



Health Information Technology Advisory Committee

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

Meeting Notes | August 31, 2021, 10:30 a.m. – 12:00 p.m. ET

Executive Summary

The focus of the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF 2021) is to continue to work on its Task 3 recommendations in advance of their presentation to the HITAC on September 9, 2021.

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

Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Past Meeting Notes
10:40 a.m.	Draft Task Force Recommendations Report to the HITAC
11:50 a.m.	TF Schedule/Next Meeting
11:55 a.m.	Public Comment
12:00 p.m.	Adjourn

Call to Order

Michael 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

Ricky Bloomfield, Apple

Hans Buitendijk, Cerner

Grace Cordovano, Enlightening Results

Jim Jirjis, HCA Healthcare

Ken Kawamoto, University of Utah Health

John Kilbourne, Department of Veterans Health Affairs

Clem McDonald, National Library of Medicine

Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin

Mark Savage, Savage Consulting

Abby Sears, OCHIN

Sasha TerMaat, Epic

Daniel Vreeman, RTI International

Denise Webb, Indiana Hemophilia and Thrombosis Center



MEMBERS NOT IN ATTENDANCE

Les Lenert, Medical University of South Carolina
Brett Oliver, Baptist Health
Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)
Andrew Truscott, Accenture
Sheryl Turney, Anthem, Inc.

ONC STAFF

Mike Berry, Branch Chief, Policy Coordination, Office of the Policy (ONC); Designated Federal Officer
Matthew Rahn, Deputy Director, Standards Division, ONC

General Themes

TOPIC: DRAFT TASK FORCE RECOMMENDATIONS REPORT TO THE HITAC

USCDI TF members reviewed the draft USCDI TF Recommendations Report and worked to finalize the document.

Key Specific Points of Discussion

TOPIC: USCDI TF 2021 HOUSEKEEPING

The USCDI TF 2021 co-chair, Steven Lane, welcomed TF members and members of the public to the meeting, briefly reviewed the agenda, and highlighted the following housekeeping items:

- Leslie Kelly Hall, USCDI TF co-chair, had to step down from her position to attend to her family and was not able to attend the meeting. Steven, Michael, and TF members thanked her for her contributions.
- 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 present its final recommendations to the HITAC on September 9, 2021.

TOPIC: DRAFT TASK FORCE RECOMMENDATIONS REPORT TO THE HITAC

Steven displayed the draft USCDI TF Phase 3 Recommendations report document and asked TF members to review the draft as a shared Google document. He explained that many of the edits and comments TF members left on the document have been reviewed, addressed, and accepted within the text. He encouraged TF members to review the text in the next few days and explained that the report would also be turned into slides for use during the TF's presentation to the HITAC at its September 9, 2021, meeting.

Steven reviewed the remaining comments and questions on the document, and TF members discussed them.

DISCUSSION:

- Steven summarized a comment Mark Savage left on the second recommendation that the phrase "data shape" should be clarified to avoid confusion and to anticipate potential questions from the HITAC.
 - Mark added that broader stakeholders might not understand the term, and TF members discussed the phrase. Matt Rahn of ONC stated that "data shape" gives a sense of the distribution of the data, noting that a better phrase could be used, but Clem McDonald stated that the phrasing was clear enough to give a sense of the recommendation. Dan Vreeman suggested "data structure."
 - TF members discussed whether a reference to the ISO/IEC 11179 Metadata Registry (MDR) standard should be included in the recommendation. Dan explained that it was added to indicate that Fast Healthcare Interoperability Resources (FHIR) uses the data element in the same way but that the TF was not proposing close adherence to it. The TF agreed that the mention of FHIR



Resources was not meant to cause confusion, though the industry is adopting FHIR, and added that the wording was only meant to draw parallels to structures already in use. Clem, Mark, Steven, Hans, and Dan discussed wording options like “attribute,” “fields,” or “segments” to indicate use cases where FHIR is not prevalent, like social determinants of health (SDOH) use cases. Denise Webb commented that she did not infer that the TF was suggesting that all elements in USCDI must be adhere to FHIR standards; she read it as an analogy to help understand the terms “elements” and “data classes.”

- The TF agreed to remove the mention of ISO 11179 because they decided it could be distracting. Steven updated the wording in the recommendation in real-time on the displayed document.
- Steven explained the multiple changes he made to Recommendation 3, based on feedback from Al Taylor (ONC), and these included:
 - Collapsing two sub-recommendations into one around example value sets and adding that value sets could reside in the Interoperability Standards Advisory (ISA), the Value Set Authority Center (VSAC), or elsewhere.
 - Various wording updates and clarifications, which were highlighted in the displayed draft document.
 - Hans Buitendijk commented that the TF should not imply that the list and standards mentioned in the recommendation were required for certification. TF members discussed wording updates, and Hans suggested that a recommendation be added that the ISA standard that was referenced be linked to the related part of the USCDI. There was a discussion over the relationship between the USCDI and the ISA, how to appropriately link/reference information on standards within each, and what level of detail to use. Matt responded that this would be better done through the submission of a public comment on the ISA. Denise and other TF members voiced their approval of the updated text Steven shared, and Steven added that many of the updates made originated from Al Taylor, with the example value set lists included in Appendix B. Clem commented that associated LOINC codes should be mentioned, as well.
 - Steven reviewed the four sub-bullets under Recommendation 3 and directed TF members to Appendix B, included at the end of the report. Clem, Mark, and others shared examples of clinical tests and SDOH assessments with associated standards. Clem and Steven discussed whether examples provided were defined in FHIR as procedures, labs, or imaging if some were pending/have LOINC codes now and whether all items belonged in the list. Clem emphasized the importance of including the example of visual acuity. Mark will provide additional commentary during offline work. The TF discussed wording options and agreed to add the text “LOINC codes” to the sub-bullet, with Steven explaining that the associated standards were listed earlier.
- Steven asked TF members to comment on whether Recommendation 4 and its sub-bullet provide enough value to be kept. The opinion ONC shared was that the recommendation could be removed.
 - Mark Savage confirmed that the TF should keep the recommendation and sub-bullet and offered to create a short paragraph to justify its inclusion in the HITAC.
 - Ricky Bloomfield commented that examples would be useful and suggested that Mark include several in his justification to avoid misinterpretation. The recommendation is too high-level to be actionable in its current state.



- Grace Cordovano summarized her previous comments on consolidating Recommendations 5 and 6 and asked Steven for his opinion. She added that her updated comment would be that Recommendations 4 and 5 overlap too much. She
 - Steven responded that he made some changes. He explained that Recommendation 5 is about high-priority use cases, which he pulled out of the list in Recommendation 6, and he discussed his reasoning behind the ways he updated the recommendations. He also noted that there were high priority data elements and classes in a later recommendation and suggested that Recommendations 4 and 5 be moved down to be sequenced before that later section.
 - Clem agreed that the recommendations overlap but added that there may not be time to change them.
 - Ricky suggested moving the high-priority use cases under Recommendation 4 to be under Recommendation 5.
 - Grace suggested that COVID-19-related data classes and elements in the high priority list. Steven responded that he removed the specific COVID-19 mentions in deference to high-priority public health use cases and data elements/classes. He asked TF members to comment on whether COVID-19 should be mentioned, specifically, and they all agreed that pandemic response, disease reporting, and public health items should be prioritized to encompass a wider outlook for the future.
 - The TF discussed whether to add data access (Ricky's suggestion) to the list of priorities to prioritize, and Hans suggested adding cost efficiency improvements, including avoiding duplicative services (including testing).
- ONC suggested that the TF recommendation that ONC should provide a timeline for “write” access APIs relevant to USCDI data classes and elements is out of scope but requested feedback from TF members.
 - Mark asked that this recommendation be included, and Steven explained that it could be added to the end of the report along with other suggestions to ONC. All TF members agreed that it could be included but not prioritized.
- Steven described how he updated the wording in Recommendation 8, noting that it could be seen as out-of-scope for USCDI Version 3, and TF members agreed. It will also be moved to the list of further suggestions for ONC at the end of the document.
- Steven reviewed Recommendation 9 and explained it was Hans' suggestion made in lieu of a recommendation for a full certification program for public health, which would be outside of the TF's scope and was already made by the Public Health Data Systems Task Force (PHDS TF). Steven suggested that it also be moved to the end of the report, and TF members agreed.
- Hans inquired if Recommendation 10 could be added as a sub-bullet under Recommendation 5, and Steven supported the suggestion. TF members agreed to move the item.
- Steven explained that the next section of the report focused on public health and reviewed the introductory paragraph and three recommendations in the section. He asked the TF to provide feedback on Recommendations 11, 12, and 13.
 - In response to Steven's summary of Recommendation 11, Clem commented that if the TF is not fully in support of a recommendation, it should be changed or removed. Extra items that are not specific enough will dilute the message of the TF. Mark emphasized the need for linear/sequential thinking and supported keeping the recommendation. Denise agreed.
 - Steven supported leaving Recommendation 12 in the report, but TF members suggested that this be combined with the other recommendation on ONC staff champions. Steven added that the separate public health section might go away as items are consolidated, and Denise advised him that this would be the best approach prior to the HITAC's review.
 - Steven and Clem stated that Recommendation 13 should not be raised to the level of a TF recommendation. ONC is already working on this, and TF members agreed to remove it.
- Steven explained that the next section of the report focused on high-priority use cases and data classes/elements. He asked the TF to provide feedback on Recommendations 14 and 15.



- The TF discussed the wording of Recommendation 14 and updated the document for clarity in real-time. Hans confirmed that the second sub-bullet should be included and suggested adding a link to the LOINC Document Ontology following the bullet. Clem agreed. Hans added that he would review and wordsmith the wording a final time during offline work.
- Recommendation 15 will be combined with the earlier recommendations around use cases.
 - Ricky suggested adding DICOM Imaging Data to the list and discussed the recent work of the CARIN, which included this as a future area of focus. He stated that there is no standards-based way for patients to gain access to their images. Steven supported Ricky's comments, noting that this has not been called out in USCDI but that there will be a convergence on the topic in the future. TF members discussed wording options, with Hans stating that imaging data could encompass the image and the report, and TF members decided to call it "DICOM Image Files" in the list.
- Steven explained that the next section of the report focused on additional recommendations to ONC. He asked the TF to provide feedback and reminded them that a few of the earlier recommendations would be moved down.
 - TF members agreed to keep Recommendations 16 and to move Recommendation 17 up as a sub-bullet.
 - Steven stated that Recommendations 18 and 19 were far afield from the USCDI TF's charge but were not specifically called out by the PHDS TF, though their work was constrained by their brief timeline. TF members discussed whether these recommendations should be included, as they are out-of-scope and could dilute the USCDI TF's message. They stated that this information is important but might not be appropriate, coming from this TF. Matt responded that these do not belong in the recommendations for USCDI Version 3 but that they could provide value. Denise emphasized the need to introduce these recommendations as separate from the TF's charge.
- Grace asked if there is a benefit to highlighting all of the newest submissions that have to come through the ONC New Data Element and Class (ONDEC) Submission System for consideration for USCDI Version 3 and future new versions. She asked what the best way would be to present new submissions on the USCDI website as they are received.
 - Steven responded that this information has already been submitted by the TF to ONC.
 - Matt added that items can be sorted by date on the USCDI website now, and AI is working to make this feature easier to use. ONC is taking the TF's previous comments into account now.

Action Items

As homework, USCDI TF members were asked to review the TF recommendations documents and to submit any final comments on the document as soon as possible and by close of business on Thursday, September 2 at the latest.

TF members were encouraged to continue 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 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 meeting!

Clem McDonald: I am here.. Had not gotten voice connected when role was called

Hans Buitendijk: I'm working on getting on the phone.

Hans Buitendijk: Made it on.

Abby Sears: Is the google doc up?

Denise Webb: I agree we should not use the term "data shape."

Sasha TerMaat: Can you give the reference again? What's being discussed?

Hans Buitendijk: Which document/section are you looking at?

Hans Buitendijk: Are you stating that FHIR uses the term data element similar to ISO?

Daniel Vreeman: @Hans. Yes, I'm saying that FHIR uses element (attribute) like ISO

Hans Buitendijk: FHIR used "contains a set of structured data items as described by the definition of the resource type" (<http://www.hl7.org/fhir/resource.html>) but also uses the term "attributes", while a USCDI data class could require multiple *[sic]* FHIR resources to enable it.

Matthew Rahn: I'd also suggest it be made by someone as a comment in ISA as well. Comment period open between now and September 30th.

Hans Buitendijk: The term "shape" could be replaced with "content". No strong feelings though.

Grace Cordovano, PhD, BCPA: Gret *[sic]* idea Hans

Grace Cordovano, PhD, BCPA: Image data is better, as covers imaging, pathology, etc

Hans Buitendijk: I need to drop 5-10 early to shift to a panel discussion.

Daniel Vreeman: @Steven - fantastic job leading us through this final round of recommendations. Thanks so much for your dedication to this!

PUBLIC COMMENT RECEIVED VIA EMAIL

Dear Esteemed Committee Members,

Thank you for your careful work to improve USCDI version 3.

Compassion & Choices is the nation's oldest, largest, and most active nonprofit working to improve care and expand options at life's end.

We support your inclusion of high priority data elements related to advance directives and end of life care to improve shared care planning, health equity, COVID-19 and pandemic preparedness, and public and population health.

Prioritizing advance directives and end of life care elements will specifically 1) increase the chance that terminally ill people will receive care at the end of life that is consistent with their values and priorities and 2)



remove obstacles that perpetuate disparities among underserved populations with regard to end of life planning and care.

During COVID-19, there has been some increase in advance directive completion. However, if hospitals do not have readily-available access to patient advance directives, we will not know whether these advance directives will surface or be honored. Adding advance directives elements will provide needed end-of-life instructions to caregivers and providers during emergencies and at all times, offering people a far greater chance their end of life wishes will be fulfilled.

End-of-life care challenges are even more pervasive among communities of color, who face barriers related to end-of-life care planning at higher rates than white communities. Now, more than ever, individuals need support to engage in informed discussions about what end-of-life care they want or do not want if they get seriously ill and who will make health care decisions on their behalf if they are unable to do so. Standardizing advance directives should be a national priority, especially as we see such inequities at the end of life.

We ask that the Committee elevates this issue now and allocate the necessary resources to help expedite the process to place advance directives and end of life care elements in Version 3.

Most sincerely,

Bernadette Nunley
National Director of Policy
Pronouns (she, her)

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Resources

[USCDI TF 2021 Website](#)
[USCDI TF 2021 – August 31, 2021, Meeting Agenda](#)
[USCDI TF 2021 – August 31, 2021, Meeting Slides](#)
[USCDI TF 2021 – August 31, 2021, Webpage](#)
[USCDI TF Meeting Calendar Webpage](#)

Adjournment

Steven thanked everyone for their hard work and contributions over the past months and reminded TF members that the recommendations to the HITAC would be presented on September 9, 2021.

The USCDI TF will hold a final, brief meeting on Tuesday, September 14, 2021, to reflect on the TF's final recommendations and the outcome of its presentation to the HITAC.

The meeting was adjourned at 11:57 a.m. E.T.