Meeting Notes
Health Information Technology Advisory Committee
U.S. Core Data for Interoperability Task Force
May 3, 2019, 2:30 p.m. – 4:00 p.m. ET
Virtual

The May 3, 2019, meeting of the U.S. Core Data for Interoperability Task Force (USCDITF) of the Health IT Advisory Committee (HITAC) was called to order at 2:30 p.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Call to Order

Lauren Richie welcomed everyone to the United States Core Data for Interoperability Standard Task Force and conducted roll call.

Roll Call

Terrence O'Malley, Co-Chair, Massachusetts General Hospital
Sasha TerMaat, Member, Epic
Sheryl Turney, Member, Anthem
Tina Esposito, Member, Advocate Aurora Health

MEMBERS NOT IN ATTENDANCE

Christina Caraballo, Co-Chair, Audacious Inquiry
Valerie Grey, Member, New York eHealth Collaborative
Kensaku Kawamoto, Member, University of Utah Health
Steven Lane, Member, Sutter Health
Leslie Lenert, Member, Medical University of South Carolina
Clement McDonald, Member, National Library of Medicine
Brett Oliver, Member, Baptist Health
Steve Ready, Member, Norton Healthcare
Mark Roche, Member, Centers for Medicare and Medicaid Services (CMS)

ONC STAFF

Johnny Bender, ONC SME
Stacey Perchem, ONC U.S. Core Data for Interoperability Task Force Lead
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Adam Wong, ONC U.S. Core Data for Interoperability Task Force Backup/Support

Opening Remarks

Terry O'Malley thanked those in attendance and noted that the final draft of the transmittal letter is due May 8. He reviewed the agenda, noted the very tight timeline the task force is up against and mentioned

that today the task force would first discuss the items without consensus from the HITAC meeting on April 25.

Review Recommendations to HITAC

- **Terry O'Malley** began the discussion by noting that many people raised an issue regarding the language in the transmittal letter; specifically, Terry asked the task force members if they preferred the language *'recommend' that ONC does XYZ* versus ask *ONC to 'consider' XYZ*. He noted that 'recommend' was the preferred choice by several committee members.
    - **Sasha TerMaat** sought clarification on whether it was intended to be used universally throughout the transmittal letter or in unique instances.
    - **Terry O'Malley** answered that it was likely intended to be used universally.
    - **Tina Esposito** referred to the 'Quality Measure' recommendation within the letter and suggested that there are times when the solution isn't fully clarified and suggested the term 'consider' be used.
    - **Terry O'Malley** agreed and suggested that by default 'recommend' will be used. He then suggested that if any task force member feels a particular area within the letter more appropriately warrants the term 'consideration,' then they should bring this up, and the task force will discuss. Other members in attendance agreed to this approach.

Terry O'Malley then transitioned to discuss ways to adjudicate the language where consensus was not reached.

Transmittal Letter Recommendations Language Discussion and Adjudication

- **Sasha TerMaat** sought to clarify that the recommendations are for inclusion into USCDI and don't have a data capture implication, but rather are simply seeking to answer the question of what a USCDI certified software system should be able to support.
    - **Terry O'Malley** answered that her understanding was correct. He elaborated that there are no solutions suggested. The task force is asserting only that USCDI should contain a given set of data elements, but ONC can determine whether they want to add a given element or clarification with the goal of making it part of the certification process within two years.

Discussion of Recommendation 1a: Include current and previous addresses

- **Tina Esposito** noted that the task force should consider this notion of referential matching where someone might be looking at a number of data elements in the history to help align and put together a single identifier / single patient and ensure that all that information is pulled together. She went on to note that it has been cited that the ability to see all of the addresses and all the historical demographic data of someone would support this effort. She mentioned that the challenge is, for example, individuals are not always sure how old a given piece of demographic data is. Finally, Tina suggested this should contain more than just the current address to better enable referential matching.

- **Sasha TerMaat** suggested making the data element more generic and label it as multiple addresses. She provided an example where someone has multiple addresses on file (such as a vacation home), and it would be beneficial to use all available data to improve matching. She went on to mention that the task force should suggest that USCDI imply support for multiple addresses for one patient and not be prescriptive.
- **Adjudicated text:** Accept both address and previous addresses

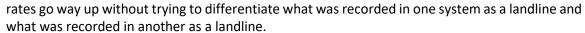## Discussion of Recommendation 1b: Adopt a standardized format and content for address

- **Terry O'Malley** shared that he felt that the recommendation should be left to the discretion of ONC to choose the format they think is best.
- **Sasha TerMaat** felt that the phrasing suggests that adopting a standardized format implies that it would be adopted in certification. However, the current address format is the United States Postal Service (USPS) version and is not something that can be tested in certification. She noted that it is simply a way of formatting things in the fields that anyone would have for address (for instance address row one, address row two, city, state, zip). She went on to mention that testing in certification can be encouraged but not mandated and it is actually a data capture or data normalization step. She suggested the phrasing for this recommendation be stated as "ONC should encourage the use of the USPS address format because it is recognized that standardized format dramatically improves matching." She also suggested that if the industry really intended to improve the standardization of address format, healthcare systems should connect up to an address verification API. Sasha then suggested the way to make this happen is to ensure that there is an address verification web service available at a cost that makes it practical for widespread adoption across the industry.
- **Adjudicated text:** ONC should encourage the use of USPS format, because we recognize as a committee that standardized address formats improve interoperability.

Discussion of Recommendation 1c: Include a designation for individuals experiencing homelessness, including displaced persons and refugees.

- **Terry O'Malley** noted that the committee comments fell into two buckets: the first focused on whether this belonged in demographics at all. The second focused on if this should be in a later version. Terry felt that the consensus was that it shouldn't be in demographics because it is not a concept that fits neatly in demographics. He felt that the task force should make the recommendation that this be postponed for a later version. Terry then proposed taking homelessness and moving it to miscellaneous and encourage ONC to consider it for a later version. There was a broad agreement from the members in attendance.
- **Adjudication:** Move to miscellaneous and make it a future version.

Discussion of Recommendation 2a: Include designation for both mobile phone and landline.

- **Terry O'Malley** noted that the general consensus from the HITAC was that both mobile and landline should be included. There was however some question as to if one should be made primary and the other secondary or just collect all the telephone numbers possible.
- **Sasha TerMaat** shared her sense that when recording data, the distinction between a landline and mobile number is not very valuable. In her experience, she has found that when matching using phone numbers, by simply cross matching against all available phone numbers the match

rates go way up without trying to differentiate what was recorded in one system as a landline and what was recorded in another as a landline.

- **Tina Esposito** agreed with Sasha's comment above and noted that mobile numbers are more effective from a matching perspective as they tend to change a lot less frequently than landline numbers.
- **Adjudicated text:** Software should support multiple phone numbers.

Discussion of Recommendation 2b: Include a designation indicating whether the number is that of the patient or of another party.

- **Terry O'Malley** noted that the focus of the discussion was an attempt to establish privacy for adolescents.
- **Sasha TerMaat** noted that there are other circumstances that might discourage privacy, such as spouses who share a number and wondered whether a designation indicating 'private' versus 'shared' might be more effective. There was broad agreement that this sentiment captured their recommendation.
- **Adjudicated text:** Software should support the designation of "Private" and "Shared" for phone numbers.

Discussion of Recommendation 3: Add as Data Element(s), Destination(s) for electronic communications.
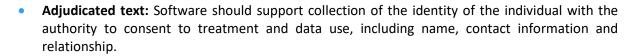
- **Sasha TerMaat** noted that within the HITAC feedback there were a variety of examples given for destinations such as a web address for a personal health record (PHR), a Direct address, an email address, and the challenging part of incorporating this into an electronic health record (EHR) perspective is that each of those examples are very different. She noted that each of those example addresses needs to be distinguished as they are not interchangeable. She also mentioned that the use of web addresses for a PHR or a Direct address is very low. Finally, Sasha recommended email address be the focus as the primary value, and that should be the focus of their recommendation to add to USCDI version 1.
- **Tina Esposito** agreed and noted that the examples might be put forth as considerations for future versions.
- **Adjudicated text:** Software should support the collection of email addresses, and ONC should consider requiring the collection of additional addresses in future versions.

Discussion of Recommendation 4: Add as Data Element(s), Designations for preferred method(s) and destination(s) of communication.

- **Terry O'Malley** suggested that with the simplification of recommendation 3, recommendation 4 is no longer needed. All members agreed.
- **Adjudication:** Recommendation 4 was dropped.

Discussion of Recommendation 5: Add as Data Element, Designation the Individual(s) with authority to consent to treatment and data use.

- **Terry O'Malley** noted that the HITAC discussion focused on what is already in the standard. He noted that what is really being sought is how to get in contact with an individual.
- **Sasha TerMaat** agreed and mentioned that contact information as well as the relationship.

- **Adjudicated text:** Software should support collection of the identity of the individual with the authority to consent to treatment and data use, including name, contact information and relationship.

Discussion of Recommendation 6: Add as Data Element, A designation for the last four digits of the Social Security Number.

- **Tina Esposito** noted that although it assists with matching, using any part of an individual's social security number causes a significant amount of concern.
- **Sasha TerMaat** noted that she recognized that the last four digits of social security number are useful for matching, but there needs to be recognition of privacy concerns.
- **Adjudicated text:** ONC should consider requiring systems to support the last four digits of the Social Security Number.

Discussion of Recommendation 7: Add as Data Element(s), Designation for inclusions of optional identifiers including IDs issued by State or Federal governments.

- **Terry O'Malley** noted that this is optional for the patient to provide it, but if they're willing to give it, it should be collected.
- **Sasha TerMaat** asked that if it is recommended that this be in USCDI what does that mean for ONC writing a certification requirement seeking to include optional identifiers like state and federal and government identification? She went on to note that if this task force is going to make a recommendation for USCDI, then the recommendation has to be specific about what identifiers are sought.
- **Tina Esposito** noted that a driver's license or state ID were the numbers that have been most beneficial from the perspective of matching.
- **Adjudicated text: 7A:** Systems should support state license identification numbers for the purposes of patient matching. 7B: ONC should consider supporting passport identification numbers for the purposes of patient matching.

Discussion of Recommendation 8: Add as Data Element, A designation for self-reported gender identity.

- **Sasha TerMaat** suggested there is a fairly robust set of recommendations on how to collect gender identity and organ inventory and it is quite a complicated set of rules knowing when these fields should be used within an electronic health record. She went on to state that she thinks it's probably beyond the scope of the work the task force is undertaking. Further, she stated that it's reasonable to use standards to collect gender identity, though maybe it isn't appropriate to do so in demographics.
- **Tina Esposito** referenced individuals on the HITAC who did not think it belonged in the demographic section and asked where they recommended this be placed.
- **Terry O'Malley** answered that they felt Miscellaneous was the most likely option.
- **Adjudicated text:** Systems should support the collection of a designation for self-reported gender identity.

Discussion of Recommendation 10a: Use Author only when the identity of the Author is unambiguous.

- **Terry O'Malley** noted that it is ONC's role to determine what unambiguous means as they'll have to put limits around it.
- **Sasha TerMaat** asked if certain data classes where the author would always be ambiguous is it a case by case basis where sometimes an author is ambiguous, and other times it's straightforward.
- **Terry O'Malley** agreed with Sasha's point and suggested it probably has to be by data class.
- **Sasha TerMaat** followed up by stating she would support it being more prescriptive and that ONC should identify that in the cases of notes and medication it is both important from a clinical perspective and more feasible to identify an unambiguous person or persons as an author. She continued that in other data classes the task force is proposing to simply use an organization.
- **Adjudicated text:** ONC should identify certain data classes where knowing the author is important, for example, notes and medication prescriptions.

Discussion of Recommendation 10b: Use Author's Organization when the identity of the Author is ambiguous.

- **Terry O'Malley** noted this was largely the opposite of Recommendation 10a and the members converted the 10a text to suit Recommendation 10b.
- **Adjudicated text:** For data classes other than notes and medication prescriptions, use Author Organization.

Discussion of Recommendation 11: Accept Author's Time Stamp as a proposed data element.

- **Tina Esposito** suggested punting 11, 11a, 11b, 11c to a definition guide because the use cases are too variable.
- **Sasha TerMaat** shared Tina's concern and shared an example illustrating how complicated she sees this becoming. Sasha's example was a patient date of birth. She asked what the time stamp for this data element should be – the date it occurred; when it was entered in the system; if it was edited? She also shared the example of vitals taken and again asked what the time stamp for this data element should be; when the measurement occurred? When was it entered into the system?
- **Terry O'Malley** reminded the members that this data element is related to provenance. He went on to clarify that provenance is a local phenomenon. The system that generated this data element is able to identify it and assert its provenance. The way in which they assert its provenance is immaterial.
- **Sasha TerMaat** clarified that timestamp will not be defined and the author's timestamp will be removed. She also stated that they should accept timestamp as a proposed data element with the expectation that each system will have to apply timestamps.
- **Adjudicated text:** Amend Author's Time Stamp to "Time Stamp," which should be implemented locally.

Recommendation 11a: Use Author's Time Stamp when the identity of the Author is unambiguous.

- **Adjudication:** Dropped

Recommendation 11b: Use Author's Organization's Time Stamp when the identity of the Author is ambiguous.

- **Adjudication:** Dropped

Recommendation 11c: Establish a consistent definition for time stamp.

- **Adjudication:** Dropped

Discussion of Recommendation 12: Add as Data Element, A unique Organization identity.

- **Terry O'Malley** noted that if it's the case that knowing the organization is important to establishing provenance, then a unique organization identity is needed. He also asked if there was an existing taxonomy that can be used. Further, he asked if this extends to non-medical providers of support services.
- **Sasha TerMaat** asked if this might be a health level seven object identifier (HL7 OID). She noted that some of the identifiers that were listed as examples (National Provider Identifier (NPI), tax ID) were not practical to match the actions included in the notes.
- **Adjudicated text:** ONC should consider adding a unique organization identity and implement in USCDI version 1 if an adequate candidate is identified.

Discussion of Recommendation 13: Add as Data Element, A unique Patient identity when the Organization is an individual providing patient generate data.

- **Terry O'Malley** noted that U.S. Congress does not allow for money to be spent on a national patient identifier; thus, he suggested merging enterprise patient registries is the only current solution.
- **Sasha TerMaat** asked how that would be useful beyond the local market, and suggested it would be more useful for it to be patient recorded.
- **Adjudicated text:** Software should be capable of indicating when the patient is the data author.

Discussion of Recommendation 14: Accept all proposed Clinical Notes data elements

- **Sasha TerMaat** suggested that imaging narrative is probably duplicative of what is coming in a future version which is the diagnostic imaging reports (forecast for USCDI v3). She continued that if the imaging narrative is put in now, it would have to be taken out in version 3 when the diagnostic imaging report is added as a data class. Sasha offered an alternative, which was to take it out of notes now and add diagnostic imaging reports which she feels would be quite well adopted into version 1.
- **Adjudicated text:** Accept the following clinical notes: … We do not accept laboratory (lab) narrative because it is duplicative, we do not accept pathology narrative, because it is duplicative, and we do not accept diagnostic imaging narrative, but recommend including diagnosis imaging reports as a separate data class.

Discussion of Recommendation 15: Accept Laboratory Narrative as a proposed data element. Restrict the use of this note to special reports and narrative for specific laboratory results. The purpose of this restriction is to discourage sending results data in text fields that might otherwise be sent using discrete result component fields. For example, the results of a

complete blood count should be stored and exchanged as discrete components (e.g., WBC, Hgb, Hct) as opposed to free text "blob" within a Laboratory Report Narrative note.

- **Sasha TerMaat** noted that her colleagues, who were experts in such matters, felt that the lab results data class of USCDI and this proposed notes data class are duplicative. She went on to state that they felt it was more appropriate to include in the labs' data class narrative when that is the information that is available about the results. Sasha favored not accepting the laboratory narrative as a proposed data element and felt that it more appropriately belonged in the labs' data class.
- **Adjudicated text:** Do not accept Laboratory Narrative note, because it is duplicative with the Laboratory Results data class.

Discussion of Recommendation 16: Add Continuity of Care Document. Commonly used and widely supported.

- **Sasha TerMaat** agree these are well adopted as a Consolidated-Clinical Document Architecture (C-CDA) template but asked if they are really like a note. She then asked it was decided to adopt these with the goal to adopt and support the C-CDA template within the EHR or to use the C-CDA template names to refer to different types of notes. She went on to suggest that if the goal is to propose the adoption of a number of different C-CDA templates, then that merits further consideration. She went on to say that if the goal is simply to adopt additional note types and use that list as an inspiration to what types of standardized notes there are, then the continuity of care document doesn't make sense as a note type.
- **Tina Esposito** asked what C-CDA would provide that wouldn't already be listed as a note or other element.
- **Terry O'Malley** answered that C-CDA templates provide an outline for the content. He noted this represents his objection to these notes not being included, as the current system workflows don't adequately provide the information needed.
- **Adjudication:** none at this time

Discussion of Recommendation 17: Add Operative Note. Commonly used and widely supported.
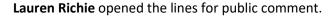
- **Sasha TerMaat** asked if every product has to support all of USCDI, including receipt and generation. She went on to note that the level of detail was not considered for each of these recommendations.
- **Adjudication:** none at this time

Discussion of Recommendation 18: Add Transfer Summary Note. Neither commonly used nor widely supported, this note type is better configured for transfers of care than the more widely used Discharge Summary. The Transfer Summary provides specific information needed for the continued safe and effective immediate treatment of the patient. In contrast, the Discharge Summary memorializes the hospitalization.

- Some note types are particularly important for non-medical providers, like this one.
- **Adjudication:** none at this time

align="right"segment**Lauren Richie** opened the lines for public comment.

Public Comment

There was no public comment.

Comments in the Public Chat

Sheryl Turney: I will be joining voice call late
Terrence O'Malley: Thanks, Sheryl
Sheryl Turney: I just joined
Lauren Richie: ok
Sheryl Turney: thank you Terry & Sasha very helpful today

Next Steps and Adjourn

Terry O'Malley thanked the members of the task force and committed to continuing to edit the document for clarity.

Lauren Richie adjourned the meeting at 4:00 p.m. ET

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