



# Transcript

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

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

VIRTUAL



# Speakers

Name	Organization	Role
<b>Steven Lane</b>	<b>Sutter Health</b>	<b>Chair</b>
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





## Call to Order/Roll Call (00:00:00)

### **Operator**

All lines are now bridged.

### **Michael Berry**

Great. Thank you very much. Good morning, everyone, and welcome back to the USCDI Task Force. I am Mike Berry with ONC, and we are glad that you can join us today. On behalf of all of us at ONC, thank you to all the task force members for your hard work over these past many months. Your contributions and recommendations have helped us immensely. And, for your awareness, one of our task force co-chairs, Leslie Kelly Hall, will not be joining us for today's task force meeting. She had to step down from the task force to attend to her family, and we sincerely appreciate all of Leslie's hard work and insight, but of course, we do have another very hardworking and dedicated chair, Steven Lane, who will kick off our meeting after roll call. So, let's get started with roll call. When I call your name, please indicate that you are with us today. Steven Lane?

### **Steven Lane**

I am here, good morning.

### **Michael Berry**

Ricky Bloomfield?

### **Ricky Bloomfield**

I am here, good morning.

### **Michael Berry**

Hans Buitendijk? Grace Cordovano?

### **Grace Cordovano**

Good morning.

### **Michael Berry**

Jim Jirjis?

### **Jim Jirjis**

Good morning.

### **Michael Berry**

Ken Kawamoto?

### **Ken Kawamoto**

Good morning.

### **Michael Berry**

John Kilbourne?





**John Kilbourne**

Good morning.

**Michael Berry**

Leslie Lenert? Clem McDonald? Aaron Miri? Brett Oliver? Mark Savage?

**Mark Savage**

Good morning.

**Michael Berry**

Michelle Schreiber? Abby Sears?

**Abby Sears**

Good morning.

**Michael Berry**

Sasha TerMaat?

**Sasha TerMaat**

Good morning.

**Michael Berry**

Andrew Truscott? Sheryl Turney? Daniel Vreeman?

**Daniel Vreeman**

Good morning.

**Michael Berry**

And, Denise Webb?

**Denise Webb**

Present.

**Michael Berry**

Thank you, Denise, and thank you, everyone, and I will turn it over to our task force chair, Steven Lane.

**Past Meeting Notes & Task 3 Recommendations (00:02:05)**

**Steven Lane**

Thank you so much, and thank you, everyone, for joining us this morning for what I hope will be our last task force meeting before the HITAC presentation on September 9. If we do not get our work done, we are going to have to meet again in a week to do something, but timing being what it is, what we do today is going to inform our final recommendations to the HITAC. Past meeting notes have been finalized, and I believe all posted to the public web, so you are welcome to view them there. I must say, I personally get a lot out of reading the past meeting notes, so I do recommend that to all of you. We are going to work now





on our draft task force recommendations, and let's just dive in. Does anyone else have anything they would like to share with the group before we get to work? All right. I apologize that there is still a conflict between Adobe Connect and my setup here with my camera and all, so you are going to have to listen to me and not watch my gesticulations today.

If we can pull up the Google doc, that would be most appreciated, and start right at the top, and we will work our way down from there. So, you have all had the opportunity to review the Google doc and make comments. In the interests of time, I have digested the vast majority of those comments and incorporated them, made a number of edits, and in the interest of readability, I have just accepted a lot of edits and made edits. I really do invite everybody, especially over the next 48 hours, to really go in, look at the doc, read through it, and make sure you are comfortable with the wording. Many of you have done that and have made very specific editorial suggestions, most of which have simply been accepted, so what I have tried to do is winnow us down to the substantive questions so that we can address those together as a group. Again, AI is not here to babysit us, so we need to drive responsibly here and try to get to our destination together.

Any luck on bringing up the document? I invite all of you to pull it up in the background so we can just get to work and go through it together while they are bringing that up. So, I will just remind you that this is the working draft for the report that we are going to provide. AI is going to also turn this into slides, and then I will be presenting those slides at HITAC a week from Thursday. The document itself, you will note, has a cover page, a table of contents, a background page, which is not very controversial, and additional background information just on where we have been in the past. So, again, I do not think there is a lot of substance there to concern ourselves with. I am going to jump down to the recommendations page, and it is hard to read page numbers on Google docs. I do not know if anybody knows a trick. Oh, I see, it is on the side there.

So, it looks like I am on Page 5 of 13. Mark jumped in with some useful comments, and I am glad you are here, Dan. I have continued to try to refine the specific ideas in your proposal into our Recommendation No. 2, and Mark very appropriately points out that the term "data shape" was a new a term to me and, I think, a lot of people, and it is a little unclear, I think, to the uninitiated reader, and Mark just commented that it might be helpful to use other words or additional words to clarify what that means, and we have it in quotes, but beyond that, I do not think we have any further clarification. I do not know if you want to add to that, Mark, based on your observations.

### **Mark Savage**

No, just what I put in the comment, and I appreciate that someone on this call might have a better sense of what it means, but I also was thinking ahead to what might come up in a HITAC conversation or with the broader stakeholders, as I wrote in my comment.

### **John Kilbourne**

Generally, I have the sense that "data shape" means the shape of the distribution, which really has nothing to do with this, so I agree that a different phrase than "data shape" might be a good idea. "Data shape..." Is the distribution skewed, or by...? There are different ways that the distribution can be shaped, but that is not what we are talking about.





**Clement McDonald**

This is Clem. I thought it evoked what we were talking about, and there is another piece of it. I do not think the thing about ISO 11179 is helpful. That is a very complicated spec.

**Daniel Vreeman**

This is Dan. I would be fine with... How about “data structure”?

**Steven Lane**

I think that is a little more intuitive.

**Daniel Vreeman**

Yeah. I can explain, and in the document, I use the word “shape” as an analogy for actually drawing shapes, but outside of that context, it is probably hard to pick up the nuance, so I would say “structure” is a good approximation and close enough, so I am cool with that. The reference to the ISO standard, Clem, is basically just to say FHIR uses elements the same way that ISO does, not to say that we need to follow... We are not really proposing close adherence per se to 11179, but it is more just to add weight to this idea that I did not just make up out of thin air.

**Clement McDonald**

Okay.

**Steven Lane**

So, Clem, when I saw the ISO 11179, I also did not know what to make of it and did not take the time to go read about it. Do you think it should be taken out as unnecessary verbiage?

**Clement McDonald**

I respect Dan’s thinking, but it is 700 pages, and it has not been... The industry has not widely adopted it. That term is okay, so it does not matter to me.

**Steven Lane**

Okay. Mark, you also had a comment. Go ahead.

**Mark Savage**

Yes. I wanted to check. The paragraph there is in terms of FHIR resources, and I know that we have also talked about uses of USCDI data elements beyond FHIR, and I just wanted to make sure that the delimiting language there around FHIR resources was not something that would cause confusion.

**Clement McDonald**

Maybe we should say “HL7 resources” then because it is FHIR and... But, I do not think we want to spend forever on this one subject.

**Steven Lane**

No, but we have time to get this clear. I think we are good. So, should I say “FHIR or other HL7 resource or data table [inaudible] [00:10:15] common data model”? Again, I am on Page 5, toward the bottom. Yeah, here it comes. Wonderful, thank you, good. Take us down to Page 5, near the bottom.





**Daniel Vreeman**

Mark, just to be clear, what I...

**Steven Lane**

Does HL7 use the word “resource” in any place other than FHIR? I do not think so.

**Hans Buitendijk**

It does not use it anywhere else.

**Steven Lane**

Yeah, I did not think so.

**Clement McDonald**

No, the equivalent thing is a segment in V.2, and I do not know what it is in the other one.

**Hans Buitendijk**

In CDA, it is a section or an entry depending on the level of granularity, and in V.2, it is one or more segments together. It is not exactly one.

**Steven Lane**

So, again, I think more... Slide down to the bottom of Page 5, Katie, that you are displaying.

**Clement McDonald**

But, FHIR is the king of the hill. I do not know if it conveys it okay. The industry is adopting FHIR.

**Hans Buitendijk**

I think it is using the term “attribute,” not necessarily “data element,” but it is equivalent.

**Mark Savage**

Clem, I think you are right about the increasing prevalence of FHIR, but there will still be places where, for example, in the SDOH use cases, where FHIR might not be prevalent.

**Clement McDonald**

You are right, and it is going to take a while.

**Daniel Vreeman**

Just to be clear, we are using this as an analogy. Basically, we are saying that we want our ideas and definitions of what a data element is in USCDI to align with the ways in which FHIR delineates attributes, which are technically called elements, in the resource in the same way that fields serve that same purpose in a table, like in a CDN, or a segment in an HL7 message, or an entry template. I do not think we have to enumerate them. The point was not to bind us to any particular structure, but just to draw the parallels between the kinds of structure we are familiar with and know and the way we want to see elements characterized in USCDI.





**Mark Savage**

So, maybe ending after the first sentence... It may be the second sentence that got me off track. The word “aligned” in the first sentence might be just enough.

**Steven Lane**

So, Mark, you are suggesting striking the sentence that starts “In this way, data elements are not typically used on their own, but rather, assembled”?

**Mark Savage**

That is a possibility. I am not well versed in ISO 11179, so my comment was more a question than an assertion.

**Steven Lane**

I find that second sentence helpful, personally, as clarification.

**Denise Webb**

Steven, this is Denise. I had my hand up.

**Steven Lane**

Oh, I am sorry. I see you now.

**Denise Webb**

So, when I read this, I looked at your comment, Mark, and I did not infer that we were suggesting that all elements in USCDI had to be used per the FHIR standards. I read it just as an analogy. I am not sure who that was that was describing that. It is to help us understand the characterization of the terms “data element” and “data class,” so I did not read into it the way Mark did, I read into it the way that I think was intended. Just as a fresh pair of eyes, I looked at it and did not have that reaction, and I am not terribly deep into the standards and those kinds of things, so, maybe people who are seeing this in a sort of a mandate on USCDI. I did not see it that way.

**Clement McDonald**

I think we desperately need it because we have been all over the place. It has been anchoring in our thinking about the structures that we talked about in the USCDI.

**Steven Lane**

So, I am proposing we go ahead and strike that reference to ISO because I think it does just distract people who might not be so versed, and I think that the way we have this put together now with some of the changes that have been suggested is readable and understandable. Does anybody feel differently?

**Denise Webb**

You might need the word “of” with “the notion of element.” There is a word missing there.

**Steven Lane**

Perfect, thank you so much. All right, going, going, gone. We will take those. If people have other comments, I am going to give you 48 hours to make them offline in the document. Thank you so much, Katie et al., for







getting those. Take us down to Recommendation 3. So, AI provided a number of feedback and I made a number of changes, actually collapsing two recommendations into one here, and I think this is pretty solid, but Hans...

Here, open up AI's comment. He says, "ONC will look to provide example value sets, either in the standard document, as it does currently in some cases, or in more complex cases in the USCDI reference document or guides, which are updated frequently, regarding exchange tech specs. In order for a data element to be implemented, the technical specs will have to be, by definition, at a minimum, FHIR US Core and C-CDA templates. The specs included in submissions merely offer a suggested source for updates that will be needed in US Core and C-CDA." That is helpful background, but I do not think it changes our recommendation.

And then, Hans, you went on to make a further comment here that you did not the inclusion of these examples to suggest that these would be required for certification, and I do not know if that is worth adding. To me, this is one of those that goes without saying. We are really just talking about USCDI, not about certification, but we could certainly... And, I tried to clarify that in the language. The last sentence of the recommendation: "Value sets should share a common extensible structure that associated technical standards and specify items that would be included within the data class if such data are collected and exchanged."

#### **Hans Buitendijk**

Steven, I think it was more... Not that I would argue not to include them in the ISA or something, but that we want to make sure how that is phrased and how examples are referenced, particularly from USCDI to the ISA, that it does not immediately imply that the standard referenced in the ISA as an example is interpreted as a requirement because that is what programs do, like certification, to make a particular version that lives in ISA required at some point in time. So, it was more trying to avoid that, and as I read it, an issue came a little bit across the way, and I just wanted to raise it as a card in the way we interpret it.

#### **Steven Lane**

Do you feel that the current wording is acceptable, or do you think we need to add to it?

#### **Hans Buitendijk**

I think if we add to it that particularly the ISA is a great place, and in the comment that you made in response to mine, where you put in between... Well, it is "If you collect and exchange this data, this is the place in the USCDI that it goes." I think if I hear you correctly, that would align very well. If you look at it from an ISA standard perspective that is referenced, this standard covers USCDI data classes/elements X, Y, and Z so that you clarify by saying, "It is in the ISA, this is the standard, and this is the part of the USCDI that it supports." That would be very helpful information to have. The moment you go the other direction, from USCDI into ISA, it starts to sound more quickly as a requirement to support that particular standard. So, it is...

#### **Steven Lane**

The other thing... Sorry, I did not mean to interrupt you, but I was just going to say the other thing is I changed the wording here to call these all "example value sets," and that was AI's suggestion.





**Hans Buitendijk**

That helps soften it from what I initially read, and then, if in the ISA, we provide that backwards link to say as a recommendation to ONC to clarify for each of the standards in the ISA what part or parts of the USCDI it supports would be very helpful information. Going in the opposite direction, I would be very careful.

**Denise Webb**

As a recommendation?

**Steven Lane**

Yeah.

**Matt Rahn**

This is Matt. I was just going to say that it sounds like that would be something that you would leave a comment on the ISA for, not USCDI.

**Hans Buitendijk**

I think it would be a great comment for ISA, absolutely, but since there is the discussion here over relationship between the USCDI and the ISA, this might be a reasonable spot to highlight that perspective as well because the ISA is referenced in this recommendation. I think that is fair and appropriate to reference, but my highlight is in which direction to read it.

**Steven Lane**

So, I come back to my question...

**Denise Webb**

You could make that a recommendation. Sorry, Steven, I raised my hand.

**Steven Lane**

No, I think we are saying the same thing, Denise. So, Hans, again, I am trying to get to the final language. So, do we need to say more in this, and if so, where?

**Clement McDonald**

I do not think we do.

**Hans Buitendijk**

I think at this point in time, I am comfortable with the latest version of this. I raised it as an issue while reviewing it.

**Steven Lane**

Okay. Anyone object to this? Denise, do you feel like this is good for us to bring forward as it stands? I feel like I can explain this.

**Denise Webb**





Yeah, that is fine. I was just saying if Hans was not comfortable with it, we could put a general recommendation along with the other general recommendations we have, since there is a linkage between ISA as he described, if we are suggesting ISA put that linkage in their documents.

**Steven Lane**

And, at Al's suggestion, I added that the value sets could reside in the ISA, the Value Set Authority Center, or elsewhere. Those were Al's words. Do we want to specifically limit this to the ISA? I do not know much about the VSAC.

**Clement McDonald**

I do not think she should get into that level of detail at all. A lot of it is going to end up being in the standard.

**Matt Rahn**

So, this is Matt. If we do not specify in USCDI, then we would state C-CDA or FHIR and have a specific version of that required for certification purposes, and then, if we are not specific to it, then you would follow what is in the implementation guides of C-CDA and FHIR.

**Clement McDonald**

Exactly.

**Steven Lane**

Okay, but Matt, we are actually talking about something a little different, I believe. We are talking about the example value sets. We are talking about the things that we have now put down in Appendix D.

**Clement McDonald**

Oh, are we down to that?

**Steven Lane**

Yeah, this is all in the same recommendation, so I want to be clear that I believe these example value set lists are not going to be in the implementation guide.

**Clement McDonald**

Well, actually, they are relevant. My comment on the example value sets is that they are examples of what? We are going to have to define the universe, and I think it is an example of LOINC codes, and what the FHIR statement says about them is it includes any LOINC code, and these are examples of the ones you could use, but that is not how it is stated now, and if we did not want to use that, I think we should save these as starter sets because if we do not get something specific, we are never going to get this data moving.

**Steven Lane**

Again, I do want to realize that this Recommendation 3 also now includes the content that is in Appendix B, so we are going to scroll down there in a minute, so everybody fully digest what is here in Recommendation 3, where we talk about... Let me just clarify what is here. The first sub-bullet is "Information should be distinct in the details provided by the submitter," and I guess we do not need this. This is now redundant, so I am going to suggest we strike that there. "Applicable example value sets should





evolve over time. Those value sets could reside in multiple places,” as we say right now, “and we have now provided example value sets for two specific data elements, clinical tests and SDOH elements, in Appendix B.” So, those are our four sub-bullets under Recommendation 3. Now, slide down, if you can, to Appendix B, which is now on Page 11, and we were provided by Clem with the example of clinical tests and associated standards. We were also provided by Mark, supplemented somewhat by me, with example SDOH assessments and associated standards. These are meant to be example examples.

**Clement McDonald**

That is complicated.

**Steven Lane**

Yeah, and Clem, I lost some of my comments when I moved this down to the appendix, unfortunately, but there were a number of these that you included as clinical tests that I thought really were more either procedures, labs, or imaging and did not belong in this clinical test list.

**Clement McDonald**

Yeah, there were a couple on imaging, but procedures in FHIR are defined as something that invades the body. None of them were procedures. There were a couple imaging ones, and they would be covered by imaging already.

**Steven Lane**

I just thought that maybe they did not belong here, but I am not sure we need to get this perfect. Also, the fact that a number of these were pending or submitted and did not get LOINC codes, it seemed to me... Again, these are just meant to be examples, so my tendency would be to remove those that do not yet have LOINC codes, if you are okay with that.

**Clement McDonald**

Yeah. They will be in in a week, though, so I do not know whether the timing is important. The one that is really important is visual acuity, which was defined in a complicated way in the current version, and we made a simpler and more common way to do it, but that is really an easy test, and it is done widely, so I almost hate to give that one up.

**Steven Lane**

Okay, that is fine. Again, it is all just meant to be examples, and we have plenty of time before Version 3 is published. And then, Mark, as you saw, I went and looked up the LOINC codes for the various assessments that you had offered, and I appreciated that, and the only other thing...

**Mark Savage**

I did have some commentary on some specifics, Steven, that can probably be handled offline.

**Steven Lane**

Oh, okay, I got some of the LOINC codes wrong. That is fine.

**Mark Savage**





Or, you may have gotten them right, but I vetted them with my terminology folks, so we will want to just confirm.

**Steven Lane**

Okay. And then, you had that note at the end that assessment screening tools are works in progress and will change over time. That seems unnecessary to me. Do you mind if we delete that?

**Mark Savage**

Okay.

**Steven Lane**

All right. Dan, I see your...

**Mark Savage**

One thought.

**Steven Lane**

Yeah, please.

**Mark Savage**

Up above in the text, where you just referred to LOINC, you might say “LOINC and other” to help make it clear that we are not just focused on LOINC. I know we have been talking about example examples, but I thought that actual language just tended to focus on LOINC. So, “LOINC and other” would make that clear.

**Clement McDonald**

Well, let me push on that a little bit. If one opens it up to everything, such as local codes, we get junk again.

**Steven Lane**

But, we did say “standard LOINC and other codes.”

**Mark Savage**

Clem, are you thinking of...?

**Steven Lane**

All the ones below... This was meant to be the examples. “Example value sets for clinical assessments are provided in Appendix B with associated LOINC codes.” So, that was why I said that. So, none of the codes in Appendix B are other than LOINC.

**Mark Savage**

Correct, and for the ones that I provided, that was because we were focused on assessments, but when you look at some of the other SDOH data elements, there are others: ICD-10, Z-codes, and SNOMED CT.

**Hans Buitendijk**

Can we say there are other agreed-to codes, or that they have to be agreed to, and that is where we can make sure that they are as standard as possible? I can see Clem’s concern that we want to be careful





encouraging the use of local codes where we should discourage them, but I think it is more than LOINC, so if you say “associated standard LOINC codes and other agreed-to...”

**Clement McDonald**

Well, to clarify, it is really the assessments that might have LOINC codes. Those other resources in FHIR would be other codes, such as SNOMED or ICD, as you said. So, if we are talking about assessments, I do not think it is terribly wrong, but if we try to cover all the SDOH codes, we will be wrong.

**Steven Lane**

So, again, if you look up at Recommendation 3, just at the top of the screen now, it says, “Value sets should share a common extensible structure with associated technical standards,” which, to my mind, includes applicable associated value sets, “and specify items that would be included within the data class if such data are collected and exchanged.” So, I see this as falling under the rubric of technical standards mentioned there. And then, Sub-Bullet 4 says, “Example Value Set 4, specifically clinical tests and SDOH assessments, are provided in Appendix B with associated standard LOINC codes,” which is a true statement. So, I do not think we are saying at any point that anything needs to be LOINC. We say “associated technical standards” above, and then we say “examples with LOINC codes below.” Is that acceptable to folks?

**Mark Savage**

Yes.

**Steven Lane**

Clem, Hans, you good?

**Clement McDonald**

Yeah.

**Hans Buitendijk**

Yup.

**Clement McDonald**

Steve, you are an amazing craftsman.

**Steven Lane**

I am trying. And, Denise, up above, I left that word “shape” in Recommendation 2 in quotes just because I think it is helpful, and it is also used in the RTI recommendation or RTI document, so I took it out up above and just added it as a clarification, so that is why it is in there.

**Denise Webb**

All right, thanks for explaining that. I appreciate it.

**Steven Lane**

All right, I think we have gotten through Recommendation 3, and I would like to keep going. Recommendation 4, if you can stick with us here, is “ONC should prioritize the adoption of USCDI data





elements and classes that benefit multiple use cases and stakeholders.” Al said, “We already do that; you do not need this.” And then, I realized that we do have this sub-bullet that Mark recommended to “Specifically consider the data required to support a robust API app ecosystem, which is currently constrained by available data.” Again, I do not know whether any of this recommendation really adds a ton of value. Al suggests we do not need it. Are people committed to this, Mark in particular?

**Mark Savage**

I do like it, so I would keep it.

**Steven Lane**

Okay, I think that is fine. Mark, I may ask you to write me a short paragraph or sentence or two that I can use when the question arises at HITAC what the heck we are talking about here. That would be really helpful. I will try to channel you there. Okay, Grace. You had a comment. Anything else on No. 4 from anybody?

**Ricky Bloomfield**

Yeah, this is Ricky. I was just going to emphasize the point that I think this could benefit from examples, and maybe the paragraph that Mark put together can highlight that so that this is not misinterpreted in any way. It is a relatively general high-level recommendation right now, and may not be specific enough to be actionable.

**Steven Lane**

That is a really good point, Ricky, and perhaps even those examples could go into the document itself.

**Mark Savage**

Thanks, Ricky, and Steven, I will include examples too.

**Steven Lane**

Excellent, thank you. All right. Grace, you had a comment about 5 and 6, and I am thinking that your comment may no longer be right because I have changed some things. Do you remember what you were getting at in consolidating 5 and 6?

**Grace Cordovano**

I thought that the bolded parts of 5 and 6 read very similarly. I reread and thought that maybe they could be collapsed, and it seemed that you shaped it with the bullets as is, but obviously, I am going to defer to your thoughts.

**Steven Lane**

No. 5 is really about high-priority use cases, and I broke it out and acknowledged that ONC already identified three high-priority use cases at our suggestion in Version 2...no, they identified them as Version 3 areas of focus in the Health IT Standards Bulletin, so I therefore took those out of the list below, so that is why I removed “health equity and disparities” because it is already identified as a priority, so I do not think we need to re-request that. SDOH was already included, obviously, and I do not think we need to specifically identify that as an additional priority because it is already up and running. And then, pandemic preparedness and response is also really part of public health reporting investigation and emergency response up above,





so I think we have all those covered, so that is why I struck those from the list below. So, again, I think this is a good list if people... I separated out, for example, patient safety and disaster preparedness because those are really whole different worlds. So, are people comfortable with the way we have presented this?

**Clement McDonald**

Well, I am not uncomfortable, but I think that two or three recommendations sort of overlap, and the last one sort of cabbages. You get one big thing, and it explodes, and there are a bunch of things. But, I think only because it will be hard to get focus on it, but I do not think we have time to change it.

**Steven Lane**

Does anyone feel that any of these suggested future priorities should be removed or expanded upon? If you could scroll up just a little bit so they can see the whole thing at once, that would be really helpful. You can also change your view so you are not seeing the page breaks. On my view, it is called...I do not know what it is called. Anyway, the page break is getting in the way. Yeah, unclick "print layout." That will do it. Unclick "print layout" on the left. Perfect, thank you. So now, you can see the whole list. Grace, were you going to say something?

**Grace Cordovano**

I can see what you are saying, that you made changes. So, it should not say 5 and 6, it should now be Recommendation 4 and 5 because I guess the numbering changed since I looked at it last night.

**Steven Lane**

Ah, okay. There we go. Thank you. Again, I think the multiple use cases were a separate concept, and now we have thrown in the API thing, so I do not think there is harm in keeping them separated unless other people want to pile on with Grace.

**Ricky Bloomfield**

This is Ricky. I think the general idea here is prioritizing use cases, so it does seem like they overlap. Could you just say one thing that benefits multiple use cases, so that would be inherent in prioritization? It does feel a little redundant.

**Steven Lane**

You are right. We could change Recommendation 4 and couple it under what is now Recommendation 5.

**Ricky Bloomfield**

Right, I think that would work well.

**Steven Lane**

Okay. I will work on that. You do not need to watch me do that. I will bring the API stuff down there, and it will all be about high-priority use cases. So, I am just going to insert a comment to myself that will combine...

**John Kilbourne**

End-of-life care has been mentioned a few times. I am not sure if we want to call that out.

**Steven Lane**







You are right. Now, there is another recommendation that is related where we weighed in on specific data classes, which is currently Recommendation 15, where we say we have these favored data classes that include end-of-life stuff, functional status and disability, cognitive status, pregnancy status, and health insurance information. We could bring that up and collapse it into 5 as well, but 5 is more about high-priority use cases as opposed to high-priority data elements, but it might make sense to at least juxtapose those two. Actually, I see we have a whole bunch of stuff down below about high-priority data classes and elements, so maybe what we should do is move what is now 4 and 5 and put it under our section on high-priority data classes and elements. I think that actually makes a lot of [inaudible] [00:39:43], so I will do that. I will take 4 and 5 and move them down to the high-priority data elements section.

**Mark Savage**

Steven, this is Mark, just for the thought that it is sometimes easier, though, to understand things in smaller bites.

**Steven Lane**

Yeah. No, I am not talking about completely collapsing, but just for organization's sake, just putting all those things that have to do with our high priorities. Ricky, feel free to comment, please. We welcome that. Okay, I feel good about that, and thank you for that comment. I am not sure who that was about the end-of-life stuff.

**John Kilbourne**

John from VA.

**Steven Lane**

John, okay. I thought that was your voice. Thank you. All right, I think we can massage all that together in a way that it is going to be better organized, and I will work on that. All right, there is a hand up. Grace?

**Grace Cordovano**

I just have a general question about high priority and the language that is used throughout the report. I noticed that the COVID-19 pandemic is not specifically referenced here. For the time being in the current state that we are living in, should we be specifically calling out prioritizing data classes and elements that are important to the pandemic? For example, vaccination or treatments that may be helpful for patients. I see that "disaster preparedness" was the word in here instead of "pandemic."

**Steven Lane**

Well, "disaster preparedness" and "pandemic" response are a little different. I think "pandemic response" falls under public health reporting, investigation, and emergency response, which is what we... There were times in which we called out COVID specifically, but I removed it in deference to a more general focus on public health needs. I do not know that... It was like "COVID-19 and other public health emergency response." I do not know that that adds a lot of value. I think everyone knows that COVID is happening and that we are dealing with it, and I think what we are trying to make sure the public health response from the health IT community is extensible beyond COVID and prepares us for the next challenge, but if others agree that we should call out COVID specifically, we can stick that back in there. Any thoughts?

**Clement McDonald**





I agree that we should that we should encompass the future as well as the current. By the time this all gets done, that is going to be two years from now. We hope COVID will be over.

**Mark Savage**

Yeah, I think you can leave out COVID but say something more general, like “pandemic response,” just to be prepared for disease reporting, for example, and immunization reporting, which I think is an area of weakness right now, but I think that could be encompassed by a higher-level concept.

**Steven Lane**

Ricky, you put in your comments something new that we have not discussed before, so before I consider adding it, I just want to get people to weigh in on this notion of reducing duplicative testing with all the benefits that that yields. Is that something that anybody would object to us adding as a future priority?

**Clement McDonald**

Well, I think it is a good idea, but I do not know how the coding business is going to help that. I do not know how the work of the USCDI can help it. Maybe I am missing something.

**Ricky Bloomfield**

It is not coding in particular, but it is data access, and the example that I put here would be, for example, accessing DICOM or imaging data, which is not yet part of USCDI, although we do have radiology notes, and that is sort of ground zero for reducing costs, trying not to duplicate testing when you can pass the image along, but we do not do that today.

**Clement McDonald**

I take it back.

**Hans Buitendijk**

I see the cursor is jumping to value-based care delivery. Is that an indicator of that by cost and efficiency improvements? I completely agree with the intent. The use cases that address efficiency and cost are important to consider as well. We have many different things on the list here. It is going to be hard to prioritize everything as No. 1, but clearly, where we can do it, it can help.

**Ricky Bloomfield**

Yeah. I think it could certainly fit under value-based care. I think it is one aspect of that that can have particular solutions, so it might be worth calling out separately. As was mentioned earlier, sometimes, having a little bit of additional granularity here can be helpful to trigger ideas, since some of these concepts are so high-level.

**Steven Lane**

And, it is a long list of suggestions for future prioritization. Again, I think we get it in the hopper and ONC will deal with it if they like. So, I have made some suggested changes in response to people’s comments. Are we good with those?

**Hans Buitendijk**

Steven, maybe just change the word “testing” to “services” to be a bit broader than only testing.





**Steven Lane**

I like it.

**Ricky Bloomfield**

Yeah, that works.

**Steven Lane**

All right, good. And, we have pandemic response in there.

**Ricky Bloomfield**

Thank you.

**Steven Lane**

No, thank you, that is marvelous. All right, onto what is now Recommendation No. 6. Here, AI continues to point out that he thought this API right access was sort of out of scope. I put it back in scope by saying “relevant to USCDI data classes and elements.” I do not know if everyone feels comfortable leaving this in.

**Matt Rahn**

This is Matt. I still agree with AI that it is out of scope. In order for us to do anything about that, we would probably have to update our...put out a regulation for that.

**Steven Lane**

The other thing we could do is take it out of this Task 3 section and stick it down under “additional task force recommendations to ONC,” which we have at the end. That softens it a bit.

**Mark Savage**

This is Mark. We have all heard from me before, but obviously, I think it is a good thing to keep included, and I think it does shape what can be submitted as a data element or not.

**Steven Lane**

Again, I do not really know what HITAC is going to think of our additional suggestion to go beyond our Task 3 charge, but I think sticking them at the end so they do not unnecessarily distract from our core message is good, so how about I just move this to the end? Denise, do you think that seems reasonable, if you are representing HITAC leadership here?

**Denise Webb**

Yes, I do.

**Steven Lane**

I think we all believe that this is good stuff, so I will move that one. Thank you all for that. Okay, what is now listed as Recommendation 8: “ONC should encourage and support the use of FHIR questionnaires to address,” and here again, I put “USCDI data collection gaps, especially patient-generated health data, social determinants of health, and data utilized in research.” So, I sort of collapsed a number of things here





in this notion of FHIR questionnaires. Again, it is a little outside of our scope for being asked to respond to put priorities in for Version 3, so maybe this one will go to the end as well. Thoughts, especially from Matt?

**Matt Rahn**

Yeah, I think that is out of scope for USCDI Version 3 specifically.

**Denise Webb**

This is Denise. I concur.

**Matt Rahn**

I recommend moving it down.

**Denise Webb**

It can go down.

**Steven Lane**

Yeah, okay. Any other thoughts on that Recommendation 8? And then, Recommendation 9: “ONC should develop and support a process to review documents and validate non-certified health IT systems that share USCDI data.” Again, I think this was Hans’s suggestion. This ended up being in lieu of a recommendation for a full-on certification program for public health because that is clearly outside our scope, and it was recommended by the Public Health Data Systems Task Force. Again, I think this one probably belongs at the end as well.

**Hans Buitendijk**

That is fair.

**Steven Lane**

And, I think the last one is more specific to USCDI V.3, perhaps, which is simply our recommendation that “ONC assign and support staff champions to focus on USCDI data needs related to patients, caregivers, and minority use cases.” I feel like that is okay up here, if you will.

**Hans Buitendijk**

Does that relate to Recommendation 5?

**Steven Lane**

Recommendation 5... Well, what is now Recommendation 5 is about prior... Yeah, we could throw it in as yet another sub-bullet under Recommendation 5. Recommendation 5 is going to have a lot in there, but “prioritize, encourage, and support the advance...” Yeah, I think that could go under 5 as a sub-bullet. Any objection to that? Okay, good idea, Hans. We will tighten this up a little. “Move to sub-bullet under ‘high-priority use cases.’” All right, good. And then, this whole first section is simply called “general recommendations,” okay? And then, we have a subsection on data needs related to public health, and then we have the high-priority data classes/elements section, which will probably be high-priority use cases, data classes, and elements, as we get there.





So, let's talk through the public health section. There are three recommendations that survived in that section. One is "ONC should..." Oh, there is an introductory paragraph that I added acknowledging the hard work of the Public Health Data Systems Task Force and our understanding of that, the fact that significant infrastructure and resource gaps exist, and then, that we acknowledge that as the context for our public-health-specific recommendations. So, if anybody has better wording for that, feel free.

So, the first one was "ONC should prioritize data elements for public health in USCDI now, even though significant infrastructure and interoperability issues currently exist." So, this was related to the sub-bullet that says, "Encouragement of submission and adoption of priority data elements for public health should not wait until after resolution of relevant [inaudible] [00:53:06] interoperability issues, but rather, should proceed simultaneously so that the standardized public health interoperability exchange necessary to respond to public health threats becomes available as soon as possible." This is...there are a lot of words here. It basically says, "Do not wait until we fix all the problems before you prioritize public health data elements." I recall all the discussions that got us to this. I do not know that it adds a whole ton of value for us to say it to HITAC and HITAC to say it to ONC because I think they are doing this anyway, but I am interested in people's comments.

**Clement McDonald**

Well, I think we are saying a lot, so if we add stuff we think is not clear or important, it is going to dilute the other things we are trying to say.

**Mark Savage**

This is Mark. For me, there have been instances of linear thinking where we have to wait for one thing to happen before we move on to the next, so I think it is probably worth saying.

**Steven Lane**

Does anybody else want to weigh in on this and its value in our list of recommendations? Denise?

**Clement McDonald**

Well, again, I think if we give them a flood of stuff that is not clear just because it may have some value, it is going to diminish the overall effect of a lot of stuff, I think. There is only so much they can attend to. It is not crystal clear what this means, to my eyes.

**Denise Webb**

Oh, I agree with Mark's comment about the linear thinking, the sequential thinking, when there is probably a number of things that have to occur in parallel. I think that is what we are really recommending here. I do not know if we have to say it differently, but...

**Clement McDonald**

[Inaudible] [00:55:16]

**Steven Lane**

Okay. Well, keep thinking about that. If people have anything more to add, please throw it in as a comment. What is currently Recommendation 12, "ONC should assign and support staff champions to focus on USCDI-related needs for public health registries and pandemic-related interoperability standards..." Again,





I think we have these two comments. One has to do with patients, caregivers, and minority use cases, and this one is basically saying you should dedicate or assign staff to be the champions. I think that has everything to do with how they approach Version 3 and their reasonable comments, so I am comfortable leaving them in. Does anybody feel differently?

**Clement McDonald**

Well, again, I think we have a lot of comments that a lot of these sound somewhat alike. I do not know whether they could be focused down some.

**Mark Savage**

Yeah, what is the difference between this recommendation and the next one?

**Steven Lane**

Yeah, we could combine them into one, for sure. Would anybody object to that/ I think this separate section on public health use cases may just go away, and we may just have a running list, but... Okay, let's just talk about 13, so I am going to take away the comment here to combine with...

**Denise Webb**

Steven, I think it is a good idea to combine and consolidate where possible, especially when you are presenting this to the entire HITAC, because you want to avoid that commentary with the committee because you will probably get the same feedback.

**Steven Lane**

All right. What is now labeled as 13, "ONC should encourage and support public health and registry organizations' needs and stakeholders to participate in the process, particularly providing comments." Here again, this does not really feel to me like it needs to come to the level of a task force recommendation.

**Clement McDonald**

Yeah, I agree.

**Steven Lane**

Bryant is not here to speak for himself. I think this came out of our deep dive into public health and the thought that we needed more engagement, but again, in the light of day here, we feel it is excessive and almost trivial. ONC is already working on this. Does anyone object to dropping this?

**Clement McDonald**

No.

**Denise Webb**

Nope, I concur.

**Steven Lane**

All right. And then, we have a couple here that were originally put in this pile on high-priority data classes and elements, and these are substantive. One is that we think all notes should be included, and we have talked about this at length, and I worked on this wording pretty hard, so I am interested in peoples'





comments. “The task force suggests that all clinical note types defined in the LOINC document ontology be included in USCDI V.3.” Very clear statement. “The task force particularly recommends the inclusion of operative notes, which are of high value to patients.” I am not sure if that second sentence adds anything because we just said we want them all, but Grace, I know you had raised that one, or actually, a number of us have raised that one.

**Denise Webb**

You could say “especially.” You could make it part of the same sentence.

**Clement McDonald**

I am not sure the word “operative notes” is in there. I think it is “procedure notes.”

**Steven Lane**

Yeah, procedure notes are in, operative notes are out. That is exactly right at the moment.

**Clement McDonald**

I think I would leave that statement in, for clarity.

**Steven Lane**

I did not like the “especially” approach, Denise, because I thought it sort of watered down the first sentence. I thought about it.

**Denise Webb**

Okay, two distinct thoughts.

**Steven Lane**

And then, there is the explanatory bullet below. “While a subset of 13 LOINC-defined note types have been identified as part of the C-CDA standard, the task force believes that specifying the inclusion in V.3 of any note type that may be used in an HIT system will support the access and exchange of use of a larger portion of EHI.” This is Hans’s comment, I think: “HL7 should be encouraged to provide guidance related to the C-CDA standard with minimum expectations for vendors regarding how to include additional clinical note types in CDA documents.” Tell me if I got that wrong, Hans, and if you still want that in there.

**Hans Buitendijk**

I think it is still helpful to recognize that LOINC document ontology is very large, and some of those may fit very well in existing templates and guides, but other ones may need to be adjusted, so I think it is important that while aiming for the LOINC document ontology, there needs to be appropriate guidance for a number of those to recognize “What do I use for that, C-CDA or something else? What is it that helps us do that consistently?” So, I think it needs to be in there. Also, it probably will be helpful to put a link into the LOINC document ontology so others that read this know where it is so they can look at the entire list and see.

**Clement McDonald**

Good idea. These tend towards “fire at will.” The VA and Mayo in particular use them widely. You have to assume that they are intelligent adults and they picked the right ones.





**Mark Savage**

It is still big. It is more than 13.

**Clement McDonald**

No, no, I agree.

**Hans Buitendijk**

So, I think that comment should be there, then.

**Steven Lane**

That is a very intuitive URL, Dan.

**Daniel Vreeman**

[Inaudible – crosstalk] [01:01:59]

**Steven Lane**

Grace, I want to acknowledge the comment you put in last night about clinical decision support systems and whatnot. I tried to respond to that. I do not think it bears further discussion here, but it might be useful for someone to put a comment in the ISA. Okay, if no one has anything else to add, I am going to leave what is currently listed as Recommendation 14 unless, Hans, you want to wordsmith it at all to make it clearer.

**Hans Buitendijk**

Maybe a tiny little bit, but not a lot.

**Steven Lane**

Okay, feel free in the next day or two to look at that. I hope no one objects that I am taking your suggestions and trying to make them all consistent and understandable, especially since I am the one that needs to present them to HITAC. They need to be understandable for me. All right, I hope I am proving my value to you all, and my editing capabilities.

**Denise Webb**

You are.

**Steven Lane**

All right, if you can slide down a little bit in the view here, the next one is Recommendation 15, “Prioritize specific data elements,” and again, we are going to combine this in the section on...we are going to combine the stuff about use cases in the same section, and again this is the list we have called out before, and the life stuff, functional status and disability, which, Grace, are combined in the ISA, so I put that in there. You pointed out that that was missing. Cognitive, pregnancy, and health insurance. I think we will call those out because we have discussed. Are you good with that, Grace?

**Grace Cordovano**

Yes.







**Steven Lane**

Wonderful, all right. And then, we are down to our additional task force recommendations, and again, I put in this introductory paragraph that “We, the task force members, discussed a number of general topics and priorities related to, but not directly bearing on ONC-specific charges to the task force. These recommendations reflect the broad stakeholder representation within the task force membership and the enthusiasm members have to support nationwide interoperability.” So, again, this was separate from what you asked us to do, but we also have these additional recommendations. And, I think I might take out the two subsections and just... Well, it is going to be a longer list, actually, because we are bringing a few down from above that were actually...4, 6, 8, 9, and 10, so actually, this is going to be a longer section.

I think we are still going to have more recommendations specific to our task than those separate from our task, but it is what it is. Denise is going to help me with this, making the segue from “This is what you asked us to do” to “This is what we did in addition.” So, we have talked about the recommendations above, so let’s just go through these quickly and make sure there is no further input. The recommendation now numbered 16: “Develop guidance to support providers, et cetera, and other stakeholders in compliance with the all-EHI recommendation.” Again, I do not think there have been other task forces that have weighed in on this, so I think we all understand the value of this. “ONC should encourage stakeholders to identify and prioritize data elements that may be difficult to access, exchange, [inaudible] [01:06:06] the absence of inclusion in USCDI when required by OHI.”

I do not know if that... I guess that could be a sub-bullet under the first one just so this list is not too terribly long. Maybe I will just sub-bullet that one if that is reasonable. Okay, and then, what is listed now as No. 18 would be “ONC should promote and support the development of technical implementation guides to reinforce public health use cases.” Again, so far afield from our tasks that I am not sure it still belongs here, with all due respect to our public health colleagues, who provided us so much valuable input, so I do not know what people think about this one.

**Denise Webb**

Was that not included in the task for public health data.

**Steven Lane**

Not specifically. I actually read through that. They had something like 48 recommendations or some huge number.

**Denise Webb**

Right, they had a lot.

**Steven Lane**

Yeah, and I missed that HITAC meeting, but I read through that over the weekend, and I did not see this one there.

**Denise Webb**

Okay. Yeah, there were so many, I did not recall.

**Steven Lane**





Yeah. I also did not specifically see what is numbered now as 19. If you can slide down in the presentation, that would be helpful. We have not talked about 18 or 19, Katie or Mike. Anyway, what is now labeled as 19 is “ONC should provide guidance for and encourage the use of read/write APIs in public health interoperability use cases.” Again, kind of far afield from where we have been and not specifically called out, I believe, in the public health one.

**Denise Webb**

Well, I do not know. That really is far afield, like you said, from our charge.

**Steven Lane**

What happened in a public health task force I sat on was they only had a very limited period of time, and they intentionally narrowed their scope to be very focused, and therefore, I think some of these residual items were left out. Whether there is any value in our task force recommending to HITAC that they recommend this to the national coordinator when we were not asked to do this... I think it goes back to the earlier comment of Clem's. If you put in too much, it waters down what you are trying to say. So, a part of me is tempted to just drop this whole section.

**Denise Webb**

I agree with you, Steven. This is Denise. I think that is not going to be the last kick at the can for public health. They were meeting a deadline, but I think we are going to have further deliberation, and at least, things could be presented in another forum. Do you think that is not the last task force?

**Steven Lane**

No, and one of their recommendations was, indeed, to have a [audio cuts out] [01:09:20]. So, I do not think these ideas are going away, I do not think we were asked to present this, and I do think there is a risk that it waters down what we were presenting on USCDI, so does anyone object to us striking what is now 18 and 19?

**Denise Webb**

Will this be captured in our minutes, too, so if they do reestablish the task force, those of us who participate in that can resurrect these items?

**Steven Lane**

Indeed.

**Clement McDonald**

Steve, the only thing I worry about is... This is their big shot, and then, who are we to pull it? That is my only worry.

**Denise Webb**

That is true, but...

**Clement McDonald**





We do talk about public health in other spots, though. The read/write API is something that I think is really a function, not a coding system. At least, it should go down to the bottom with the other one. There was another one about read/writing.

**Steven Lane**

Yeah, which we said we were going to move to the end. We are going to do that with the whole read/write API. It sounds like there is enough interest in keeping it here, at least, for documentation, so we know where these things are. Matt, do you think we are totally off the rails here, or do you think we can get away with this?

**Matt Rahn**

You are not off the rails for the recommendation, but I do not think it belongs in the recommendation for USCDI Version 3.

**Steven Lane**

Right. This is just like our extra credit. Our task force worked really hard on USCDI, and we also talked about a bunch of other cool stuff, and we thought you would want to know.

**Denise Webb**

Yeah, I think that would be fine, as long as we introduce these recommendations in that manner, as totally separate from our charge in the document, as I think you are planning on or it looks like we are doing.

**Clement McDonald**

Yeah, because it is not our committee. Steve, I kind of lost attention for a minute when you had Recommendation 13. What was it you decided about that requirement?

**Steven Lane**

We decided to strike Recommendation 13 because it just seemed almost trivial. It was really about how ONC interacts with the stakeholder community, and...

**Clement McDonald**

Maybe I have the wrong one, then, sorry. It is the one with functional status/cognitive status, 15.

**Steven Lane**

Oh, that is all in there. We are not losing that. I am going to rearrange it a little bit. Okay, Ricky, did you have something else to say about DICOM imaging? Did you have another comment, or did we capture that?

**Ricky Bloomfield**

My screen is not up at the moment, but I just added a comment to what I think was 15 around potentially adding that as one of the high-priority data types as opposed to categories. And, just for some context here, one of the reasons this is coming up now is that the CARIN Alliance has been thinking about this as a potential area of focus, similar to what they did for insurance data for consumers which led to the CARIN Blue Button Guide, trying to think about imaging data as something that, really, no one has worked on an





implementation guide for to date, yet there is a need for a variety of reasons, and it is not reflected here, but obviously, it is a longer-term thing, but just add it to the list so that it comes up in future discussions.

**Clement McDonald**

Just for clarification, I thought that like in Indianapolis, people can pull images from any hospital, and I thought that was a DICOM spec.

**Ricky Bloomfield**

There is no standard-based way for patients to get access to their images from their health provider.

**Steven Lane**

But, to be clear, similar to the Indianapolis experience, care quality has an active group working on image exchange between the image vendors, and they have an active group working on patient access, so I think there will be a convergence. To Ricky's point, this has not been called out in USCDI, and all those efforts at real-world exchange are going to contribute to this making into USCDI because, of course, it has to be done between vendors, et cetera, so I feel perfectly comfortable adding it to the list is what is now Recommendation 15 if nobody objects. So, a late addition, but a good one.

**Hans Buitendijk**

I have a question there, or a clarification. When we say "imaging data," that could encompass the image and the report, and...

**Steven Lane**

Well, we already have the report, right, Hans?

**Hans Buitendijk**

And, given that, here, we probably want to be clearer that it is the image. Otherwise, it might be interpreted as the report by some.

**Ricky Bloomfield**

Yeah, that was the reason I used the word "DICOM," to make it clear that it was the image file rather than the report, but we could phrase it in a different way to make that clear.

**Steven Lane**

How about we just call it "image data" instead of "imaging data"?

**Ricky Bloomfield**

Yeah, I think that would be fine.

**Steven Lane**

Does that work for you, Hans?

**Hans Buitendijk**

Yes, that would, or just drop the word "data." Just "DICOM image." Because there is also the DICOM image report or the structured report that is also DICOM.





**Ricky Bloomfield**

Yeah, and of course, DICOM files can also be videos and other things, so it is not strictly images, which is implied as being still images versus moving images.

**Steven Lane**

How about I call it “image files”?

**Hans Buitendijk**

Yeah, I think that would be clearer than just “data.” That is less likely to be interpreted as reports.

**Steven Lane**

Okay, got it. All right, it is 8:47. I think we are probably coming up on public comment. I just want to make sure I am capturing all of the various comments that went in here, and Grace, I think you had another comment here. “Is it a benefit to recommend highlighting all the newest submissions that have/will come through ONDEC for the V.3 submission cycle somewhere on the USCDI site or in the appendix?” That process is independent of our process. We are establishing...we are making recommendations for how they are going to approach those submissions, but I do not think we need to restate or point to those submissions. They are just happening independently. Are you okay with that, Grace?

**Grace Cordovano**

I understand that, but as I went through the different levels and comments, it is not very clear what has been a new addition or being added, and I thought that would be helpful for others who may be new coming into this, so I do not know where that falls. I was just curious from an ONDEC and a leveling presentation perspective what the best way is to present the new submissions as they come in or have come in.

**Steven Lane**

Matt, do you want to comment on that at all?

**Matt Rahn**

I am sorry, I was multitasking. What was the question?

**Grace Cordovano**

I had a comment about new submissions that come through ONDEC. So, now there are submissions that are coming through or have come through for consideration for Version 3, the way that things are added and presented on the USCDI website, it is not very clear what has been there for years or what was just added, so I am curious: Is there a way to best flag those, or is there a list that can be presented, or how...? I do not know if that falls in our recommendation, but from a task force perspective, it is not easy to navigate and identify what has been recently submitted or how long something has been submitted to the list.

**Steven Lane**

[Inaudible – crosstalk] [01:18:13], Grace. We have already submitted recommendations that that data be added to the website, so that is in our prior recommendations.

**Clement McDonald**





All we need is a date to be able to sort the grid.

**Matt Rahn**

Yeah, I know. So, definitely, that is something that we are looking to do, but there is a date on the website right now. I know AI has been working on making it easier to use, but most of the...all of the data that has already been recommended should be on there. That is prior to the USCDI Version 3 recommendations, so if you are leaving a comment to level up, in a sense, then that would be good, but it most likely is already there. If it is not, then you should see the date that is on the submission.

**Steven Lane**

I think we have that covered. All right, we have gone through a lot. I really thank all of you for going through this process together. Are there any other comments before we go to public comment? We have a number of members of the public who have joined us today. I really do want to encourage you to speak up. We love that you are here, but we are sad when you do not talk to us because we are so interested in what the public has to say. So, let's go to public comment now, and then we will wrap up after that.

**Public Comment (01:19:57)**

**Michael Berry**

All right, thanks, Steven. Operator, can we open the line for public comments?

**Operator**

Yes. If you would like to make a comment, please press \*1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press \*2 if you would like to remove your line from the queue, and for participants using speaker equipment, it may be necessary to pick up the handset before pressing \*. We will pause for a brief moment to poll for comments. There are no comments at this time.

**Michael Berry**

Thank you.

**Steven Lane**

Thank you. All right, so, did anyone else have anything else that they wanted to discuss about our draft recommendations in our last seven minutes here? If not, what I proposed at the beginning and will say again is I would like task force members to submit any further recommendations about wording or other comments by end of business tomorrow, and I will take those, since I am out here on the West Coast, and work them through, and try to deliver a final version of this to our ONC colleagues by Thursday. I think that gives us plenty of time to get it out with the HITAC material. Is that right, Mike?

**Michael Berry**

Right.

**Steven Lane**

All right. And then, once we have that finalized... It is all going to be sitting in the Google doc until they actually move it into a really pretty Word doc, and then we will also create companion slides. We will distribute all of that to you all, but I do not think we need to have a meeting on the 7th to discuss those unless somebody feels otherwise.





**Clement McDonald**

We will miss the community.

**TF Schedule/Next Meeting (01:22:26)**

**Steven Lane**

Oh, we could meet and have coffee together. That would be fun. Okay. So, I think we have a plan, and a timeline, and a set of deliverables. Does anybody feel that we should meet again after the HITAC discussion to reflect on how that went? Certainly, in all of our prior presentations to HITAC, we had a follow-on meeting after fact. Each time, the message was “They loved what you offered and they accepted it unanimously,” and I suspect this one might be a little different because we’ve got all of these additional recommendations, but did you guys want to have a meeting on, say, the 14th? I would be fine with that, or the 21st, if you want to just wait and hear a report out, get an email from us on how that went. I am happy to support that as well. Do people have a preference?

**Mark Savage**

This is Mark. I tend to like that idea of closure to a lot of fabulous work from this task force.

**Steven Lane**

Okay. Anyone feel differently? So, when you said you liked that idea, was it the idea of meeting or the idea of getting a report out?

**Mark Savage**

Just putting something on the calendar to reflect back, sort of an afterparty.

**Steven Lane**

ONC, would you support a brief meeting on the 14th to accomplish that task?

**Michael Berry**

Let me just check, Steven. Just one second. Yup, I am available that day to host or open the meeting for you, so if everyone is in agreement, we can definitely schedule something. Just let us know how much time you want.

**Steven Lane**

I think if we scheduled it at 11:00 Eastern, which would kindly be 8:00 on the West Coast, perhaps an hour. That would fit within the time people have shelled out for this and give us a chance to touch base.

**Michael Berry**

Sure thing.

**Denise Webb**

Steven, this is Denise. I apologize, but I will not be available on that day, so I will let you know in advance that I cannot participate.

**Steven Lane**





Thank you. All right. Well, let's plan for that, even in Denise's absence, because she and I will obviously have a chance to touch base after HITAC and I can bring forward any remarks you might have.

**Denise Webb**

Yeah.

**Steven Lane**

All right. Thank you all for your robust participation. I hope you have a great day, and again, give me any further... I will be continuing to massage and edit the document while you are providing input, so I will try not to step on any of your toes in doing that, but I think we need parallel processes.

**Clement McDonald**

Thank you.

**Denise Webb**

Thank you, Steven, for all your work.

**Mark Savage**

Thank you.

**Steven Lane**

My pleasure. You guys all have a great day.

**Michael Berry**

Talk soon. Bye.

**Denise Webb**

Bye.

**Adjourn (01:25:58)**

