



U.S. Core Data for Interoperability Task Force

Transcript
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Virtual Meeting

Speakers

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Leslie Lenert	Medical University of South Carolina	Member
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Operator

Thank you. All lines are now bridged.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

Hello, everyone. Happy Friday. Welcome to the USCDI Task Force call. Of the members on the call today, we have Christina Caraballo, Terry O’Malley, Steven Lane, and Leslie Lenert. Are there any other members that are on the phone? Okay. Hearing none, we’ll circle back and check later. I’ll turn it over to Terry to get us started today.

Terrence O’Malley – Massachusetts General Hospital – Co-Chair

Okay, great. Thank you, and welcome. Happy Friday, everyone. Dr. Lane is going to be leaving in an hour, so let’s see if we can get all our work done by then and we’ll all leave in an hour. The deck that was sent out is divided into sections. The first three or four slides are really just a review of what ONC has sent out for our charge, the promotion model guidelines that ONC had, and finally, the diagram of the model. Can we go through those slides really quickly, Lauren, and stop at slide 7, which is the charge? Okay, just keep going.

And then, we have some guidelines, which we will read. So, with slide 7, unless someone has a better idea, I think our job is to take all the work that we did in 2018 and see how much of it we can repurpose for 2019. I’ve laid out the six stages that we came up with in 2018. “Widespread use” was a new one, but it had no real place because once you get to USCDI, you’re expected to have widespread use. And then, we had also had two early stages – stages 1 and 2. One was “proposed,” and the other was “in preparation.” To a large extent, our current vocabulary – the newly proposed data elements or data classes come in as comments, which means they’re submitted, which means the same as “proposed,” and once reviewed by ONC, the comments become proposed data elements or data classes. And then, we have three levels – 1, 2, and USCDI. So, to a large extent, what we did in 2018 applies pretty directly, without a lot of shuffling, to the model that ONC has been proposing.

Steven Lane – Sutter Health – Member

So, Terry, I’m looking simultaneously at the promotion model slide and putting them side by side on two screens, which is helpful, and it goes from “comments” to “level 1,” then “level 2” and “USCDI.” They don’t have “proposed” in the promotion model.

Terrence O’Malley – Massachusetts General Hospital – Co-Chair

We’re going to propose it.

Steven Lane – Sutter Health – Member

We’re going to propose “proposed”?

Terrence O’Malley – Massachusetts General Hospital – Co-Chair

Yes, we’re going to make that distinction. There’s going to be a line –

Steven Lane – Sutter Health – Member

Because level 1 in the promotion model says “classified by ONC.” So, you’re saying that we should define a state which is reviewed, but not yet classified?

Terrence O’Malley – Massachusetts General Hospital – Co-Chair

Actually, comments come in unreviewed, obviously, and unclassified. ONC then reviews them and puts them in one of three buckets. They either go right to level 2 – no one goes to USCDI – or they go to level 1, or they don’t meet the criteria for either of those two levels, and they live in another place, which we’re calling “proposed.”

Steven Lane – Sutter Health – Member

Okay. So, we’re just defining a limbo state for things that have been submitted and reviewed, but not yet classified. That’s fair.

Terrence O’Malley – Massachusetts General Hospital – Co-Chair

Right, not yet having made it to a level.

Steven Lane – Sutter Health – Member

And, did this come out of a discussion you guys had with Steve or others? I’m just trying to remember it from our prior discussions. What was the motivation for creating this level?

Terrence O’Malley – Massachusetts General Hospital – Co-Chair

I think it came out of one of our discussions. We haven’t talked to Steve about it as far as I recall. It just came out because there didn’t seem to be places where we could park – we wanted to make a distinction between comments that had been reviewed and those that hadn’t. So, if they hadn’t been, they were comments, and if they’d been reviewed, the worst they’d be would be “proposed” if they didn’t make it to the other levels.

Steven Lane – Sutter Health – Member

Well, this certainly seems like a good mapping from where we were, and it probably adds something to what the proposal was.

Terrence O’Malley – Massachusetts General Hospital – Co-Chair

I think one of the items – we’re not going to talk about it today, but we will at some point – is how you get out of “proposed.” So, you come in, you’re reviewed, ONC says, “You can’t quite make it to level 1,” and then what happens to you as a data element in the “proposed” group? How does the coalition that’s willing to move you forward get assembled? It’s not clear to me how that happens, so we should spend some time talking about that at some point.

Steven Lane – Sutter Health – Member

I would imagine it’s going to look different depending on the data class or element, just because of the constituency in the community, and there will probably be – someday, we might write books when we’re old and feeble about what happened, but it’s hard for me to predict what’s going to happen.

Terrence O’Malley – Massachusetts General Hospital – Co-Chair

No, I'm not sure. Anyway, thank you, Steven. Let's go ahead to the next slide, please, Lauren. I mocked up a template for us to consider each of these transitions – from comment to proposed, proposed to level 1, level 1 to level 2, and level 2 to USCDI. This is what we did last year. Why do we need this level? How do you get there? What do you do when you're there? How do you get out? I added collateral issues. The issue of how the coalition assembles would be a collateral issue for going from proposed to level 1 is an example.

So, the question for the task force is what changes we need to make in the discussions we already had during 2018 that we might apply in 2019, and the way each section is set up – so, Lauren, could you go ahead one more slide? What I did here was divide things into a group of slides for comment, proposed, levels 1 and 2, and USCDI. In each of these sections, we have what we said in 2018, what the issues were, and then an outline of any questions we had. Lauren, could you go ahead again?

The way this looks – here's what we said in 2018 about what we're now calling the "proposed" level. I'll let you all read this. I guess I have a couple questions for the group. Is this approach reasonable? Should we think about a different approach? That's the first question. And, are there any comments in general before we start diving into this?

Steven Lane – Sutter Health – Member

My only comment, Terry, would be that I think we could streamline our process. Since, as we've said, there's a pretty tight crosswalk between our 2018 stages and proposed 2019 stages – and, the way you laid this all out is great, but it's on a bunch of different slides. I'd almost like to see a table or a Google doc where we can stack up the 2018 stuff and then map it over 2019 and see what needs to change. I imagine there will be a little bit of tweaking, but rather than spend an hour walking through this and recreating it from scratch, why don't we just assume that the 2018 characteristics and dimensions are going to map to the 2019, and then just see where we need to tweak it to make it fit?

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

That makes sense.

Christina Caraballo – Audacious Inquiry – Co-Chair

That's kind of what we're doing now, right, Terry?

Steven Lane – Sutter Health – Member

Except that we're going to a blank page on slide 13. It's like we're starting over.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Yeah, and this was actually meant to be used in the future as homework, so you can go through and make your own comments as you go. But, I agree with you, Steven. I think what you described makes a lot of sense. Adam, didn't you start a Google doc with exactly that – last year's stuff and this year's stuff?

Adam Wong – Office of the National Coordinator for Health Information Technology – Back up/Support

I don't think I had.

Christina Caraballo – Audacious Inquiry – Co-Chair

Last year's stuff is dumped at the bottom of the Google doc, but we haven't done the mapping yet in an Excel.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

So, maybe per Steven's suggestion, that might be the next piece of work to do.

Steven Lane – Sutter Health – Member

I'm just thinking that we just want to be time-efficient, so again, since I've got two screens up, which is really nice, I can look at the ones you're showing – '18 proposed – and I can look at slide 13 simultaneously, which is the 19 questions for the comment level, and since we typically don't edit on the fly in these Connect meetings... So, "purpose" is stage 1, and '18 was "identify data class and objects, evaluate any stakeholder," and in 2019, you've got "purpose of the level." Again, it will just map right over, right? "Identify" might not be the perfect verb – "collect," "receive..."

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Lauren, can you go to the next slide?

Steven Lane – Sutter Health – Member

And then, the part about how to get in looks the same, and what happens... In "what happens," you talk about the aggregation and the estimated value. It seems to me that for the comment level, this is simply just the receiving doc. This is just submitted. Nobody has done any aggregation, estimation, or anything, so it seems like part of what we had in '18 proposed probably belongs in '19 – oh, no. Part of what we had in '18 proposed goes into '19 comment, and part of it goes into '19 proposed, right?

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Yes.

Steven Lane – Sutter Health – Member

That's kind of what we're doing.

Christina Caraballo – Audacious Inquiry – Co-Chair

Just as a reminder, we did get feedback from ONC on our last recommendations, and the number of stages that we had in there was less streamlined that we wanted, so it was more complex. I think that with what we've now got – the comment, proposed, level 1, level 2, USCDI – "comment" and "proposed" are not as complex as stages 1 and 2. They were just a way for more visibility of the data elements to be identified as where they are and whether they have or haven't been reviewed. But, I think that we should remember that ONC didn't want that many stages, so how do we still continue to streamline it, but meet our goal of the transparency of where the data elements are?

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

That's a good point. And really, the thing that gets you from "comment" to "proposed" is that ONC reads it and thinks about where they want to put you. That's it.

Christina Caraballo – Audacious Inquiry – Co-Chair

Yeah, and it's really that simple.

Steven Lane – Sutter Health – Member

But yet, it hasn't decided yet. So, as you were getting at, it's the aggregation by use and value, it's the estimated value and priority, but before the assignment.

Christina Caraballo – Audacious Inquiry – Co-Chair

All I see – in my point of view, going from "comment" to "proposed" simply means we've reviewed it. There's not a lot else to do in those two. But, as Terry was saying, how do you get out of proposed and what are the steps? That might not even – well, we can discuss that, but "comment" to "proposed" is a simple classification that ONC is letting someone know it's been reviewed.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

For a stylistic point, we don't have to make it a separate stage. We can just say as part of comments, once you're reviewed, you're a proposed comment, or something like that. So, we can drop a level. Could we go to the next slide? Last year, we spent a lot of time thinking about what the mechanism might be – who's going to be the steward for the data element and who's going to take responsibility for moving it through the process? I'd appreciate people's thoughts, but it sounds like ONC is stepping up to take over some stewardship functions, but I may be imagining that.

Al Taylor – Office of the National Coordinator for Health Information Technology – Staff Lead

Do you mean stewardship – can you clarify what you mean by that? This is Al.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

It means taking responsibility for, in a sense, getting the data element moving, the first step being to review it and put it in a level.

Al Taylor – Office of the National Coordinator for Health Information Technology – Staff Lead

I think that we specified that somewhere, that we would be doing the review and assignment.

Adam Wong – Office of the National Coordinator for Health Information Technology – Back up/Support

This is Adam. ONC is assuming that we will be the evaluation body, but leave it up to the data element submitter to take the lead in the data element's development.

Christina Caraballo – Audacious Inquiry – Co-Chair

And, one of the recommendations that we brought to HITAC yesterday was that we think ONC should play more of a role and not just classify the data elements, but help them progress as necessary.

Steven Lane – Sutter Health – Member

Kind of like having an assigned public steward.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Maybe this would be a good place for that discussion. Leslie, please chime in, since you're going to be leaving soon. The issue that Christina just raised –

Leslie Lenert – Medical University of South Carolina – Member

Sorry, I will [audio cuts out] [00:17:58] you guys aren't [audio cuts out].

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Oops. You're breaking up a little bit. Are you speaking now? Because you're back on mute if you are.

Leslie Lenert – Medical University of South Carolina – Member

I said that you guys are doing well. I haven't had any comments. I am here, though.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Okay. Well, chime in whenever. So, the issue we raised yesterday at the HITAC was the question of if you're not already leveled – well, let me back up. If you make it to levels 1 or 2 after ONC review, you've really already had a substantial body of work done. You've gone to connect-a-thon, so the standards are in place and the data elements have been specified. It's really in a very different spot than being a proposed data element that hasn't gone through the standards process. It may not have coalesced a group of like-minded entities that want to see it advance. It's the work of moving it out of "proposed." Where does the energy come from to do that? The concern we raised yesterday is if we rely only on the market to do that, the market is going to advance a bunch of things that are valuable to it, but it's not going to advance all of them. It may have value to the system or to the nation, but may not have a whole lot of value to the market.

Steven Lane – Sutter Health – Member

Terry and Christina, we're a bunch of folks who fight for the underdog, and that's not in vogue these days. Frankly, if we just stood this up and it was primarily market-driven, that would work fine for a few years, and one could come back and add in some of the advocacy and affirmative action that we've discussed at a later date when and if the true need for that is identified. I worry that we may be – we've all expressed this desire to make this an equal opportunity, but it's still hard even to come up with examples. We've talked about public health and social determinants, but truly, there are advocacy groups for all those domains, and maybe we just don't need to spend quite so much energy on this now as much as we need to get through this, get it up and running, and see over the course of a few years if this need actually arises.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Well said. Christina, Leslie, what do you think of that approach?

Christina Caraballo – Audacious Inquiry – Co-Chair

We should follow our own style instead of the vogue. I think we need to put a process in place that is going to help that underdog. I would have to disagree with you, Steven. You caught me off guard a

little bit. I think it's important to stand it up, but...I have to think through this. Terry, you agreed. Why did you agree?

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

With Steven? I think it's really more of a strategic approach. In reality, for the next umpteen years, given how small the pipeline is to get to USCDI – and, that's another concern – there are going to be plenty of data elements nestling into this process, and they'll take all of the seats. So, I think there's going to be a backlog that needs to be cleared. And so, to Steven's point, which I think makes sense, we'll have a much stronger argument if we demonstrate the need for this – so, we start tracking examples of where data elements that were important to the nation for the quadruple aim languished in “proposed.” Then, we'll have an argument and say, “So, who's going to take this on?” That's why I agreed.

Steven Lane – Sutter Health – Member

It's not that I don't want to fight for the underdog, it's just that we don't really have any candidate underdogs at the moment. It just feels like – I just don't know how much time we need to dedicate to preparing for fighting for underdogs right now. Again, when I think about things that I thought might be underdogs – my date of diagnosis – presumably, if I had the time, I could rally the troops at the CDC and other places to get people behind that. Even an underdog candidate needs to have somebody who's passionate about it and cares about it if it's going to get through the process.

Christina Caraballo – Audacious Inquiry – Co-Chair

That makes sense, and I'm hearing you guys. I think maybe we can revisit, and I think that there are – I agree with the underdog statement, and we've got very little that will go through the USCDI, and we have to streamline that. I think back to the AMA example, that the AMA brought their referrals in, we're looking at it right now as a use case, but they don't necessarily have the bandwidth or the people to usher or be the champion in the health IT world. So, it may not necessarily be an underdog where we're just looking at data elements and trying to get a process together, but when it's identified by these groups outside of your usual suspects and normal players that would normally participate, then ONC or whoever steps in to champion while we're still hashing out to help through the process when they don't have a natural place in their current organization to do that.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Maybe as a compromise, we should stand this up pretty close to what it is now, but put a paragraph in about potential concerns for data elements that are languishing with inadequate support yet have strategic importance, and just say we're going to have to watch for those and react appropriately. Hello, Brett.

Christina Caraballo – Audacious Inquiry – Co-Chair

That seems like a good place to start – awareness.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Okay. Steven, thank you. That saves us a lot of *sturm und drang*. So, let's keep going through the slide deck. Lauren, please go to the next one.

Steven Lane – Sutter Health – Member

I'm also still thinking about wanting to simplify the levels. I frankly don't know – I think we discussed this a little bit – I don't know how much value there is in defining a level that is simply submitted but not reviewed. That just seems logistical more than anything else. I think if we stick with the four levels that Steve proposed in the promotion model, they'll work fine. I never liked the word "comments." I'd almost like to change "comments" to "proposed." And then, I think we could just go with "proposed," level 1, level 2, and then, level 3 will just be USCDI. And then, I think our content from last year would map over pretty directly.

Adam Wong – Office of the National Coordinator for Health Information Technology – Back up/Support

This is Adam. Just as a little tidbit of background information, we are expecting to use the ISA platform for these submission purposes, and the reason that we use the word "comments" is just because when you submit a comment on the ISA platform to a particular standard, that's what it is, so we've retained the same terminology, so there is no larger [inaudible] [00:27:31] behind using that word.

Steven Lane – Sutter Health – Member

I appreciate that, and it sort of feels like commenting on a standard is a little bit different than proposing a data class or element to be added to USCDI. Part of this may just be web design – how you label your buttons and fields on the website – because I think with ISA in general, so many comments make sense, but this really is more of a proposal. I think there might be random comments that people want to make related to USCDI as well, but I would hope that we would have a special button that goes to a special page where people can put in a special submission of a proposed data class or type.

Adam Wong – Office of the National Coordinator for Health Information Technology – Back up/Support

Yeah, please feel free to rename as you see fit.

Steven Lane – Sutter Health – Member

But, it's helpful to know where that word came from because it never made sense to me.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

That is good. I lost my train of thought here. Lauren, can we keep pushing through? It's the same idea for the proposed – so, we're going to drop "proposed" and fold it back under "comments," which we changed to "proposed." We can go through these next three. Very good. Again, what we said last year was we called this group "in preparation." Someone is reviewing them to see whether they make sense, have the potential for standards, and help define what the scope of the data class is. This is actually a fair amount of work, and AI and Adam, I guess the question is what's your vision of how extensive the work that ONC will do on [audio cuts out] [00:29:58] data classes?

AI Taylor – Office of the National Coordinator for Health Information Technology – Staff Lead

Doing what to data classes? You cut out for a half second.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

I said “repackaging.” They’re going to get a lot of comments to review, and part of the review seemed to imply that ONC would be merging some data classes or data elements together, creating larger proofs...

Al Taylor – Office of the National Coordinator for Health Information Technology – Staff Lead

So, just to get hypothetical, you could suggest a new data element within “laboratory,” and we might decide that it actually more appropriately belongs in a data element in some other part of the USCDI. There is some ongoing debate on whether lab narratives and imaging narratives belong in notes or in lab reports, but for an example – we’re not going to get back into that, but the thing about narratives could go in one of several different places. We might say, “Oh, you proposed this to be here, but we think it belongs over here instead.” That will be part of our process, to sort those all out.

Steven Lane – Sutter Health – Member

Terry, it seems that what we want to do is come up with a list of all the things that are going to happen when a proposed data class or element gets reviewed – what are the various steps or components of the review? – just so that’s clear to the public and we make sure that we’ve covered all our bases as to what’s going to be valuable there. And then, it seems like we really need to work on sharpening up and specifying in greater detail what it’s going to take to get into level 1 or level 2.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Right. We’re certainly going to have to do that, and I think it’s a good suggestion that we make it clear just what is going to happen. And, Al and Adam, has ONC put any detailed thought into the process that they’re thinking of using for the levels? There are some characteristics that had to be present...

Al Taylor – Office of the National Coordinator for Health Information Technology – Staff Lead

The short answer is no, we haven’t defined it very well. However, the criteria that are listed for promoting from comment to level 1 – those are points of evaluation that we will have to go through to say, “Does it identify at least one use case? Is that a valid use case? Does it identify at least one content standard that it could support or does support? Does it demonstrate that it’s been tested for exchange? Was it a valid test?” And then, the other things I can just mention – does it seem to belong in the proposed data class? Does the proposed data element make sense? Some of those might be answered in part by the submission process itself. What information is provided? What information is provided upon submission that can be validated that will then be presented during the interview – not presented, but will be available at the time of review?

Does that make sense? I know it sounds kind of vague. It was not meant to be black-box. It was meant to be transparent, and the feedback from that evaluation will be made available either directly to the submitter, to the public, or both. I don’t want to make it sound too complicated because we have a few set criteria that are fairly objective that are going to become – that are going to be evaluated in a fairly straightforward, objective way.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

A lot of yes and no stuff, yeah.

Al Taylor – Office of the National Coordinator for Health Information Technology – Staff Lead

Yeah, and like I said, a lot of that yes and no stuff could actually be determined by the submission itself. If you leave a spot blank about pilot testing, it's probably because there hasn't been a pilot test done.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

It reminds me of the NQF process for quality measure submission.

Al Taylor – Office of the National Coordinator for Health Information Technology – Staff Lead

I was just reviewing that on this call, and they have it pretty well set. They even have guidance – almost tool tips – about what needs to go in there and what the quality of information is that needs to go in each field. That's exactly what I was thinking. I was also reviewing what Adam had mentioned about the ISA submission process. It's a pretty simple form. It says, "What do you propose to go into the ISA?" in a similar sort of form to either what the NQF has for quality measures or what ISA has for proposed standards. There aren't too many different ways you can ask a set of questions.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Good. All right. So, one of our jobs will be to take a look at the proposed criteria and make recommendations, which may be "Take them as written." A lot of them are very clear. There doesn't seem to be a lot of gray area in them. But, we're not going to do that today because we have 20 minutes left.

Leslie Lenert – Medical University of South Carolina – Member

This is a general comment, and I don't mean to bother anyone with it, but some of these things can really be decided by the agency as they're going forward. The ONC can make judgments here. Our goal is really to help them, I believe, and just say, "This is important, and you have to do it." Stage 2, or these ideas, are really up to them to implement. It would be nice if we worked it all out, but they're actually very good.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Good point, Les. The whole value of a very clear process is to give as much of a heads up as possible to industry because in many ways, that's going to be the rate-limiting step for who gets the technical specificity required to get into USCDI. In my mind, that's the part that is going to take the longest.

Steven Lane – Sutter Health – Member

What's the rubric?

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Sorry, what was that, Steven?

Steven Lane – Sutter Health – Member

What's the rubric? When your kids are in school, they're given a rubric. "Here's the assignment. You have to check all these boxes, put it in this format, and make sure you've satisfied all these criteria, and when you do, you get an A."

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

So, maybe in the last 15 minutes – let me derail us a little bit and look at this process and system as a whole. I guess the question that I'm asking is if the system is well matched to the volume of data needed. It's very rigorous, but it's a laborious system. Several commenters have said, "There's not enough data in USCDI to meet our needs."

Steven Lane – Sutter Health – Member

Well, I think this becomes particularly relevant now that more and more folks are suggesting that information blocking and other requirements be limited to sharing and making available what's in the USCDI. As Steve mentioned on the call yesterday, that means we really need this process to get up and running and moving fast.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Right. I guess my question is how fast can it move?

Leslie Lenert – Medical University of South Carolina – Member

It can't move too fast because it's a big ship. You have to get EHR vendors, HIEs, and others to comply for it to work. So, trying to turn too fast isn't going to happen.

Steven Lane – Sutter Health – Member

Right, or it could lead to a worse scenario.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

And yet, a lot of people are going to be motivated to make this work because they either want to be senders – they want their data to get out there into the ecosystem – or they want to be receivers. So, a lot of people are going to have a stake in this. They won't have a stake in each new item, but they'll have a stake in making the system work because they'll have a self-interest in some little piece of it. So, if we can be sure to harness those individual pieces of self-interest to drive the engine, that would help.

Leslie Lenert – Medical University of South Carolina – Member

One thing you can do when you're worried about the smaller groups wanting to get their data in there – one thing ONC could do is give a small grant or award to not-for-profits to facilitate the advancement of USCDI elements. That would probably have the policy purpose that we've been looking for so as to not lock somebody out or giving them the ability to apply for resources from ONC specifically to advance that. But, a mini-grant program – it might only be \$20,000.00 or \$50,000.00 – might be what would really drive that.

Al Taylor – Office of the National Coordinator for Health Information Technology – Staff Lead

I like that idea. That gets to the ONC as steward – and, Steven, I think you had it as an advocacy group – to push for data elements that may not be pushed by the market.

Brett Oliver – Baptist Health – Member

So, Les's idea of a grant program to provide resources – we've discussed the idea of assigning a scoutmaster, if you will, to pull together a little troop of interested parties and move them down the trail. But, each of those approaches could help. When you mentioned a grant, it made me think about how sometimes ONC will do competitions that then turn into prizes, and if you use that approach, then that gets a lot of people working together and putting together proposals, and the notion that some of the proposals that come forward will bring ideas into the public eye that may or may not get funded, but that still generate some understanding and dialogue about it, and they could re-propose it during the next round.

Leslie Lenert – Medical University of South Carolina – Member

Yeah, I think that would be good, too. Perhaps you start with a competition, with the prize being the help to move to advance the idea.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Okay. Those are great thoughts. It really does address the concern of some data elements languishing in comments. So, we're probably going to close at 3:30. Let me do a time check with Lauren. Unfortunately, we're not going to be adhering to our 3:45 public comment period.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

No, that's fine, Terry. If this is a good time for a break, we can do public comment now, and in the remaining time, we can [inaudible] [00:44:36].

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

That would be great. Thank you.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

Okay, you already have it. Operator, can we open the line?

Operator

If you would like to make a public comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 if you would like to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing *.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

And, do we have any comments in the queue?

Operator

There are no comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

Okay. We'll leave the comment period open, since we started a little bit early. Terry, I'll let you know if we get any comments in.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

That would be great. So, maybe we'll just summarize next steps that we'll have in place by the next meeting. One will be to get some homework, probably for next week, and part of the process will be to figure out what that homework is. Let me propose that by the middle or end of next week, we will have set up that document that Steven identified as a side-by-side display of the 2019 requirements and the 2018 comments that we made, with the idea that we will highlight the text that can just move over.

Steven Lane – Sutter Health – Member

Terry, I would propose that the co-chairs even take the time to do that – move it over and assign each piece of last year's work into the new structure, so when we get back together, we can just go through, vet it, and maybe polish it a little.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Sure. That makes sense. I guess we'll ask Adam to set it up, and Christina and I will flail away at it for a while. Okay, Christina?

Christina Caraballo – Audacious Inquiry – Co-Chair

That sounds good.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

All right. And then, our work going forward will be to review the comments and to see whether that's as much as we need to say or we need to say more. Then, we can also do a section on the data element advancement out of the comments phase with suggestions about an advocacy role for ONC and a facilitating role through things like competitions or grants. We can lay that out as a proposal for people to look at and comment on.

Steven Lane – Sutter Health – Member

That sounds good.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Anything else? I think that's it.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

I'll do one last check. Operator, are there any comments on the phone?

Operator

There are no comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

All right. I think that's about it for today, unless there's anything else, Terry or Christina.

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

Nothing from me.

Christina Caraballo – Audacious Inquiry – Co-Chair

Nothing from me.

Steven Lane – Sutter Health – Member

I hope everyone has a wonderful summer weekend.

Leslie Lenert – Medical University of South Carolina – Member

Thank you, Steven.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

Thanks. Terry and Christina, are you –

Terrence O'Malley – Massachusetts General Hospital – Co-Chair

We'll join you.

Lauren Richie – Office of the National Coordinator for Health Information Technology– Designated Federal Officer

Okay, thanks. Take care, everyone. Bye-bye.

Christina Caraballo – Audacious Inquiry – Co-Chair

Bye.