sarah DeSilvey
Okay, so we can clearly go forward with route and recommend leaning into the other two.

Shelly Spiro
Right.

Hans Buitendijk
I apologize, but if I am looking at the definition of medication prescribed code, it would be the medication, RxNorm, or whatever code that is being prescribed, not whether this is a prescribed medication or an administered medication as a data class, unless I am misinterpreting that, which is already otherwise captured as part of e-prescribing. That code is there, so that is why it is easy, and route is there, and that is why it is easier.

It sounds like there is a little more discussion for administered as to which kinds of administrations are included or not, but I am not sure why prescribed would not be clear. I understand the discussion around having different kinds of medication lists, for which there would then be a prescribed medication, and, in FHIR terminology, that gives you all the medication requests, and there might be an administration lists that gives you, in FHIR terminology, all the medication administrations, but within each one of those, I have a code that represents the medication that is being prescribed or otherwise, so I am feeling that we are mixing a list type versus a medication prescribed code. We are mixing those two concepts.

Michael Berry
Let me just jump in here. I am going to end the call at 12:30. I think this conversation needs more work, and we do not really have time in the workgroup to do this, unless it is just wordsmithing, so, unless that is

the case, where it is wordsmithing and we are not going to talk about this in the public setting, then we need to remove this recommendation, and someone can work on this offline and submit it through the regular USCDI public feedback process because we need to wrap up. I do not know if you want to touch on 34 or how you want to…

Sarah DeSilvey
That is what I was saying. I appreciate that the conversation we have had today was critical, but it does reveal that there is more work to be done that needs to follow the correct process, and I think this last element was actually pretty straightforward. It was just regarding removing the final… Either adding these changes to the final bullet as a note, which would be aligned with other elements. Carmela, I think that was your recommendation for these changes under Recommendation 35 now, correct? The precedent above is to do these kinds of elements as notes or background.

Carmela Couderc
Right. Do you want to do that?

Sarah DeSilvey
Correct. I think that would resolve the comment there. Does that sound okay, friends? So, just as a reference, we have lab conversations happening offline. We have some conversations regarding provenance/author and possibly merging things happening offline. We are recommending…

Hung Luu
Wait, wait, wait. I am very concerned about that. There is a lot happening offline, and we know that Carmela is going to be unavailable soon. I would rather just barrel through and know that there has been a disposition rather than… These are very important elements, and we spent a lot of time on them. I want to see them through.

Sarah DeSilvey
Okay. I am unable to stay longer.

Mark Savage
And Mike is going to drop the call in one minute, so we have to do something else.

Sarah DeSilvey
So, Hung, can I understand? We had originally agreed to do the wordsmithing that we were talking about above on those lab elements offline because it was wordsmithing, but not changing the recommendation. It was really just so ONC could understand next steps. Are you not comfortable with that happening offline? Is that what I hear you saying?

Hung Luu
Yes, because I could draft something, but then, if I send it and do not hear anything back, and then, come the April HITAC meeting, I find that it has been omitted, that is not going to be satisfactory.

Sarah DeSilvey
I hear you.

Michael Berry
I do not know what everyone's availability is, especially the cochairs, but we will need to schedule a quick public call tomorrow or Friday. We have to get this done, remove the recommendation, or leave it as is.

Sarah DeSilvey
So, let's go forward with that being the plan, and again, I do not know if we are going to come to consensus on the medication one, but Hung, I hear your thoughts and concerns regarding having anything be removed. I do not actually think that anyone in the ISWG would recommend that that be the case, it was actually just centering the elements and clarifying the language, but I can absolutely meet Thursday or Friday, but Carmela will not be here. So, we have heard your concerns regarding continuing the public process, and we will come up with some solutions and recommendations, because, remember, AI is also out this week, so there are some ONC staffing concerns, and we will try to figure them out. Does that sound like a good plan going forward, colleagues? We are almost there.

Shelly Spiro
Yes.

Sarah DeSilvey
Okay, thank you so much.

Mark Savage
Thank you.

Sarah DeSilvey
We promise to circle around rapidly. Thank you.

Michael Berry
We will send out a calendar invite to everybody once we identify a day and time, tomorrow or Friday. So, thank you, everybody. We are adjourned.

Adjourn (02:01:04)