



## Meeting Notes

### Health Information Technology Advisory Committee

#### U.S. Core Data for Interoperability Task Force

May 10, 2019, 2:30 p.m. – 4:00 p.m. ET

Virtual

The May 10, 2019, meeting of the U.S. Core Data for Interoperability Task Force (USCDI TF) 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

**Christina Caraballo, Co-Chair**, Audacious Inquiry  
**Terrence O'Malley, Co-Chair**, Massachusetts General Hospital  
Valerie Grey, Member, New York eHealth Collaborative  
Kensaku Kawamoto, Member, University of Utah Health  
Steven Lane, Member, Sutter Health  
Clement McDonald, Member, National Library of Medicine  
Brett Oliver, Member, Baptist Health  
Sheryl Turney, Member, Anthem

### MEMBERS NOT IN ATTENDANCE

Tina Esposito, Member, Advocate Aurora Health  
Leslie Lenert, Member, Medical University of South Carolina  
Steve Ready, Member, Norton Healthcare  
Mark Roche, Member, Centers for Medicare and Medicaid Services (CMS)  
Sasha TerMaat, Member, Epic

### 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  
Albert Taylor, ONC U.S. Core Data for Interoperability Task Force Lead  
Adam Wong, ONC U.S. Core Data for Interoperability Task Force Backup/Support

Lauren Richie turned the meeting over to Terry O'Malley, co-chair.

### Opening Remarks



**Terry O'Malley** thanked the task force members for all their hard work to get to this point with the recommendations. Terry O'Malley suggested reviewing the transmittal letter rather than reviewing the slides. He reviewed each of the recommendations with the task force to ensure that all members were in agreement with the final changes made. Items with discussion or updates are detailed below.

## RECOMMENDATION 1B

**Clem McDonald** expressed concern with referencing the U.S. Postal Service (USPS) and suggested taking it out as it doesn't apply to electronic content.

- **Al Taylor** noted that what is being referenced is how the USPS pulls street address. This is not licensed for use outside of shipping.
- **Clem McDonald** asked that the computer systems that receive it convert to standard address, rather than what is currently written.
- **Terry O'Malley** suggested that this might be going deeper than what was intended. The intent was to find a standard way of entering address because when it is not entered in a standardized fashion patient matching suffers.
- The task force decided to amend the language for 1B to "ONC request access for healthcare organizations to use the USPS system to generate consistent addresses."
  - The USCDI TF approved this change by voice vote. No members opposed. None abstained.

## RECOMMENDATION 2

- **Steven Lane** suggested adding whether the patient chooses to use their phone line for a private message.
- **Sheryl Turney** suggested removing landline and replacing with something else because many use a web-based phone number such as a Google phone number.
- **Terry O'Malley** suggested identifying the numbers and then ask which number should be used for a private message if any.
- **Christina Caraballo** noted that Sasha TerMaat mentioned that distinguishing between phone numbers can be complicated. She suggested using "support multiple phone numbers" instead of specifying the types.
- **Christina Caraballo** suggested the following revisions:
  - Accept Phone Number for USCDI v1 Patient Demographics as proposed by ONC with the following additional recommendations:
    - a. Include designations for both mobile and landlines. Software should support multiple phone numbers. Specifically identify mobile number.
    - b. Include a designation indicating whether each phone number is only associated with the patient or of another party. Software should support the designation of "Private" and "Shared" for phone numbers. This differentiation is important to support efforts to protect adolescent confidentiality, but applies as well for any patient who has a number used by a parent, spouse or guardian.

## RECOMMENDATION 30

- **Steven Lane** suggested there be a place to enter whether the individual is homeless. Something needs to be entered in the discrete address fields for individuals without a fixed address.
- **Christina Caraballo** refined the language as follows:



- Include a designation and address entry standards for individuals without a current fixed address (e.g. those experiencing homelessness, displaced persons and refugees). This designation identifies a population at high risk for adverse health outcomes and addresses persons displaced by natural and other disasters who pose data matching challenges. Additionally, include null address separately.

**Lauren Richie** opened the lines for public comment.

## Public Comment

There was no public comment.

## Comments in the Public Chat

**John Bender:** <https://www.usps.com/business/web-tools-apis/address-information-api.htm>

**Tom Bronken:** Doesn't the bill go out through the mail?

**Tom Bronken:** Are operative notes included within procedure notes?

**Tom Bronken:** Continuity of Care Documents often don't have an author because they are created by the system.

**Christina Caraballo:** Recommendation 30: Include a designation and address entry standards for individuals without a current fixed address (e.g. those experiencing homelessness, displaced persons and refugees). This designation identifies a population at high risk for adverse health outcomes and addresses persons displaced by natural and other disasters who pose data matching challenges. Additionally, include null address separately.

**Christina Caraballo:** Recommendation 2. Accept Phone Number for USCDI v1 Patient Demographics as proposed by ONC with the following additional recommendations:

- c. Include designations for both mobile and landlines. Software should support multiple phone numbers. Specifically identify mobile number.
- d. Include a designation indicating whether each phone number is only associated with the patient or of another party. Software should support the designation of "Private" and "Shared" for phone numbers. This differentiation is important to support efforts to protect adolescent confidentiality, but applies as well for any patient who has a number used by a parent, spouse or guardian.

**Tom Bronken:** Speaking of primary care, is there a clinical note that will represent an office visit?

## Next Steps and Adjourn

**Terry O'Malley** noted that Steve Posnack will be presenting at the next meeting to review Phase 2 for the USCDI TF.

# Health Information Technology Advisory Committee

Office of the National Coordinator for Health Information Technology



**Lauren Richie** adjourned the meeting at 3:44 p.m. ET