



# Health Information Technology Advisory Committee

## U.S. Core Data for Interoperability Task Force 2021 Virtual Meeting

### Meeting Notes | June 22, 2021, 10:00 a.m. – 11:30 a.m. ET

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#### Executive Summary

The focus of the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF 2021) meeting was to receive public health agency recommendations on ONC USCDI priorities and continue work on its Task 3 recommendations. USCDI TF members discussed the points in the presentations and submitted feedback.

There were no public comments submitted by phone, but there was a robust discussion in the chat feature in Adobe Connect.

#### Agenda

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Past Meeting Notes
10:10 a.m.	Public Health Agency Recommendations on ONC USCDI Priorities
10:50 a.m.	Task 3 Recommendations
11:20 a.m.	TF Schedule/Next Meeting
11:25 a.m.	Public Comment
11:30 a.m.	Adjourn

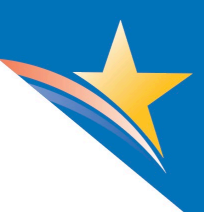
#### Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:30 a.m.

#### Roll Call

##### MEMBERS IN ATTENDANCE

**Steven Lane, Sutter Health, Co-Chair**  
**Leslie Kelly Hall, Engaging Patient Strategy, Co-Chair**  
Ricky Bloomfield, Apple  
Hans Buitendijk, Cerner  
Grace Cordovano, Enlightening Results  
Jim Jirjis, HCA Healthcare  
John Kilbourne, Department of Veterans Health Affairs  
Clem McDonald, National Library of Medicine  
Mark Savage, Savage Consulting  
Sasha TerMaat, Epic  
Andrew Truscott, Accenture  
Sheryl Turney, Anthem, Inc.  
Daniel Vreeman, RTI International  
Denise Webb, Indiana Hemophilia and Thrombosis Center



## **MEMBERS NOT IN ATTENDANCE**

Ken Kawamoto, University of Utah Health  
Les Lenert, Medical University of South Carolina  
Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin  
Brett Oliver, Baptist Health  
Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)  
Abby Sears, OCHIN

## **ONC STAFF**

Mike Berry, Branch Chief, Policy Coordination, Office of the Policy (ONC); Designated Federal Officer  
Al Taylor, Medical Informatics Officers, Office of Technology (ONC)

## **PRESENTERS**

Steve Eichner, Health IT Lead, Texas Department of State Health Services  
Nedra Garrett, Senior Informatics Health Scientist, Center for Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention (CDC)  
Janet Hamilton, Public Health Data Systems Task Force (PHDS TF) Co-Chair  
Carolyn Petersen, PHDS TF Co-Chair

## **General Themes**

### **TOPIC: PUBLIC HEALTH AGENCY RECOMMENDATIONS ON ONC USCDI PRIORITIES**

Steve Eichner and Nedra Garrett presented recommendations on ONC's USCDI priorities on behalf of public health agencies. The co-chairs of the PHDS TF, Carolyn Petersen and Janet Hamilton, also provided commentary and an update on the work of the PHDS TF.

### **TOPIC: TASK 3 RECOMMENDATIONS**

The co-chairs presented an overview of the TF's Task 3 upcoming work and meeting schedules.

## **Key Specific Points of Discussion**

### **TOPIC: USCDI TF 2021 HOUSEKEEPING**

The USCDI TF 2021 co-chairs welcomed members to the meeting, briefly reviewed the agenda, and highlighted the following housekeeping items:

- USCDI TF 2021 meeting materials, past meeting summaries, presentations, audio recordings, and final transcriptions are posted on the website dedicated to the TF located at <https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021>
- The TF will continue to meet weekly on Tuesdays at the same time to discuss Phase 3 of its work, and any breaks in the meeting schedule will be announced.
- Steven welcomed the presenters, Steve Eichner and Nedra Garret, who are experts in public health informatics and interoperability, and discussed work that is underway in the field. The co-chairs of the PHDS TF, Janet Hamilton and Carolyn Petersen, were also in attendance. USCDI TF members will have the opportunity to learn about and decide whether to support public health interoperability data classes/elements for inclusion in the USCDI, though it is not required that they do so.



## TOPIC: PUBLIC HEALTH AGENCY RECOMMENDATIONS ON ONC USCDI PRIORITIES

Steven Lane welcomed the public health presenters, who would be presenting recommendations on ONC's USCDI priorities subject matter experts (SMEs) on behalf of their public health agencies, to the meeting.

Steven also provided background information on the work the PHDS TF is doing parallel to the USCDI TF. The co-chairs of the PHDS TF, Carolyn Petersen, current HITAC member, and Janet Hamilton, Executive Director, Council of State and Territorial Epidemiologists (CSTE), introduced themselves and discussed their backgrounds. Carolyn described the charge of the TF and their recent undertakings and work on draft recommendations, which will be presented to the full HITAC at its July 14, 2021, meeting. Janet described some of the topic areas the PHDS TF has identified. Leslie thanked everyone for the work they have done over the past year as part of COVID-19 relief efforts.

### PRESENTATION: STEVE EICHNER

Steve Eichner, Health IT Lead, Texas Department of State Health Services, introduced himself, discussed his background in the field, and presented on the topic of public health agencies and the USCDI.

Steve discussed definitions of public health, described the types of organizations that often partner with public health, and listed ten essential public health services, which were detailed within [his presentation slide deck](#). He described where data are a focus of public health services and how the data are used to improve public health outcomes. He discussed how national data standards, like the USCDI and interoperability, advance data exchange with public health. In Texas, using federal-level standards reduces costs for providers and public health and administrative time. Also, this supports data reuse, increased frequency of data collection, and facilitates data aggregation and comparison across jurisdictions. He

Steve shared several public health reporting use cases that could leverage the USCDI, which were listed in the presentation deck on slide #7, and discussed ways the USCDI and exchange guides could be improved to benefit public health. He explained some of the problems public health typically encounters, like the need to clarify implementation guides (IGs), and described the example of the very long planning cycle of public health and state government in Texas. He stated that public health is interested in reviewing and developing new/additional data classes and elements for inclusion in the USCDI and is also interested in partnering with other organizations, like HL7, to develop companion guides and IGs that support data exchange, as well as reviewing implementation timelines. Public health is also interested in provided additional guidance on maturity for considered but not included standards and supporting API retrieval of classes and elements that must be supported.

### DISCUSSION:

- Steven Lane commented that Steve Eichner's presentation focuses on the unidirectional flow/push of information from providers to public health and related querying to support the exchange of additional data. He explained that the PHDS TF has begun to consider expanding the ecosystem to support the bidirectional flow of data between public health and other stakeholders and back. He explained that greater direction from public health back to clinical would be helpful when treating communicable and chronic diseases.
- Mark Savage asked if public health needs write access APIs, as well as read access APIs, to meet the current recommendations.
- Andy Truscott suggested that the ideal flows of data are not "bidirectional" but occurring in a "closed loop." He stated that getting feedback from public health is important to inform the treatment of populations, but there is not a synchronous point of directionality.



- Steve discussed the initial standard for immunization data under Meaningful Use, noting that it was originally for submission only, but now that states have upgraded their immunization systems to support bidirectional data exchange, providers can query the system at the state level. As an example, he explained that systems can also provide vaccine forecasts by using clinical decision support (CDS) based on standardized vaccine schedules. To address the foundation that has been built to support future work, he described some other examples of how Texas is using the bidirectional flows of data to address and improve issues and added that Texas also has a history of exchanging data with Medicaid.
- Andy responded that he was trying to draw a distinction between submission and retrieval and clarified that he wanted to understand public health's desired timelines for the implementation of additional capabilities stimulated through the USCDI. Do the timelines need to be compressed?
- Steve responded that public health would love to be as modern as possible, as fast as possible, but explained that there are resource constraints. Each state has its own approach to funding public health (annual, biannual, etc.), so this becomes challenging because public health cannot implement a new program as a response without legislative approval and funding. Legislative planning should work to better address and plan for future public health needs.
- Leslie suggested that public health could help inform biases in existing standards. Also, she asked if the PHDS TF has had any discussions about which data classes are used by or could be used to benefit public health. She stated that public health could pick and choose across classes/elements but asked if they are best served in this way.
  - Steve stated that the PHDS TF has discussed the creation of companion guides for public health (and other) use, and he explained that the vision would be to address a crosswalk of public health needs and data classes/elements used to support them. Reorganizing existing data class structures might better serve public health in some cases but might not be practical, he said, so the TF is considering calling for the creation of companion guides to highlight elements for public health use. These might be useful for integrating social determinants of health (SDOH) data to better serve social services, for example.
- Clem McDonald stated that Steve's idea of using the existing network to connect public health data would be useful in reducing overhead. Also, he suggested that public health query electronic health record (EHR) systems to pull applicable, necessary data instead of burdening physicians with a variety of additional forms across departments.
  - Steve responded that pulling data is challenging for public health because decisions about what is being reported and where the data reside are under the control of the clinical side. For example, if someone is giving out immunizations but has not told public health, public health will not know to pull data or where it is. He raised questions around who has data and discussed the example of non-traditional providers involved in vaccine rollouts for COVID-19; many of these providers did not have a previous connection with public health, so public health was not able to reach out and pull data.

## PRESENTATION: NEDRA GARRETT

Nedra Garrett, Senior Informatics Health Scientist, Center for Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention (CDC), introduced herself, discussed her background in the field, and presented the CDC's work around coordinating its USCDI submissions.

Nedra discussed the process the CDC used to coordinate its responses to identify, vet, and submit high-priority data elements for inclusion in the USCDI. She explained that they have many (over 120) surveillance systems, so it is important that they align their public health data with national standards. She described the coordinated response process the CDC used to identify and vet clinical and public health priority data elements across their programs and discussed the CDC's relationships with other stakeholders, including Georgia Technical Research Institute, ONC, and HHS.

Nedra explained that, because of their efforts, the CDC submitted 106 data elements (77 were duplicates), and 18 were included for Version 2 of the USCDI (USCDI v2). A list of CDC data elements published by ONC



in the USCDI v2 submission cycle was detailed within her [presentation slide deck](#). She also described examples of other priority data classes and elements for categorization that the CDC will continue to advocate for inclusion in the USCDI and described work the CDC has done with other partners (National Institute for Occupational Safety & Health (NIOSH), the Gravity Project, and Gravity Accelerator) to define and advance them. She stated that the CDC also sought further clarification on the data class of Device Settings from ONC, though it was not included on the list in the slides.

Nedra concluded by discussing the CDC's recommendations to the USCDI TF, including potential next steps, which were outlined in her presentation slides. She asked for advice on how the CDC could increase the number of submissions that are included in the next version of the USCDI for consideration/adoption. She thanked ONC for the launch of the ONC New Data Element and Class (ONDEC) submission system. She described how the CDC will engage with partners on USCDI submissions and offered to share their large working document, where they organized all of their proposed submissions gathered across the many departments of the CDC.

#### DISCUSSION:

- Steven Lane asked Nedra if the CDC added public comments to their submitter data elements, including the duplicated items.
  - Nedra responded that the CDC provided comments and information on the public health use cases for all their submitted items, including duplicates and items that were merged.
  - Steven thanked the CDC and noted that encouraging the participation, review, and commentary by SMEs in the USCDI process is important. He highlighted the leveling work that was done for the USCDI v2 submission cycle and indicated that there could be a releveling of items that are already in the levels/comment process for USCDI during work on USCDI v3.
  - Al Taylor commented on the possibility of the releveling process, noting that ONC is open to leveling up submissions and has done some releveling. He stated that ONC needs further clarification around the leveling related to the breadth of applicability for data elements, and he explained that many of the CDC's submitted data elements were more granular and were thus lumped into other data elements/classes. Because the USCDI should cover broad use cases, he asked public health to clarify if data elements are unique to specific use cases and indicate to ONC if they should branch out into use cases beyond patient care. If the data elements are the same (used in lab reporting and public health) but are not applicable directly to patient care, ONC would consider expanding use cases for new data elements. He does not have information on the direction ONC is moving in the future, but they are open to hearing from the public and stakeholders representing other use cases.
- Leslie asked Nedra if the CDC uses a prioritization process of data classes as part of its submission work.
  - Nedra stated that they try to be coordinated in their response, though they have had efforts to submit separately. She discussed an example of device settings and delivery routes elements, which were leveled at the comment level, and she described how she has worked with the submitting department to review their justifications. She stated that they would like to have conversations with ONC around priority use cases that are related to COVID-19 relief efforts but have been leveled lower.
- Clem suggested that 120+ surveillance systems lead to too much redundancy and multiplicity for public health. He stated that some of the classes/elements that public health might like to have (work, travel history) are not asked by clinicians, so public health should be aware of the burden of expanding these. He discussed issues around the use of specimen types that arise between the clinical side and public health.
  - Nedra responded that CDC understands the issues connected to having so many systems, including related variabilities in data. She stated that the right stakeholders need to be brought together to determine what is needed and required for the lab specimen item. The CDC would like to work on this further.
  - Clem supported the call to bring more stakeholders together.



- Steven asked if the team at Georgia Tech Research Institute (GTRI), a partner of CDC's, could address Clem's concerns around lab specimen using their machine learning tools and narrow down questions to minimize the burden.
- Nedra stated that the tools help the CDC identify where items are used and how often (or if they are lacking). She will pass the feedback on.
- Hans stated that some of the data Nedra described could be considered electronic health information and would be logical candidates for inclusion in the USCDI; however, in some cases, the data that are of interest to public health are not electronic health information (certain device settings, operational surveillance data, etc.). Has the CDC considered how to include data that do not fall under the USCDI expansion process?
  - Nedra stated that public health receives discrete data and information from questionnaires and is looking at different options for getting data (as part of their data modernization process).
  - Hans discussed differences in data that are in the EHR that are not considered electronic health information.
  - Steven asked AI to clarify if data outside of the EHR could be in areas for potential USCDI expansion. AI responded that the USCDI is core patient data, through this definition could be changed over time. ONC cannot speculate on future changes at this time, though the continued focus on patient data will continue.
  - Steve Eichner discussed SANER's work in Texas and its focus on implementing a proof-of-concept project that focusing on the exchange of situational awareness data. He cautioned the TF and ONC against excluding situational data, even if it is not in the EHR, as it impacts patient care and burdens for providers. He asked them to consider what data is needed, where it should be stored, and the best way for getting it to public health.
  - Hans clarified that, from a USCDI perspective, the focus should not be limited to electronic health information (EHI) and should go beyond to include other data that are important to public health. He explained that he was just trying to understand how EHI fit into the process.
- Carolyn Petersen and Janet Hamilton thanked the presenters and commenters and discussed the PHDS TF's meeting schedules and next steps, leading up to their presentation of recommendations to the HITAC in July.

## TOPIC: PHASE 3 RECOMMENDATIONS

Steven presented the USCDI TF's calendar for work to continue to develop its Phase 3 recommendations and reviewed the TF's upcoming scheduled meetings, which were provided in the presentation deck.

## Action Items

USCDI TF 2021 members were asked to review and refine the TF's recommendations on ONC priorities related to future versions of the USCDI. As homework, TF members were asked to:

- Review TF members' recommendations Google document for Task #3 bullets (USCDI v3 priorities and other considerations) and be prepared to discuss them.
- TF members may make comments on the shared Google recommendations document, but they may not edit or delete any rows.
- Review the editable TF members' recommendations document, filtered in Column B for Task #3, for recommendations that should be "advanced" onto the recommendations Google document.

TF members were encouraged to review meeting materials on the TF website at <https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021>

## Public Comment



Steven welcomed members of the public and encouraged them to submit comments within the chat feature in Adobe and/or to submit a public by phone during the public comment period.

## QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

## QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Welcome to the USCDI Task Force. We will be starting soon.

Leslie Kelly Hall: Excited to hear from the CDC today!

Hans Buitendijk: Just joined.

Ricky Bloomfield: Just joined.

Jim Jirjis: Jim Jirjis

Jim Jirjis: Just joined

Clement McDonald: I am here, Clem

Grace Cordovano, PhD, BCPA: Well said Leslie! Thank you everyone!

Mark Savage: Amen!

Mark Savage: Does public health need write access APIs as well as read access APIs to meet today's recommendations?

Hans Buitendijk: The communication pattern is probably a combination of both push and pull. Push to public health data based on triggers, and pulling additional data when incremental data needs have been identified.

Leslie Kelly Hall: @Hans also to Andy's point a closed loop as an additional component.

Hans Buitendijk: Agreed with Andy. My comment should have been prefixed with @Clem.

Steven Lane: Both PH and providers should have the ability *[sic]* to push data to or pull data from the other exchange partner.

Clement McDonald: could we get the white paper of the data elements obtained by CDC via empirical *[sic]* methods. A great approach

Leslie Kelly Hall: @carolyn or @Janet do you have the white paper mentioned by @clem

Carolyn Petersen: I'm sorry, but *[sic]* I don't have it handy.

Hans Buitendijk: How much data are you identifying that could not be pulled from Electronic Health Information (EHI as defined by 21st Century Cures Act), thus may fall beyond the scope of future USCDI versions?

Leslie Kelly Hall: Yes please we would love the document @nedra

Leslie Kelly Hall: @Hans where data is pulled from PH to EHI that seems to compliment the USCDI process.

Hans Buitendijk: @Leslie: Where the data is EHI, yes.



Leslie Kelly Hall: Yes most of the categories Steven presented are.

Leslie Kelly Hall: Thank you Steven, Nedra, Carolyn and Janet!

## **Resources**

[USCDI TF 2021 Website](#)

[USCDI TF 2021 – June 22, 2021, Meeting Agenda](#)

[USCDI TF 2021 – June 22, 2021, Meeting Slides](#)

[USCDI TF 2021 – June 22, 2021, Webpage](#)

[USCDI TF Meeting Calendar Webpage](#)

## **Adjournment**

Steven thanked everyone for their work at the current meeting. The next meeting of the USCDI TF 2021 will be held between on Tuesday, June 29, 2021.

The meeting was adjourned at 12:01 p.m. E.T.