

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) U.S. CORE DATA FOR INTEROPERABILITY TASK FORCE 2021 MEETING

August 17, 2021, 10:30 a.m. – 12:00 p.m. ET

VIRTUAL



Speakers

Name	Organization	Role
Leslie Kelly Hall	Engaging Patient Strategy	Co-Chair
Steven Lane	Sutter Health	Co-Chair
Ricky Bloomfield	Apple	Member
Hans Buitendijk	Cerner	Member
Grace Cordovano	Enlightening Results	Member
Jim Jirjis	HCA Healthcare	Member
Ken Kawamoto	University of Utah Health	Member
John Kilbourne	Department of Veterans Health Affairs	Member
Leslie Lenert	Medical University of South Carolina	Member
Clement McDonald	National Library of Medicine	Member
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Member
Brett Oliver	Baptist Health	Member
Mark Savage	Savage Consulting	Member
Michelle Schreiber	Centers for Medicare and Medicaid Services	Member
Abby Sears	OCHIN	Member
Sasha TerMaat	Epic	Member
Andrew Truscott	Accenture	Member
Sheryl Turney	Anthem, Inc.	Member
Daniel Vreeman	RTI International	Member
Denise Webb	Indiana Hemophilia and Thrombosis Center	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michelle Murray	Office of the National Coordinator for Health Information Technology	Acting Designated Federal Officer
Al Taylor	Office of the National Coordinator for Health Information Technology	ONC Staff Lead





Matt Rahn	Office of the National Coordinator for Health Information Technology	ONC Staff
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Call to Order/Roll Call (00:00:00)

Operator

All lines are now bridged.

Michelle Murray

Good morning and welcome to this meeting of the USCDI task force. Thank you for joining us today. I'm Michelle Murray at ONC. I'm filling in for Mike Berry as the acting designated center officer today. I'll open the meeting with roll call. When I call your name, please indicate that you are present. I'll start with our co-chairs. Steven Lane.

Steven Lane

Good morning.

Michelle Murray

Leslie Kelly Hall.

Steven Lane

Leslie told us she would not be able to join us.

Michelle Murray

Correct. Double checking. Ricky Bloomfield.

Ricky Bloomfield

Good morning. I'm here.

Michelle Murray

Hans Buitendijk. Grace Cordovano.

Grace Cordovano

Here. Good morning.

Michelle Murray

Jim Jirjis. Ken Kawamoto.

Ken Kawamoto

Good morning. I'll be on the first part.

Michelle Murray





Great. John Kilbourne.

John Kilbourne

Good morning. I'm here.

Michelle Murray

Leslie Lenert. Clem McDonald. Aaron Miri. Brett Oliver. I think we got a note from him that he's got a conflict. Mark Savage.

Mark Savage

Good morning.

Michelle Murray

Michelle Schreiber. Abby Sears. Sasha TerMaat. Andrew Truscott. Sheryl Turney. Daniel Vreeman. Denise Webb.

Daniel Vreeman

Good morning.

Michelle Murray

Is that Daniel?

Daniel Vreeman

Yes, it is. Thanks.

Michelle Murray

Great. Thanks. So, that's it on roll call. And I can turn the meeting over to Steven.

Past Meeting Notes, Task 3 Recommendations, & Draft Task Force Recommendations Report to HITAC (00:01:51)

Steven Lane

Thank you very much. And thank you, again, all of you who are joining us this morning here on the West Coast. It's, actually, smoke free at the moment and a lovely summer day so it's great to be here with all of you. I really appreciate all of you continuing to show up for this task force. Our work is nearly done. In fact, today, we will, hopefully, focus in deeply on our Task 3 recommendations, make some progress on those. We do have another meeting scheduled in two weeks, which we will use as needed to finalize our recommendations before forwarding them to the HITAC. So, we're very excited to be coming to the end of this work. And we really appreciate all of you who have really put a lot of time into contributing to the recommendations. So, we don't have Leslie or AI today so you're stuck with me. We continue to process past meeting notes and post them to the public website where they should be available to you.

We're going to, as I say, focus on our Task 3 recommendations and drafting our report to the HITAC and go on from there. Let's go to the next slide. Very good. So, just as a reminder of where we've been and where we're at, we are focused now on draft recommendations to the HITAC and, subsequently, the ONC





regarding priorities for USCDI Version 3 submission cycle. And, of course, that submission cycle is really in process now. It's open for another about six weeks. So, that cycle is going on its merry way. I know a number of you have taken the opportunity to make submissions and submit comments. And I hope that people take the time to do that continually during the remainder of this time. But I think really what we should be thinking about is recommending priorities for USCDI's efforts to craft the Draft Version 3. So, I guess that's part of the submission cycle but I think that is really our scope, at this point, to put together recommendations around Draft Version 3.

But it ends up that we've spent a lot of time talking about a lot of other things that go well beyond recommendations for Draft Version 3. And as we go through the document that AI crafted and that I have edited, what we will see is many of the recommendations are specific to Version 3 and its drafting. And many of them are much broader, much more related to the ongoing USCDI expansion process really what was our principle focus in our Phase 2 work. But I think that there are some residual recommendations that we've come up with that I think we want to transmit to the HITAC and to the national coordinator. But I do think we need to separate in our minds those recommendations that are specific to Phase 3 and Draft Version 3 and those that are more general. So, we'll be coming to that. Next slide, I think we'll come back to that later. So, let's cut over to the document. So, AI took the work that we had done in the spreadsheet and in the Google Doc of recommendations and he brought those recommendations over into this Google Doc.

Someone who is not a co-chair tell me have you guys received this and had a chance to look at it prior to now or is this your first view of it?

Grace Cordovano

No. I haven't seen it.

Mark Savage

This is Mark. I have seen it.

Steven Lane

Okay. Some variability.

Mark Savage

What I notice is it is not as up to date as the Google Doc version of the recommendations. I know those are two different documents but I saw some things that had been entered into the Google Doc that did not show up here and maybe there is a reason for that.

Steven Lane

Primarily because we hadn't had a chance to discuss them. So, here is my plan. I'd like to go through this. Accel or ONC teams, is there any reason why we couldn't just send the link? I know we shouldn't do it in the Adobe meeting. But could you quickly send the link to this document out to the task force so that they can look at it in a full screen mode if they'd like because I think that's just more convenient than trying to look at it inside the Adobe? Would that be something someone can work on? If so, that's great. We don't need to talk more about it. But let's scroll down in the document. You've seen documents like this before. This is our working draft. If you go down to the top of the next page, it starts with some basic background.





It reviews the charges to the task force and provides some background information on all of you and who is in the task force. The recommendations are, I believe, down at the top of Page 3 or 4. There are some funny page breaks in here.

So, whoever is sharing the screen, could you scroll down to the recommendations? AI did a nice job with this. I went through and made a few edits and we'll get you access so you can see them in detail. So, let's start with the first recommendation. And what we've done here is we've brought over those recommendations from the other Google Doc, the text doc, that we have been working on those that we could make bold with our agreement and brought them over here and started to word them. So, the first one was a comment that, actually, came to us from the folks at the interoperability standards advisory task force. David McCallie made a suggestion that he felt that the requirement for advancement to Level 2 should require exchange between two vendors instead of four vendors. And we discussed that and agreed to it. Does anyone have any concerns about having this in here as our first recommendation? Okay. No concerns. We will move on. And I will just accept some of the changes that I had put in there as we go.

And then, the next one was really Dan. So, Dan, perk up your ears here. This was the recommendation to adopt a clear and extensible structure for USCDI entities, that is to say data classes and elements, to include the clarity of industry definitions and allow the industry to interpret them consistently. AI sort of grabbed that text or something like that from our document. And he said the recommendation needed significant clarification to make it actionable. So, I worked on this yesterday. And this is how I endeavored to clarify it. And what I did was I just worked on cleaning up some of the language here. So, what I put as sub bullets and perhaps, Dan, you can see these here or you can view them. Can you hide the table of contents on the left so that the document itself expands a little bit more? And then, maybe zoom in just a tad bit so we can see it better. Dan, I don't know if you can read this. But I paraphrased and edited slightly some of the language from your document trying to capture that so that it made sense.

So, I said add precision to data class and element definitions and specifications to enable users to understand, implement, send, and refine them for future submissions for new USCDI content. Align the definitions and USCDI entities with the data "shapes" of prevailing exchange specifications and common data modes. Provide a mechanism for defining entities at various levels of specificity. And then, I just said see details in your posted document. You first, Dan, and anyone else is welcome to add, modify, etc. But I think that I was trying to address AI's concerns here.

Daniel Vreeman

Steven, I like this recommendation.

Steven Lane

Well, I bet you do.

Daniel Vreeman

More specifically, I think he did a good job of taking, I think, the high level points and abstracting them into this bullet form. And I feel like that really captures the main gist of it. And so, as an initial blush, I don't have any specific concerns or suggestions. I think it does help bring it to a more directed or actionable level, which I think AI's comment is well taken. On its own, it was tougher maybe to interpret that top level thing. But this expansion and clarification, I think, helps. So, thank you.





Steven Lane

And Clem, your hand is up.

Clem McDonald

Yeah. It's on another thing. But this point, the problem is this is completely abstract. And the general population doesn't get stuff when it's completely abstract or it's 25 different ways. I thought in the original thing, Dan, you had something saying that a class is kind of like a table and elements are like fields in tables in the standards.

Steven Lane

He did. And I couldn't quite figure out how to capture that, Clem.

Clem McDonald

It made it kind of much clearer. And so, I don't have memorized those words. It's given more direction because right now, it's just mushy. Not this but, in general, people don't know what we're talking about most of the time. So, Dan, I don't know if you'd be willing to reassert that or you think this is better.

Daniel Vreeman

I think the longer version is, obviously, spelled out in the linked document. I do think that second bullet that the cursor is kind of under is the top level statement. I guess that is what you were saying, which is thinking about data classes analogous to tables in a CDM or resources in FHIR view and data elements being the field analogous to the fields in those tables or the elements in the resource. For folks who are familiar with either of those two approaches, that helps anchor the thinking about what the heck is a data class versus a data element.

Clem McDonald

That didn't take a ton of room. And I think it does anchor it and it starts to stabilize the otherwise willy nilly thinking that happens.

Steven Lane

So, Dan, would you be willing to try to take a stab at another bullet or sub bullet there to just provide a little more clarity? I share Clem's concern. But in the wee hours, I wasn't able to get it right. So, I'll just leave that for you, okay?

Daniel Vreeman

Got it.

Clem McDonald

But Steve, what I, actually, put my hand up for, you allowed me to propose a set of actual specific clinical data things that weren't labs that should be included in this. And I have it mostly done but I didn't know when it was needed.

Steven Lane

It's coming right up. It's two more down. So, just hold tight. We're almost there, Clem.





Clem McDonald

Well, I haven't sent it yet. That's my problem.

Steven Lane

No, I know. But I know where it's going to go. We've got a spot for it.

Clem McDonald

Okay. Thank you.

Hans Buitendijk

This is Hans. Can I ask a quick question this topic?

Steven Lane

Yes, please.

Hans Buitendijk

I do believe that more clarify is needed and I like the recommendation in that regard. The third sub bullet, providing mechanisms for defining entities with various levels of specificity that would help to be clarified a little bit more as well what the intent is. And I'm not sure whether the details below it are providing sufficient and whether, Dan, as part of the update to the second sub bullet that will be clear but that's not clear what is the intent of what we're trying to achieve.

Daniel Vreeman

Okay. Hans, I can take a stab at that if you'd like, Steven.

Steven Lane

Perfect. Got it. I agree, again, Hans. Thank you for that. I was struggling with this a little bit but I new you guys would get it right. No hands up.

Daniel Vreeman

Sorry. As a two second example, Hans, one would be under problems, we have now problems but then, we also have social determinants of health problems. So, there is a sublevel of specificity that we already have. And this would help to make it clearer that, actually, those are kind of the same thing. They're just a subtype.

Hans Buitendijk

Okay. That helps if that can be clarified. That makes sense. Thank you.

Steven Lane

Going on to what will now be Recommendation 3, again, I reworded this a little bit from what we had before. But I've got the changes in here for you to see them. And thanks for scrolling down a little bit further. So, for data classes, elements included in a published USCDI version, ONC should, where possible, specify applicable, vendor neutral data sets and exemplar technical specifications and implementation guides such as specific prior profiles or CDA templates that ONC deems to meet the USCDI requirement. This





information should be separated from the details submitted by the requestor. So, this is, actually, a little bit of a mash up. Some of this, actually, came from Dan's recommendation. And I moved it down because we had this as a separate recommendation. I think we could, potentially, smash 2 and 3 together. But I think this was a separate discussion that we had. So, I want to see if people feel that this is clear and that it is acceptable as it stands.

Ricky Bloomfield

Can you explain a little bit about what you mean by data sets here?

Steven Lane

I was a little unclear on that one also. Thank you, Ricky. I was tempted to just take it out but I didn't want to do it without all of your permission.

Ricky Bloomfield

I didn't know if this was referring to terminologies or value sets. But data sets isn't a word I've seen here.

Steven Lane

And value sets might be better. Does that warrant inclusion?

Ricky Bloomfield

I think it makes sense but I just wanted to –

Steven Lane

No, no. I really like Dan's word exemplar. I just think that's a beautiful word so I kept that. And I also am not sure whether we need vendor neutral or whether that goes without saying.

Daniel Vreeman

I think it's a good idea to keep in.

Ricky Bloomfield

I would keep it in, yeah.

Daniel Vreeman

I was going to say the vendor neutral was my shorthand rather than always saying FHIR, CDA, V2, NCPDP. It was shorthand. But it also means something.

Clem McDonald

It might be better to say ONC supported transmission standards or something.

Daniel Vreeman

Yeah. That could be fine, too.

Matt Rahn





This is Matt. I just have a quick question. Currently, our different criterion that we have would specify the standard you need. But USCDI is supposed to be a standard agnostic standard. So, can you clarify where you're going with this recommendation?

Steven Lane

Sure. I think this came up in a number of different discussions that you probably weren't privy to. But the idea being that there is a certain degree of clarity. But people feel that for these to be truly actionable and implementable that there needs to be more specification of what standards could be used. I don't believe that the idea here is that these would be absolute requirements. But for a lot of these data elements, we discussed it a lot. We will include this if and only if there is an HL7 implementation guide. But then, it's not, actually, put on the website that the guide refers to this data element or this data class. So, there was a pretty strong feeling on the part of the group that they wanted this greater clarification provided.

Hans Buitendijk

I have a question around that. One suggestion is maybe vendor neutral changed to represented **[inaudible]** **[00:21:31]** but whether it's vendor neutral or we present this is fine. But the question is more about the exemplar. On the one hand, I completely agree that USCDI, without having an understanding of what standard is to be used is going to be challenging to make sure that everybody can be aligned and achieves the level of interoperability that we want. At the same point in time right now, based on the mechanism that is in place, there is the USCDI that is the overall data elements and classes and some vocabulary standards and separately, and it's only done in certification right now, effectively, is where it states these are the standards to be used to express that data. If we're going to put in here exemplars, on the one hand, I really like that idea to say these are the kinds of things to look at. On the other hand, is that going to set an expectation that those are the standards that you must use and how does that then relate to some of the certification and the timeline.

So, I'm trying to figure out what is the right way to reference that because this sounds more like an ISA like reference to in the ISA, which is a library not yet required you shall support it but these are the kinds of things that represent that kind of data from an ISA perspective. And maybe by tying it a little bit more into that can help clarify the role of it given what ISA is doing.

Steven Lane

And I was thinking about that, Hans, saying that this greater detail could, potentially, be posted in the ISA as opposed to on the USCDI site with links between them. We wanted to separate it because we were looking at the site today, which, basically, just lists all of the stuff submitted by the stakeholder sometimes slightly edited by ONC. But we all felt was missing was that greater level of technical depth. But if it were simply a link in USCDI over to the relevant part of the ISA, I think that would be fine.

Hans Buitendijk

Or the other way around, which sounds interesting as well. Instead of saying the ISA, this is the standard, it supports USCDI 1, 2, 3, 4, 5 or whatever so that there is that relationship but it avoids the potential confusion of is it now deemed to be required to be supported already.

Clem McDonald





Could I weigh in on ISA? I recently looked through material that was there two years ago, which was worked on with some of the folks that are on the committee. It's totally gone. There is no hint of where it went. And it's completely different. I think ISA is way too unstable to be used [inaudible] [00:24:30].

Hans Buitendijk

The ISA, I would agree, is a library of potential standards to be considered for use until you get to a program like certification where you get the actual version and the actual requirement.

Clem McDonald

But Hans, with a library, you don't throw the books away after two years. That's what's happened. What we worked on is all gone. It's brand new, start from scratch, no remnant of what was on there before. So, I think it's not stable enough to count on for anything.

Steven Lane

I don't know. Can someone from ONC, Matt perhaps, comment on that?

Matt Rahn

Hans said it in a way that the intention is that what is there on the interoperability standards advisory is what's coming down the pike. It is what we have now and what is future and we kind of have a few maturity level identifiers there, too. But right now, ISA is under a comment period right now. So, Clem, if you feel that way, you can send us comments to me directly.

Clem McDonald

But it's unrecognizable compared to the last one. There was no notice of it. Someone just threw it away and started with something different. I think that's really bad for stability for standards of any kind, even if they're future.

Matt Rahn

So, if you can send me the specific ones you're referring to, we can look into that.

Clem McDonald

Okay. I think I have PDF of what it used to look like.

Matt Rahn

The intention is for the work that is going on right now, the standards that are available right now that are mature and then, future looking ones, what people are working on would be in there.

Clem McDonald

But that's what it had. That's what it had. It was already complete. It had material levels. It was a lot of work done by the earlier HITAC committee and it's just gone.

Steven Lane

Okay. I think we got it. We don't need to belabor the point. Clem, if you can provide an example to Matt and/or through the public comment process on the ISA that would be great. Coming back to the Recommendation 3 that we're working on here, Hans suggested perhaps representative value sets.





Representative clearly means something different. I use the word applicable. I don't think representative and vendor neutral mean the same thing at all.

Clem McDonald

I think applicable is the best one. Just leave out the next phrase.

Steven Lane

I'm tempted to take out vendor neutral if no one objects.

Mark Savage

No objection.

Steven Lane

Dan, your hand is up.

Daniel Vreeman

I can lower it. That was to give Matt another example of how this might be helpful but I think we're okay now.

Steven Lane

Okay. Great. And then, I added this text in yellow here. This information should be separated from the details submitted by the requestor perhaps residing in the ISA with links between the two sites. Does that seem acceptable to folks?

Clem McDonald

Well, as I've said before, if it isn't more stable, I don't think we should put anything in there. Dan was on the previous committee and there were a number of other folks who were on it.

Hans Buitendijk

I'm still trying to understand the instability but I'd have to look at the ISA to understand what's missing.

Clem McDonald

Well, you'd have to look at what it was.

Matt Rahn

Everything is up on there. I think Hans put the email in the chat. You can see the previous versions. I don't want to belabor the point but definitely, Clem, send it to me. Send me the issues you have.

Clem McDonald

Okay.

Steven Lane

And, again, we just have this as a perhaps. Let me just put in a comment here to perhaps discuss this.

Hans Buitendijk





And I think the format is going to be important to avoid that references from the USCDI to exemplars are going to be interpreted as requirements at that point in time already, which is not quite how currently it works. It works the other way around. What is in certification and what do you need to have supported? So, that's why I want to make sure that those two models that there is no confusion between them.

Steven Lane

Anything else on Recommendation 3? I see no hands. We're just going to plow ahead so bear with me. Recommendation 4, this, Clem, is the one that really came out of your discussions. For clinical tests, assessments, and other applicable data classes recommends that ONC provides a list of examples, and that might not be the best word, that would be included within the data class if such data are collected and exchanged. This list could evolve over time in response to stakeholder input. Now, there was some additional language here that said and share a common structure with associated technical standards, value sets, implementation guides, or data models. That seemed a little redundant to what we had discussed above. So, I thought the point here was really to focus on the idea that for clinical tests, which is the one we've discussed the most, there are a whole bunch of clinical tests that have been submitted by stakeholders that are leveled down at the comment or Level 1 level but that really hit as a clinical test.

They are examples of clinical tests. It could be exchanged under the current clinical test data class. Similarly, under assessments, there have been a number of very specific assessments, functional assessments, etc., that people want to have in USCDI. Based on the way AI and ONC are approaching these, they will probably never be added to USCDI as named assessments or as named tests. The tonometry is the classic one that Clem keeps reminding us of. There is probably never going to be a tonometry data element in USCDI. But tonometry is a clinical test that can be exchanged now given use of some standards. So, the idea here was to, and Clem had offered in private discussion with me, to put together a list of the most commonly exchanged clinical tests and the standards that support them. And our thought was, again, perhaps in the ISA, there could be a list that says under clinical tests, here is a list of 10, of 20, of 100 year by year adding clinical tests.

And under assessments, the same idea. Here are three assessments this year. Here are seven assessments next year that would be exchanged under assessments if you follow these. And I think a lot of the stuff that Gravity is doing really are SDOH assessments. And we want those to be out there but they're never going to be individual data elements in USCDI. So, this was how we've been thinking about how to structure that. We've talked to AI about this at some length and he didn't say over my dead body but he really needed to be convinced.

Clem McDonald

Steve, there is a list of probably 20 or 25 I've got. And it's things like EKG's, nerve conductions, EEG, tonometry, visual acuity, audiometry. It goes on. These are common, real life things. And maybe others would have additional ones. And for those that have structure, the LOINC codes that fit the structure as well for many of them. Some of them are just reports. So, I'll get that to you, hopefully, in the next week if that's enough time or soon enough.

Steven Lane





Yeah. I think that's great. So, you and I discussed this at some length. But I want to make sure that other people had a chance to weigh in. Similarly, I think, Mark, it may be appropriate to come up with a short list of assessments that we thought belonged here as well as examples of how this could be operationalized.

Clem McDonald

Well, preparer is one of the main ones being used in SDOH. And we could do the same thing with that. So, Mark, if you've got a list of them, I'd try to find some specific content structures that we could put out.

Mark Savage

Clem, that's a great idea. Let me just flag something that, speaking now as Gravity policy lead, we have worked very carefully to make the Gravity approach agnostic to any particular assessment tool. So, while we do reference different tools and we've cleared to make them useable with the various ones, not all of the assessments are themselves agnostic. So, I just wanted to mention that. If you want me to come up with some examples that may be proprietary just to list for examples, I'm happy to do that. But I just wanted to flag that issue. It's one that we have been thinking about and trying to be careful with our language to make this for the public good.

Clem McDonald

Well, you just touched two things. I personally wished we didn't deal with specs you had to pay for. It kind of breaks standard flow. So, I don't know what you meant by proprietary. The second thing is granted, we can't give to everybody this one but it wouldn't be all bad if there were more commonly a couple used so you could use the data across systems.

Mark Savage

I'm happy to list. I just wanted to add a little color to the question.

Steven Lane

Would it be helpful for us to continue to include this language with associated technical standards, value sets, implementation guides, or data models? I'm happy to put that back in.

Clem McDonald

I don't think it's necessary.

Steven Lane

You don't think it's necessary, okay.

Clem McDonald

I like it.

Steven Lane

Okay.

Clem McDonald

You worked on that one night, right.





Steven Lane

I'll probably put it here. And then, there was the comment and share a common structure. Again, I don't know that that's necessary if we –

Clem McDonald

It is important though if you want to be able to plug it into the system you get when you get it.

Steven Lane

Okay.

Clem McDonald

It's an extensible, a common and extensible structure. That might be better.

Steven Lane

I just want to avoid throwing so much in here that when somebody asks me a question at the HITAC next month that I have no idea how to answer it. As long as you're going to be there, Clem, I can pass it to you.

Clem McDonald

I'll back you up.

Steven Lane

I also wanted to point out I think it's important language if such data are collected and exchanged . We're not saying in USCDI that this data must be collected or exchanged. But if it is collected or exchanged, this is where it goes. So, that was why that is in there.

Mark Savage

Yeah. That's important.

Steven Lane

All right. Go ahead, Hans.

Hans Buitendijk

Yeah. Just a clarification of where it says that would be included within, as we don't know exactly where what is being defined inside USCDI or in support of USCDI, perhaps that should be that would support the data class so that it doesn't have to be inside USCDI or outside but it needs to be together. And we need to get to that. So, it might be just a small rephrasing there.

Steven Lane

Well, when you say support the data class, I'm not sure what that means or it doesn't mean much to me. And AI has used the word container. The data class is the container that you would use to ship this data. So, I don't see that as supporting the data class so much as I'm trying to get at that notion of this data belongs in this container.

Hans Buitendijk





Maybe a clarification question since I was not able due to vacation to participate last month is that in clarification that the standards to support USCDI are not limited to vocabulary standards only but that we get syntactical, structural standards that the direction is to include those as well in USCDI.

Steven Lane

I think that's what we were trying to get at above, I think, in Dan's now Recommendation 2.

Hans Buitendijk

And if we try to stay neutral on that then, I think we just have to be careful using the terms included. So, I was trying to find another word that would not imply that it's part of USCDI but it's in support of.

Clem McDonald

Well, it's got to be inside of it in some ways. You've got a class called lab. Okay. But there is machinery to say how you can send any kind of lab test, at least if it has a LOINC code. And so, something like that is needed because when you get into this other area, they're not as uniform.

Hans Buitendijk

Yeah. I'm not debating that that's not necessary to make it work. The construct that was used so far and that had been clarified to date was that to, actually, make that component really work that's where then, you use FHIR, Core, CCDA, perhaps other ones over time. V2 plays roles in it in the different workflows, etc., NCPDP. We can go through the list. But those are not referenced directly from inside USCDI. They are referenced early and outside of it. That's where my concern is.

Clem McDonald

Okay.

Hans Buitendijk

So, I'm completely with you. Without those two components, it doesn't work. But what's the construct that we're using? What's inside USCDI and what's in support or outside but to make it work?

Clem McDonald

I thought USCDI was mostly defining the vocabulary or value sets that would go into the fields that were defined in those three different specification transports.

Hans Buitendijk

Right. So, I'm completely conceptually in agreement that these aspects need to be there. Without it, interoperability won't work clearly. It's just a matter of where do we document it.

Steven Lane

So, here again, I'm adding this bullet that says this could reside in the ISA again, as you say, separating it from the USCDI but being in support thereof.

Hans Buitendijk

Well, yes, it could. But here, I think what we are moving in a direction of is that when you support USCDI electronically for interoperability, these are the specific standards to use as opposed to these are the ones





that you could use, which is a different flavor. But yes, ISA could be maybe at some point in time a place for that as well to start that. At least from an EHR perspective looking at certification as the mechanism, that's the lens through which we are looking at to say to support USCDI, we're not looking at the ISA. We are looking at certification definitions. And that's where if we put other ones in there, we need to make sure they are not contradictory, they are supportive, they all fit together. But from the EHR perspective, that's the lens that we're looking at what standards do we need to use and where do we need to contribute to make sure we properly support USCDI.

Steven Lane

Does that comment translate into a recommendation for the language here?

Hans Buitendijk

Are you okay if I put something in a comment?

Steven Lane

Oh, absolutely. Yeah. Please. My hope today is to sort of fly through this over the next 35 minutes and then, you guys are going to have two weeks to have your way with it and make additional comments. So, please do so. I want to keep going because there is a lot here. And so, Recommendation 5 was prioritize adoption of data elements and classes that benefit multiple use cases and stakeholders. This is a point that has been made repeatedly, especially in RSQH discussions. It's sort of an overarching comment. And I think it does stand on its own. Any suggestions on that one? Okay. The next one is kind of a laundry list that we collected of what we felt were our high priority imperatives and use cases. So, it reads prioritize and encourage the advancement of data elements and classes that support the following national imperatives and use cases. And we've got a long list here some of which are sort of lumped together and some of which are separated. It's a pretty diverse list.

This was something we discussed. And does anybody have any objection to including it?

Clem McDonald

Well, it's very ill defined what it really means. But other than that, they're apples, oranges, houses, and cars.

Steven Lane

Yeah. Does anybody feel that this is not appropriate or that it should be winnowed down or somehow separated into categories?

Hans Buitendijk

With the last statement that you made, Steven, I'm not sure how much we want to re-emphasize some of the stratification, segmentation, extension type of discussions that we had. Having this list in itself is very good to understand the kind of data that we, ultimately, are talking about but also recognize that, depending on context, some of that data may not by certain HIT be supported. So, I think there is still that element of how do we segment, stratify, whatever the right term is. Last week at HIMSS, there was a reference made to USCDI Core is really something that everybody must support, all HIT it sounded like. We need to get some more clarification. But there could be extensions that an extension could focus on what specific data for public health or what is specific for XYZ. Pick any on this list. So, I think it does bring up, again, and it





just highlights the need that not necessarily everything needs to be supported by everybody. But it's all data that is important for interoperability to tie all of the stakeholders together.

So, I'm not sure how much we want to go back to that conversation and reiterate that that's the data set but keep in mind, we need to organization. Otherwise, it's going to be very challenging too assume that everybody will support everything.

Steven Lane

That makes sense. Now, there was one bullet in here, this robust API **[inaudible] [00:45:43]** ecosystem constrained by available data. I had no idea what that really meant and what it meant with regard to USCDI priorities. So, I suggested taking it out but I didn't want to do that if that meant something to somebody.

Mark Savage

That meant something to me. I'm happy to at least explain. In work that I have done with ONC and others but not as a part of the task force, we've realized that the ability of app developers to develop apps and using FHIR depends on what data they can get access to. And so, USCDI is an important set of that. And what's there and, more importantly, what's not there affects the ability of an app ecosystem to develop both in and of itself and for interoperability. That seemed to be an important national use case. That's what's behind that phrase whether the folks think it should stay or go.

Steven Lane

And I totally get that, Mark, and appreciate that context. I don't get how it translates into which data elements or classes are going to be prioritized or encouraged. It seems like more of a background issue.

Mark Savage

It ends up being, in my mind, a consideration when you're thinking about what to prioritize. Does particular data elements make a tremendous difference for the ability of app developers to develop something because it's central?

Hans Buitendijk

Would it help that that bullet becomes part of Recommendation 5 that benefit multiple use cases, stakeholders in particular robust API app ecosystem? Because it cuts across any of the other data elements in any of the other lists that I think you're looking for, particularly those that help in that space as well would have a higher notch.

Clem McDonald

The other thing to conceive is that almost all of this discussion so far has been what system should support to be able to carry it. There are no requirements, in general, that users must fill in all of that data. And that's kind of what you're after, Mark, I think is that it would be there. This is going to be an awful lot of stuff that's there and may not be there without a lot of provider input entry time. So, just think about. The **[inaudible] [00:48:32]** so far says this is what you must be able to transmit if you have it. It doesn't say what you must have I don't think. Correct me if I'm wrong.

Hans Buitendijk





Some of the specifications do indicate that you cannot communicate unless you have it. But there is plenty of data that if you don't have it, you can't communicate it. So, yes, there is a point of some data might not be there because it's not being collected. It's possible to collect. It's capable of being collected. But it's not being collected for one reason or another.

Clem McDonald

I just wanted to make Mark sensitive to the fact that these standards probably won't create the data that isn't being collected. And I think that's partly what you'd like to see, more data collected, Mark. Is that right?

Mark Savage

I think it's a two step process. One is you create the structure for the data elements. And then, yes, the individuals use it under the existing approach, which is not a mandate, in general. It's more if you use it then, you collect it.

Clem McDonald

Okay, that's good. I just wasn't sure how you were thinking.

Steven Lane

So, Mark, are you comfortable moving it up under 5?

Mark Savage

But if it's not there, especially if it's there in the first place. I think both are meant to be helpful signals. And I think it's a helpful signal at whichever place the task force thinks is best.

Steven Lane

All right. Moving on. So, that was the section entitled General Process Improvement for USCDI Expansion. And the next section is Data Needs Related to Public Health Use Cases. And this one included a whole lot of recommendations that sort of felt like they belonged more under the recommendations of the public health data systems task force as opposed to USCDI. But we clearly spent a bunch of time talking about this. A lot of these recommendations, I think, are much more general about ONC priorities and less so about USCDI. So, as we go through these, I flagged a number of them as really not USCDI Version 3 specific and perhaps appropriate to pull out into a separate section that we would offer to the ONC separate from our USCDI recommendations. So, let's think about that as we go through them. The first one, No. 7, was really the same as No. 8.

So, I just deleted that because it was duplicative.

Mark Savage

Steven?

Steven Lane

Yes.

Mark Savage





Might I flag a question for wherever it's appropriate? There was an item in the process recommendations that was not bolded on the document and, therefore, is not incorporated here. When is a good time to raise a question about something that did not make the crossover?

Steven Lane

So, my thought, Mark, was that we would try to get through this document now.

Mark Savage

Very good. Sorry to interrupt.

Steven Lane

And then, go back. No, no, not at all. I am just thinking of the structure for our work. Yes. There is clearly some stuff over there that didn't come across. We'll get to it. So, looking at what's now listed as Recommendation 8 and don't worry about the numbering because we'll get that fixed up, promote and support the development of companion implementation guides to reinforce public health use cases. Again, Al's comment was this may be out of scope for USCDI since it is exchange standards diagnostic more in the realm of the exchange standards development, US **[inaudible] [00:52:49]** steering committee. And I subsequently added to that a number of these suggestions are not directly related to the task force charge **[inaudible] [00:52:56]** priorities to USCDI Version 3 submission cycle. As they support the continued evolution and success of USCDI advancement process, consider putting them in a section of additional recommendations separate from Task 3 really more related to our Task 2.

So, I'm curious what people think about that observation and suggestion. And if so, we can just flag these as we go through to pull out into a separate section. Or we could drop them all together and say it really wasn't our task. What do people think?

Mark Savage

This is Mark. I would not drop all together. I think wherever it's placed, this is a useful part of an important conversation.

Steven Lane

Great. Well, let's just flag them as we go. So, again, I think this one is now No. 8 and really does need to be separated out. So, we will do that and put it in a separate section. And we'll just go on there. So, No. 9, provide guidance for and encourage the use of read and write API's in public health interoperability use cases. Again, it's really a separate issue, not specific to USCDI but a great suggestion. Does anyone have any objection to separating that one out? Okay. We'll move on. No. 10 does come back to USCDI. Assign and support ONC staff champion to focus on the USCDI related needs of public health, registries, and pandemic related interoperability and standards. This one is sort of USCDI related and there is a companion recommendation further down about stakeholder engagement. Does anybody have any concerns about this? All right. Good. The next one is encourage and support registry organizations and stakeholders to participate.

There are a number of these that are just about encouraging people to weigh in. They could be bundled together but this one is specific to the public health domain. The next one is very similar. Encourage and support public health's need to participate in the process, particularly providing comments on the leveling





of significant data classes and elements. I think these are pretty benign. I guess the question is just do they really belong here in our list of recommendations? Does anyone object to them being here? Bryant Karras is not here to defend himself but I think he really made a number of these suggestions. I'm just going to keep going. No. 13, again, I think is one of those that perhaps could be separated out. But it is to develop a certification program for public health IT systems as companion to existing health IT certification. Not USCDI specific by any means.

Hans Buitendijk

I think it should be separate because I'm not sure that it's USCDI specific. I believe the general notion, if we wanted to pass it on, is that interoperability is done a lot across many stakeholders, some of them that are certified to some pieces and others are not. And to really make it predictable, seamless, easy to connect, some form of validation, known standards, clear test cases that you can validate against. Whether it's as extensive and done in the same way, it's a different story. But how can we validate that there is adherence to them so that you can easily click things in or more easily click things in? So, I think it's a much larger issue than just public health. It's many other systems that have the same need because they're part of interoperability.

Steven Lane

And I've been party to discussions about a separate certification system for long term and post-acute care, for example. I agree, Hans. There are a number of examples where either a full blown certification system or some other process that would allow interoperability beyond the clinical domain is helpful. Would you suggest any rewording of this?

Hans Buitendijk

I'm wondering whether it should be started out as more general that there is focus on validation certification of all stakeholders sharing USCDI. And examples could be public health, could be with payers, could be with registries. You could go through the entire list. But I think that it seems helpful to have a more general statement that validation is helpful so it's more predictable what we are connecting with.

Steven Lane

Well, I think that's a little different than what this is asking for which is really truly a certification program for public health data systems. But, again, that came out of the public health task force. So, perhaps it doesn't need to be reiterated here. And your comment making this a little bit more broader would be more valuable.

Hans Buitendijk

I would agree that if public health data systems already makes it, it doesn't make sense to focus then specifically on that. And from a USCDI perspective, it's more the general stakeholders that interact by using USCDI. How can we help ensure that all sides of the equation appropriately support the standards referenced? That's what it's, ultimately, there about.

Steven Lane

Would you like to take a stab at crafting that?

Hans Buitendijk

Yeah.





Steven Lane

Okay. Let me put a comment here. Let's see if that gets us close to where we want to be. Thank you, Hans. No. 14 was develop a roadmap for registries to evolve from an exclusively provider public health push model to support bidirectional query based exchange such as provider queries of public health and **[inaudible] [01:00:26]** queries of data holders such as providers, labs, and pharmacies. Again, this has nothing to do with USCDI and was, I believe, a part of the recommendations of the public health data systems task force. So, I'm not sure if we want to include this in our recommendations or not.

Mark Savage

It seems a little outside of our purview would be my position.

Hans Buitendijk

I would agree. I think we need to look at the data that's from public health. But this seems to go beyond that a little bit more.

Steven Lane

Okay. That's fine. So, we'll plan to remove this. I'm just going to make notes as we go rather than, actually, delete it. I do want to get back to Bryant before we totally ditch all of this. No. 15 was provide guidance on Core patient data elements and content standards beyond USCDI needed to support public health interoperability. For example, **[inaudible] [01:01:34]** and the ASPR work. Here again, this is specifically stated as beyond USCDI. And, again, I think this was included in public health task force recommendations. I'm not sure it needs to be repeated here. What do people think?

Hans Buitendijk

Effectively, we already have it in a list above that public health is one of the use cases where we wanted to make sure the data needed for that is included where appropriate. I think they got it covered already.

Steven Lane

Does anyone feel strongly that they want to include this? It's fine for our thinking to evolve because we did want to include it before. We will plan to remove that.

Mark Savage

Steven, I would also note that you asked me to draft an intro piece for this section, which I did, which we will get to later. And it may be a way to flag these 14 and 15 just as an introductory statement if that makes sense.

Steven Lane

Did you say you have some ideas for that?

Mark Savage

I put it in the other document that you said we would get to later, which is fine.

Steven Lane





Okay, great. And then, we're, actually, near the end so I'm very proud of us. So, the next section is on improving stakeholder engagement. And there are three recommendations here. The first one, again, is one of those I thought was not directly related to USCDI but we'll see what you all think. It's flagged as Recommendation 16. Develop guidance such as priorities, clarifications, FAQ's to support providers, vendors, HIE's, patients, caregivers, and other stakeholders in compliance with the '22/'23 requirements to exchange all EHI at both individual and population levels. That is a mouthful. And it really has nothing to do with USCDI. Great suggestion. Certainly, an active topic of conversation with ONC. I'm not sure the value of our task force sending the suggestion to HITAC or asking them to send it to Micky. So, I'm wondering what people think about this. I know we discussed at length how important it is but it's not about USCDI.

Mark Savage

We did discuss it because it's also coming soon to a theater near us.

Steven Lane

Indeed.

Mark Savage

And so, I think even the most general recommendation for ONC or HITAC to help people think ahead about that evolution is a good thing since it isn't happening yet.

Steven Lane

Well, it is.

Mark Savage

If it were happening already, we might not need to say anything but it's not happening yet. And the task force conversation suggests it is important.

Steven Lane

Sasha is not here. She's been deeply involved in an effort that the EHRA has been a part of. I don't know, Hans, how aware you are of that. But things are happening. ONC is aware of this. They're not specifically working on it rather more letting the private sector do its thing. I don't know, Hans. What are your thoughts?

Hans Buitendijk

I think there are two parts to it. From an exchange perspective, all EHI is, at this point in time, not bound by standards on how you exchange that. So, I think you have two parts that we need to address somehow. USCDI is not all EHI. So, the discussion we've had a number of times is the goal of USCDI to become EHI and if not, how do we do that. There were some interesting discussions last week at HIMSS that might shed some light on that. And then, there are the standards to use it. The closest that we have right now is that likely FHIR bulk data is going to play an important role in that. But it's not stated that that's the one that you have to use to do EHI export and access that. So, I think there are still a lot of things that are not just USCDI. There are certifications. There are other places where we need to get to what is EHI and what's the boundary, ultimately, that we have to get to. There are a number of different initiatives there. I think from a USCDI perspective, recognizing what's the role of USCDI to help further the ability to have standards based exchange of EHI, I think it's a good one because USCDI so far is still only a subset.





So, recognizing that –

Steven Lane

Hans, with that thought, let me throw in Recommendation 17, which I think is more specific to USCDI. And we can think about 16 and 17 together. No. 17 reads encourage stakeholders to identify and prioritize the inclusion of data classes and elements that may be difficult to access exchange and/or use in the absence of inclusion in USCDI when required by standard information blocking scope in '22. And this was an issue originally raised by a member of this committee. I'm blocking on who. But I think this is more USCDI specific than the first one.

Hans Buitendijk

Right. And I think it would be helpful perhaps to blend maybe the two. In the absence of inclusion in USCDI, EHI that is not in USCDI is a good example of that. So, this would be the more general statement there of which EHI is an example.

Clem McDonald

Hans, what is EHI?

Hans Buitendijk

EHI?

Steven Lane

Electronic health information. I spelled it out here.

Hans Buitendijk

Not to be confused with the other EHI.

Clem McDonald

Okay.

Mark Savage

Steven, this is obvious from the language but Recommendation 16 asks ONC for guidance. Recommendation 17 suggests stakeholders identify the data elements. I think both are important there. They're two different important parts of the larger issue.

Steven Lane

That makes sense. So, I think 16 perhaps we'll pull out into this section of general recommendations that we will argue was part of our Task 2, even though this really isn't at all related to USCDI. And then, 17 we'll leave here. Does that seem fair?

Clem McDonald

Sure. But can I just comment? If you don't have standards under codes and the structure, you can't exchange it.

Steven Lane





We all know that very well, Clem. That's the big challenge of the transition on information blocking and why the vendors are kind of scrambling to deal with that.

Hans Buitendijk

Some would say expand USCDI to encompass EHI because then, you can start to address those gaps. But if there is an alternative mechanism to that that creates a similar base if we will use USCDI or US something else, or US whatever but we need to arrive on standards and content of EHI because that's, ultimately, the goal that we were after.

Clem McDonald

But the problem is it's everything. And everything is tough to cover.

Hans Buitendijk

True but it's not either one. But the path needs to be clear.

Steven Lane

We're not going to solve this one today. Let's keep going. Recommendation 18, assign and support ONC staff champions to focus on the USCDI related data needs related to patient caregiver and other minority use cases. As I promised earlier that is related similar to the one we had above about public health. Everyone is good with that. And, Mark, this goes to your comment. There were some things on the older documents that had not been brought over. So, I brought over some of these. And then, we may yet have time to talk about additional ones. One was that we recommended that all clinical meta types be included in V3 and that we had particular interest in the inclusion of operative notes, which were of high value to patients. So, I put that in here. Does anyone have any objection to that one?

Clem McDonald

I thought we already committed to that in a current version this year.

Steven Lane

No, I don't believe so. I don't think there was any change in the clinical notes.

Clem McDonald

Maybe we just extended it. But I don't know. We had a lot of discussion and I thought it was for this round.

Steven Lane

I'm going to pop over to the ONC USCDI website. And I'm going to go to the tab that says Version 2. And I'm going to look at clinical notes. And now, there are only five types of clinical notes because we, actually, moved some out. So, the only clinical notes that are included in USCDI Version 2 are consultation, discharge summary, H&P, procedure, and progress. There is no operative note there. So, our recommendation was to expand it. We agreed and we agreed multiple times but it did not get included in Version 2. So, this is our recommendation for Version 3.

Clem McDonald

I'm absolutely for it. I thought we already did it.





Hans Buitendijk

A question I have is what all means. In LOINC, there are 700 plus codes that we present for variety of document types and clinical note types. In CCDAs, there are 13. So, when we say all, are we looking at all that are currently recognized in CCDAs or are we talking all as in 700 plus that are in LOINC?

Steven Lane

What do you think?

Hans Buitendijk

I think we should start with looking at the CCDAs and recognize that if there are other ones that are urgent, we should consider it. But I think we want to be careful that we don't mean all as in LOINC.

Clem McDonald

I think we should use all. Why not? You do that with labs. We're making it so glacial by meticulously picking one at a time. Let's do it en masse. People don't have to use them. They just use the ones they need.

Hans Buitendijk

There needs to be agreement that if you have one for which there is not as clear specification like in CCDAs on what data is considered to be relevant for a particular document type, what do you then work with. So, at least there needs to be some general level guidance to clarify that if you include No. 562, what do you expect to be in there.

Clem McDonald

I don't think you have any expectations just like you don't now. It's just kept. You have a way to label it and find it. Consider how we're doing it now. It's nothing. We mangle over these little issues to get somewhere besides being nowhere.

Mark Savage

I'd also add that it's not either all 700 LOINC or only CCDAs. I wouldn't want to say anything that does that because we're trying to get structured data exchange, not just CCDAs. So, more to Clem's point, I think.

Ricky Bloomfield

My vote would be to say if you're doing clinical notes, use a LOINC code. It's similar. So, CCDAs you can put anything the heck you want in it, a PDF or whatever. But at least it gives you the header stuff. And that's, I think, the level at which USCDI is operating is binding to a vocabulary. And we're saying let's use a common vocabulary for identifying those notes. And that's a step forward and a good one.

Steven Lane

Well, I think the specification using LOINC, that's already established as the way that USCDI has done this.

Mark Savage

It's true but in the same vein as what Clem was saying with the clinical test. It's did we start by just saying only these or did we, actually, mean a pattern that could be extended depending on what you had.

Hans Buitendijk





I think the pattern is what needs to be clarified so that you understand that if it's one of the "13" or "5", do you have minimum expectations on what sections or what information is in there and instruction **[inaudible] [01:15:46]**.

Clem McDonald

Well, they're going to have a tough time disciplining it anyway. And right now, can't we make steps forward instead of having always to go backwards to perfection? We're making excellent **[inaudible] [01:16:01]**. And, actually, the truth is I think there is a code in that 700 that smells a lot like an operative note. I think it's called a procedure note or something.

Steven Lane

There were a few in there. We listed some of them over in our other document. There were three different operative note LOINC codes **[inaudible] [01:16:23]**. So, do we want to take a stand on the CCDA shorter list of note types versus the full list of LOINC note types?

Clem McDonald

Well, I would stop being so stingy.

Steven Lane

Hans?

Hans Buitendijk

[Inaudible] [01:16:45] I thought it was Dan who raised that about having at least an understanding of a pattern that would be used that would be helpful not just to have minimal guidance. So, I agree that we don't need to have guidance for every individual one but that you have an expectation of what would be minimally in there. And that need not be very difficult. But that would help organize and recognize different clinical notes. So, I'm not arguing Clem to have full definition along the same lines as what's done for the 13 for all the other ones. But can there be some recognition as to what would you expect if I'm going to send a LOINC code that's not one of the 13. What's the minimum? If it's text, that's what we agree to, it's text.

Clem McDonald

Well, it's text or PDF or XML or **[inaudible] [01:17:42]**, whatever we want. But people know where to find the thing that's like that. Since there is no expectation to have coded bottom level structure with numbers or codes, it doesn't matter a whole lot. You can still search it.

Steven Lane

Would one of you like to take a stab at language here?

Clem McDonald

I would just say I thought we already agreed that there is always 700 notes or whatever they are. I don't know the number. But just open it up. The stinginess is killing clinical care.

Steven Lane

So, would you say recommend that all clinical note types specified in LOINC be included in V3?





Clem McDonald

Well, I would say allow that users to send clinical notes with codes of LOINC. There are also LOINC codes in CCDA but it's just that there is more structure in the CDA one. And maybe highlight and look to the CDA structure if you want to be more structured. The CDA structure wouldn't have to be represented in CDA.

Steven Lane

I'm going to leave the language here and invite comments and suggestions on this. And then, I have about zero minutes before we go to public comment. So, shall we do that?

Public Comment (01:19:16)

Michelle Murray

Yes. Thank you, Steven. And operator, could we please open up the line for public comments?

Operator

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

Steven Lane

Well said.

Michelle Murray

Are there any comments so far?

Operator

No comments at this time.

Steven Lane

Great. If we get a public comment, let us know and we can go back over there. The last one that we have in this document was to prioritize and encourage the advancement of the following data elements, which the task force considers high priority. And this included advanced directives, including BPAC and **[inaudible] [01:20:23]**, functional status, cognitive status, pregnancy status, and health insurance information. And we had listed those over in our earlier documents. Are there any comments on that?

Clem McDonald

Sounds good.

Steven Lane

Great. Mark, what were the other issues? I know where you put them. There were a few of them and I thought about them rather deeply and I see you're in that document. I don't think we have time to cut over to that document. So, do you want to speak to it?

Mark Savage





Yes. So, I recommended or somebody did, provide a timeline for right access API's specific to USCDI data classes and elements. And I added some examples underneath that. I don't recall whether it was me or somebody else that suggested the introductory piece about timeline. But I do think that's important. We've talked about right access API's under public health. This is the broader piece. And also, this is about timeline, which I think is an important kind of guidance for the vendor community and the user community to know when to start planning for this.

Steven Lane

So, Mark, I think that, again, is one of these more general recommendations. It's not specific to USCDI by any means. But that's not to say we can't include it. So, the timeline **[inaudible] [01:22:19]** to provide a timeline for the development and implementation of right API's. Is that what you're calling it?

Mark Savage

Right and sometimes put in quotes "access" API's specific to USCDI data classes and elements is the language from the Google Doc.

Steven Lane

Okay. Where is it on the first doc?

Mark Savage

The table at the end under General Process Improvement, it's about the fifth bullet down. And it's highlighted.

Steven Lane

Oh, okay. There it is. It's up there. Sorry. I was looking at the bottom. I'm sorry. Got it. Let me bring that over. Go ahead, Clem.

Clem McDonald

I'd like to support that. It would be tremendous for smart apps and the like to have that ability. But we have to recognize it's very, very difficult because the vendors' master files may not align with what people are writing to. But I think it's a great idea.

Steven Lane

Okay. I'm capturing that so we can discuss it further next time and people can provide comment on it between now and then. Was there another one, Mark, you wanted us to bring over?

Mark Savage

Yes. So, again, in the Google Doc in conversations that you and Leslie and I had, I drafted an introductory piece for public health sort of weaving together suggesting that we were aware of some of the infrastructure issues that the public health folks had briefed us on. And we were making these recommendations. We weren't unaware of those. We still thought our public health recommendations were important.

Steven Lane

So, this is the stuff at the top of the public health column, correct?





Mark Savage

Correct. And it looks like you've got it highlighted with your mouse.

Steven Lane

Yeah. Okay. So, I'll bring that over. And, again, what I'm going to do between now and our next meeting is try to create this separate section of recommendations, clean them up, make them all legible. Again, I invite all of you to jump into the doc, which I think you've all been provided access to. If you can control yourself, try to comment rather than edit and leave the editing to me. And then, we will have a cleaner, more complete document for our review together on the August 31 where we will finalize this and get ready to transmit it to the HITAC for presentation on September 9.

Clem McDonald

So, Steven, where should we make the comments?

Steven Lane

If you can comment in this new Word doc with the draft recommendations that we've been looking at mostly today as opposed to over in the other documents that we worked with previously, I think that would be preferred.

Clem McDonald

How do we get to it?

Steven Lane

You should have been sent a new link. My understanding is that that, actually, happened.

Mark Savage

It did.

Steven Lane

You should have it in your email.

Clem McDonald

Okay. It's called New Google Doc Link on 8/17?

Steven Lane

That sounds about right.

Clem McDonald

It just came.

Steven Lane

Perfect. And, again, the doc that's out there now is the one we have been editing, making suggestions, accepting suggestions, adding comments. Dan has an assignment. Clem, you have an assignment. Mark, you have assignments. Hans, you have assignments.





Clem McDonald

And what's the timeframe?

Steven Lane

If you guys could get to it in the next week that would be delightful. And then, maybe even drop me an email to say been there, done that and then, I can go in and work with what you put it. That would be great. And I'll try to be as mindful and respectful of your suggestions but I might edit them a little bit before we come back to the group. All right. I'm going to give you 90 seconds back in your day. Everybody go grab a cup of tea. Thank you, again, for everyone including those who have been silent the whole time. I really appreciate you being here knowing that you're watching over this work and your silence is agreement. So, that's wonderful. Thank you, again, also to the public who joined us today to listen in. Have a great day.

Adjourn (01:27:37)

