Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) ADOPTED STANDARDS TASK FORCE 2022 MEETING

August 16, 2022, 10:30 a.m. – 12:00 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Hans Buitendijk	**Oracle Cerner**	**Co-Chair**
Steven (Ike) Eichner	**Texas Department of State Health Services**	**Co-Chair**
Jeffrey Danford	Altera Digital Health	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Jim Jirjis	HCA Healthcare	Member
John Kilbourne	Department of Veterans Health Affair	Member
Hung S. Luu	Children's Health	Member
Clem McDonald	National Library of Medicine	Member
Deven McGraw	Invitae	Member
Eliel Oliveira	Dell Medical School, University of Texas at Austin	Member
Vassil Peytchev	Epic	Member
Samantha Pitts	Johns Hopkins University School of Medicine	Member
Alexis Snyder	Individual	Member
Fillipe Southerland	Yardi Systems, Inc.	Member
Ram Sriram	National Institute of Standards and Technology	Member
Raymonde Uy	National Association of Community Health Centers (NACHC)	Member
Debi Willis	PatientLink Enterprises	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Liz Turi	Office of the National Coordinator for Health Information Technology	ONC Staff Lead
Scott Bohon	Office of the National Coordinator for Health Information Technology	ONC Staff Lead
Margaret Weiker	NCPDP	Presenter

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

Michael Berry
And good morning, everyone. I am Mike Berry with ONC, and I would like to thank you for joining the Adopted Standards Task Force. We do have a guest presenter today, and I would like to welcome her as well. As a reminder, your feedback is welcomed, which can be typed in the chat feature to everyone throughout the meeting or can be made verbally during the public comment period that is scheduled at about 11:50 Eastern Time this morning. I am going to begin roll call of our Task Force members, so when I call your name, please indicate that you are here. Hans Buitendijk?

Hans Buitendijk
Good morning.

Michael Berry
Steve Eichner?

Steven Eichner
Good morning.

Michael Berry
Jeff Danford? Raj Godavarthi? Jim Jirjis?

Jim Jirjis
Present.

Michael Berry
John Kilbourne? Hung Luu?

Hung Luu
Good morning.

Michael Berry
Clem McDonald? Deven McGraw?

Deven McGraw
Here.

Michael Berry
Eliel Oliveira? Vassil Peytchev?

Vassil Peytchev
Good morning.

Michael Berry
Samantha Pitts? Alexis Snyder?

Alexis Snyder
Good morning.

Michael Berry
Fil Southerland?

Fillipe Southerland
Good morning.

Michael Berry
I believe Ram Sriram is out on vacation this week and hopes to be back next week. Raymonde Uy?

Raymonde Uy
Good morning.

Michael Berry
And Debi Willis?

Debi Willis
Good morning.

Michael Berry
Thank you, everyone, and now, please join me in welcoming Hans and Steve for their opening remarks.

Hans Buitendijk
Steve, do you want to kick us off?

ONC Standards Review (00:01:43)

Steven Eichner
Sure. Good morning, all, and thank you for joining us for this morning's Task Force meeting. We are going to continue to work through some of the data standards. We want to remind folk that if you are going to use chat, please select "everyone" so that any message that you share is included in the minutes. If you select "Task Force members" or "panelists," your comments are not included in the minutes or the official recording of the meeting. I would like to give the floor to Hans. Good morning, Hans.

Hans Buitendijk
Good morning, Steve, and good morning, everybody. I appreciate everybody joining today. We are in the home stretch. We have some standards to look at that we have not gotten to yet in Group 6, and we have a guest to help provide some clarification on NCPDP, so we are almost there. We also started with some drafting, so today should be a great meeting to look at those two parts and begin the final leg on our recommendations. Tomorrow, we will have a general update to HITAC, but today, we hope to get almost to the finish line so we can then turn around and begin to finalize our drafts on the recommendation. So, I appreciate that, all the feedback, input, and discussion that we have had, and I am looking forward to today

to wrap that up. Thank you. So, with that, Steve, how shall we jump in? Just jump into the topics? That means that we can start to, I believe, go to Slide No. 6.

Steven Eichner
I think so. Are there any questions or comments from the Task Force members? I think we are good.

Hans Buitendijk
Okie dokie. Then, let's go there. We have a couple topics in here. Notes, or at least some shorthand notes, will start to happen not in the spreadsheet, as we have done before, but we are putting it into the draft document where we have our draft recommendations in flight in the Google doc. If you want to follow that, then you can look there at some of the notes, but they are strictly notes to make sure that we can draft it in a moment after that.

So, the first one. We have our FHIR US CORE implementation guide, and that is currently represented in the 21st Century CURES Act final rule referencing US CORE Version 3.1.1. Because it has already been published and referenced in SVAP, we know that there is a Version 4 out there and a Version 5 out there. Version 4 has been listed in the SVAP to enable further enhanced support for USCDI Version 1, and Version 5 is listed with support for USCDI Version 2.

So, we know that there is a more current version out there, and with USCDI Version 3 having been published, work has started on US CORE Version 6 or whatever the number is going to be that will then address any of the new attributes that Version 3 has in play. So, we anticipate that in some fashion, that cadence is going to progress. From that perspective, some of the notes in the spreadsheet indicated, similarly to what we have done elsewhere, that it is appropriate in the next regulatory update to consider that a newer version does retire the current one, 3.1.1, and consider the then-most-current one, but as we indicated in a couple of other areas with USCDI, we want to probably have similar language that indicates that the version of FHIR US CORE and the version of USCDI, whatever is going to be in that update, needs to sync, so we have to be very careful to make sure that if USCDI Version 4 is out, but there is no support in FHIR US CORE for that yet, it could be the latest FHIR US CORE, but it would not work with the latest USCDI version yet, so we still have to keep that balance in mind.

But, that is where some of the comments were, and that is where we want to open up and see if that is an appropriate approach to follow and continue to follow here or if we want to do something different. So, the suggestion direction is the then-most-current, but make sure it aligns with whichever USCDI version is to be included is well, and I see a hand up from Jeff. Go ahead.

Jeffrey Danford
Absolutely. This is one of those where probably, whatever we do for US CORE is going to need to follow USCDI. So, we have current version/version minus one while we are working on the next version, and they have to stay in sync. Otherwise, we are just going to be crazy.

Hans Buitendijk
Anybody else?

Deven McGraw

Yeah. For certain, the implementation guide should match wherever ONC ends up landing with respect to which version of USCDI gets adopted, but I thought we had an extensive discussion about the versioning process for USCDI and somewhat nuanced decision making around when a version that has been through the SVAP process and is voluntarily available is ready to be adopted and mandated as a standard, and it might not necessarily be the most current version that is going through the SVAP process. So, that component of your recommendation, Hans, gave me a little bit of pause, that the implementation guide would go to the most current version of the USCDI versus just asking for it to be aligned with whatever version of USCDI ends up being adopted, and definitely to move on from Version 1 by the time this… That is my recollection of the prior conversation, but maybe I missed something.

Hans Buitendijk
No, I think you are spot on, and we talked about that, and that is agreed. I think I may have an underlying assumption that we need to clarify and maybe then be more explicit around, that at this point, USCDI is ahead of FHIR US CORE, so that means we have to be careful with USCDI going to Version 4, let's see, if FHIR US CORE and C-CDA are not yet up to par with that to support it. But, if that cadence and sequencing continues to occur, USCDI will always be the most current or further ahead. The most current US CORE will support the one before that in USCDI, so in that sense, from a US CORE perspective, it is the most current. From a USCDI perspective, it is not because there is no supporting. So, I think we have to be very careful with the language because I think we were completely in sync, just expressing it differently because of USCDI being ahead.

Deven McGraw
Thank you, Hans. That was very helpful.

Hans Buitendijk
If it switches around, if the cadence is going to come around and say, "Hey, let's do FHIR US CORE first and then we catch up with USCDI," if that twist happens, then we have to flip it around and say not to go to the latest FHIR US CORE when USCDI is not up there. Because the latest version will encompass the then-most-current USCDI, that probably will not be as much a problem as if USCDI is ahead. USCDI will cause more problems than the other way around, but I agree we need to put some cautionary remarks around that to make sure that it is clear as to why, and then we can consider that.

Deven McGraw
Okay, thank you. I appreciate that clarification. It is really helpful.

Hans Buitendijk
Okie dokie. Other thoughts or comments before we move on? Okie dokie. Let's go then to the next one, which is bulk data access. We talked about that a little bit, and it sounds like Version 1 is in the 21st Century CURES Act, and we have a version in SVAP, so it seems there is no specific tie-in to USCDI. Otherwise, that seemed to be fairly straightforward and considered the then-most-current. We already are at SVAP. If there is a more current one, then that should be considered. We might have arguments at that time, but we should retire the current one because we can already move up in SVAP. Any concerns with that one? Okie dokie, I will take that as we are okay for the next one.

Now, we are really getting into something that we have not quite discussed yet, smart app framework. Currently, in the final rule, Version 1, Release 1 is referenced. SVAP already allows for a Version 2. Others might know better, but I do not believe there is a version, say 3.0 or 2.1, in flight, but there could be by the next regulatory update. Is there any reason to consider that this should not follow the same pattern and consider retiring 1.0 and move up to the then-most-current that needs to be considered? Any reason not to in this particular circumstance? Okay, if not, then…

Steven Eichner
Hans, not looking at this particular standard, but I think from a clarification, I was thinking about the then-most-current piece. Just on further reflection, maybe we want to parking-lot the issue so we get to reviewing the draft standards, but think about what the most current may actually be from a conceptual standpoint as to whether it is what is in SVAP, or at whatever point in time a regulation is being considered, or what constitutes "most current" when a regulatory update is being considered. Does that make sense?

Hans Buitendijk
Yes, and I think there might be two parts to that. One is that generally, with the language that we have started to use in this, we go through the draft language we want to visit and make sure it is correct, we are using the term "consider adoption." So, it is not saying we are recommending that you have to adopt whatever the then-most-current is, but that you should consider it. The other part is that SVAP is on a yearly boundary.

So, if today, we have SVAP that is out, and let's say arbitrarily, next year, the next version of SVAP would come out, but instead of SVAP, we have the regulation come out, and at that point in time, there is already a new version that otherwise likely would have gone into SVAP, but it is not necessarily in SVAP in that sense because I now have a new regulation that is going to come into play. So, if I am looking at the most current SVAP published now and I stick with that, I am not taking advantage of the latest one that should be considered that otherwise would have gone in SVAP, and maybe, depending on how that process works, just needs to go in regulation, and off we go. So, that is why that might be a later one than what is in SVAP.

Steven Eichner
Right, but also thinking about it in the context of standards for trial use, which we have seen appear numerous times in actual regulation as what is to be used for regulation, but it always seems peculiar to me to have a standard for trial use being used in production. In other conditions like that, what does it mean to be current? Again, from a general perspective, does that mean it is balloted and everything is reconciled by HL7? What does "current" mean?

Hans Buitendijk
And perhaps we can have some general language that we can talk about at that point in time that should be taken into account to consider adoption, and I believe we already have some beginnings of that, such as maturity, adoption, etc., acceptance by the community, that make that up, but it is at that point in time that we should consider that. Today, we are not sure what that is going to be a year from now, or five months from now.

Steven Eichner

Yeah. I was looking for a hard definition, but some guidance, because what is current can be different from different perspectives.

Hans Buitendijk
Right. We probably have to be careful from the scope and charter of the Task Force that we can only say what goes out, and we are not asked to have a hard recommendation on what should go in because that is in the future, and that is going to go through that round of NPRM review, where all those collaborations can come up.

Steven Eichner
Absolutely, but again, just from a general concept of what "current" is from our perspective for this purpose.

Hans Buitendijk
Shall we come back to that when we start the next draft?

Steven Eichner
Absolutely.

Hans Buitendijk
Okay. Any other comments before we go to the next topic? Okie dokie. Then, we have the next one, which is the data segmentation guide that is in play. Currently, the standard that is referenced is Release 1 of DS4P. It is about how to flag and tag data in documents in particular. There is not a current version in SVAP, and it does not look like there is currently any particular one in progress as a new release, unless somebody else has information on that.

So, here, the question is going to be what is the appropriate action to take? One of the comments in the spreadsheet has been that DS4P, for the overall ability to do consent, security labeling, management, and actions on that, is not enough, but there is nothing newer out there. It is also not that you have a replacement of it, but in itself, it is not enough, so it probably needs to be maintained, but other aspects of that use case on managing privacy of data needs to be looked at to have that sufficiently in place to really make it work. But, DS4P in itself is not quite solving the entire privacy and consent management issue. So, one direction would be to suggest to maintain because there is nothing else there and we need something like this no matter what, but other things need to happen too. How would we like to address that? Keep it as a maintain and point out that more needs to be done, to be discussed separately, or is there an alternative? Jeff, you have your hand up.

Jeffrey Danford
Yeah. I think you are right in that we have something that defines how labels should be put into everything and how we need to tag everything, but we really do not have that workflow piece built out as to how they are meant to be used and how people should be taking care of that. We need to get that kind of structure in place before we start looking at trying to change this standard.

Hans Buitendijk
Deven?

Deven McGraw
I would say given the mandate of the committee that we are identifying things to get rid of, this is definitely a maintain in my view, and it is not a perfect standard or implementation guide, that there is room for growth and room for a lot more implementation experience, but without something to replace it, in light of recent developments, I think it is critically important that there be something there, even if it is less than ideal.

Hans Buitendijk
So, we would make it a clear maintain, there is nothing else, but are we okay to highlight the comment that Jeff also made that in order to really support the full workflow, there are other things needed, not just this? Is that a fair recommendation or statement to make in there to clarify that we need to grow here in order to make this work?

Deven McGraw
I do not see how it hurts. I often think these sometimes are opportunities to provide some input into ONC, even if our mandate is specifically to identify what needs to be eliminated, and I do not see the harm in supporting additional work on this.

Hans Buitendijk
Right, okie dokie. Others? Go ahead, Vassil.

Vassil Peytchev
I am wondering if indeed that is not sufficient. Is this something that is really implemented and used, and if it is not, why not have it be removed and replaced with something that is comprehensive and fit for purpose? I personally do not know of any use of this specification in the real world. I have a narrow view, of course, so if others know of it, then maintain makes sense, but if it is not used, why keep it around just because it can be a basis in the future for something that might be used, but it is not being used today?

Hans Buitendijk
I believe that it is used even rudimentarily in that document-level tagging is still using the concepts defined in DS4P. Certainly, as you go in document, to section, to entry, then you use even more of it, but where you are using document-level tagging, you are using it, so the question then becomes is even that that we say is that we roll back from that opportunity and ability to do. ONC might have insight, but I do not know where the distribution is and how many have certified beyond the document level into a more specific use of that. There are gradations of the voluntary part of it, so I think it might be challenging to remove it and then reintroduce either this or something else.

We also have security labeling in FHIR US CORE which does the same thing on FHIR resources. That is there as well, that that needs to be supported. So, for consistency purposes, I believe it is going to be hard to remove it, but it is also agreed that until we have something else, it is really not working in the way that we like it to work. Other comments there, other perspectives? Vassil, does that help sway one way or the other? Do you have a strong perspective that we actually should try to take it out?

Vassil Peytchev
I am just wondering if the C-CDA implementation guide already covers what is in the document-level tagging.

Hans Buitendijk
I believe it references this guide there. I think that is part of where the things are tied together. No disagreement, though, with your assessment on how widely and how effectively it is being used because of other things that are missing. That goes back to Jeff's comments as well, that that workflow piece is a clear understanding of both privacy policy and patient consent directives that are computable, you know how to do it, etc. There are lots of things around it that do it consistently at a national level that make it hard, and it needs more to actually make it work at scale. So, any concerns that we keep it as maintain, considering Vassil's comments, or is there additional consideration to take the alternative and suggest to drop it? If I am not hearing anything, we make the assumption to maintain, indicate that there are challenges and more work needs to be done, and move from there. Okay, we gave it a pause. That is where we sit.

Next one. I am not sure whether we have separate slides for this, but now we are at NCPDP, and that is where I believe we have a guest today to help give a little bit more backdrop on the current state of NCPDP. I am just double checking.

Margaret Weiker
This is Margaret Weiker. I am on.

Hans Buitendijk
Margaret, you are on? All right, great. Margaret, we would like to introduce you and give you the opportunity to clarify more around what is currently available and where some of the discussions in the NCPDP environment are on what might be appropriate to consider in a next version, or not.

Margaret Weiker
Okay. I am Margaret Weiker, Vice President of Standards Development at NCPDP, or the National Council for Prescription Drug Programs. Today, entities are using the SCRIPT standard Version 2017-071. It has been adopted under Medicare Part D, as in "dog," and by ONC as part of their criteria, and software vendors have until the end of the year to certify to Version 2017-071. NCPDP requested from both Medicare Part D and ONC on June 14th of this year to move to Version 2022-011, and so, that is going through their process. Medicare Part D and ONC work together to do timing of when it must be implemented and that type of thing. The latest version of the SCRIPT standard was just approved, and it is Version 2022-071, so, depending on timeframe associated with Medicare Part D and ONC, we may ask to move the version we originally requested to have that updated to a more current version. So, that is where we stand at NCPDP.

Hans Buitendijk
All right, thank you. And, there were some questions or comments that were made in the spreadsheet in the discussion before that perhaps we should maintain 2017-071, but based on your description, it sounds like while depending on the timing that 011 or 071 for 2022 might be the right one to move forward, there is an interest in the community to move forward, and then it becomes a timing of Part D/ONC's certification, and I think it is EPCS as well, that there is some alignment to make sure that everybody is in the same cadence, but that would be the primary driver, whether it is between '22-011 or '22-071. Is that a correct **[inaudible – crosstalk] [00:28:22]**?

Margaret Weiker

Yes, that would be correct, and obviously, there will be an implementation time period for people to move to the 2022-011 or 071, which is usually two years or 18 months, so people will still be using 2017-071 throughout next year at least, if not longer.

Hans Buitendijk
Right. And then, clearly, whenever ONC comes up with regulatory updates where it is going to have the opportunity to reference NCPDP, they would have to then plug in the most appropriate that syncs with Part D, CMS, and APCS, whichever one helps.

Margaret Weiker
Right.

Hans Buitendijk
Okie dokie. Other questions or comments around that? Would that provide sufficient perspective to then have a similar recommendation, as in others, that we indicate that the recommendation is to retire, phase out, and replace, and that the replacement clarifications are around that there is already work in progress to move forward with 2022-011, and that depending on the timing, that might become 2022-071, and that ONC should work with CMS to synchronize adoption so that we have a smooth transition for certified capabilities as well as other capabilities using that?

Steven Eichner
Hans, this is Steve Eichner. I have one question about using the SCRIPT standard and prescription drug monitoring. I want to make sure that the PDMP environment is also aligned with the adoption of current or then-current versions. Margaret, can you talk to that a little bit?

Margaret Weiker
Well, in regard to the PDMP, a lot of states mandate the use of ASAP format. In the SCRIPT standard, there are transactions that support PDMP, so states could either move the version forward as Medicare Part D and ONC do, or, because it is typically done at the state, community, city, or town level, etc., they would not be required to move to a new version because a lot of that is driven by other regulatory bodies, primarily at the state level.

Steven Eichner
It may be a different regulatory perspective, but is it the SCRIPT standard or is it a different standard for transaction being used?

Margaret Weiker
Some entities use the SCRIPT standard, and other states mandate an ASAP format, so it is not consistent throughout the country because a lot of the PDMPs are done at the state level versus a national PDMP, so states and their regulatory bodies are on different schedules, make different determinations, that type of thing.

Hans Buitendijk
So, Steve, what that means is that to further harmonize the use in those different settings would require other types of steps to be taken to further align. Currently, the certification in 21st Century CURES Act is

on the SCRIPT 2017-2022 track. That continues, but another comment there to be made is that wherever possible, further align with PDMP environments where there is an opportunity. Would that be the direction of some clarifying notes?

Steven Eichner
And also, ensuring that there is alignment with existing PDMP resources for support so that we are not upgrading the standard without also supplying appropriate resources for institutions that are using the SCRIPT standard for PDMP to upgrade their environments as well because those systems are frequently not subject to the regulatory rules so that they are not being upgraded by the HIT software vendors as part of normal upgrades. There are additional costs to all entities involved.

Hans Buitendijk
Right. I see that Shelly has a comment in the chat as well. Shelly, go ahead if you want to further put some context around that as well. Shelly, I am not sure whether you are on mute.

Michael Berry
The public cannot speak until the public comment period.

Hans Buitendijk
Oh, right. I did not see that note, so we will come back to that. Thank you, Mike. Let's see. Based on that, are we okay with a general recommendation to retire and consider the then-most-current with the consideration of timing that might put 011 or 071 in play, and as well, make a note that as we progress in this space, it would be very beneficial to also align the PDMP programs wherever possible so that over time, we can move toward a common and consistent standard for either PDMP, Part D, or UPCS that is all in a consistent fashion.

Steven Eichner
And add in a comment about resourcing for existing PDMP components because again, that is one of the things that is not included in HIT vendors' regular update program, so it is a secondary piece that is not part of regular maintenance for healthcare providers, but that can be a substantial cost to public health or other entities to upgrade receiving systems.

Hans Buitendijk
Okie dokie. Any other comments? Then we will work out our drafting in that direction. Okay, let's see. Then we go that way, and that means we have two more on the list here. And, the question is that these are now about certification process with the ACBs. The first one is general requirements for the competency of testing and calibration of laboratories. The second one is conformity assessment. I do not believe that we have anybody in particular on the line, Mike, to speak to those. Is that correct? I am just looking at the list.

Michael Berry
I do not believe so.

Hans Buitendijk
Correct. Okay. So, for these two, they do not go directly to the capabilities of certified software, they go towards the capabilities of the ACB performing certification. We are not aware of any latest version or more

current version of these, unless somebody else is aware of them, and I am curious whether anybody has a particular recommendation that would be different than maintaining then in that context, and perhaps indicate to further evaluate with ACBs whether a more current or more appropriate version would be available at that time. Does anybody have further insights into that?

Unidentified Speaker
It seems like maintain would be our recommendation.

Hans Buitendijk
That is what it certainly seems like. Does anybody disagree with that? Okay, if not, then we will go in the direction of maintain and still make a comment that further developments and work with ACBs might identify in the future another version or an alternative, but that is not what we have insight into in here. Okie dokie. That looks like, then, that we are just about to the last part of Group 6, and before jumping to the draft disposition, Steve, that we can run through, there was one other one I wanted to double check, healthcare-associated infection reports. In the draft notes, I am not totally sure whether we have had a recommendation along the same lines or whether something else jumped out that we still needed to discuss, so I want to check in with you. Is there anything else to be discussed there?

Steven Eichner
I have no news in that place.

Hans Buitendijk
Okay, so that sounds like replacing with the most current is the most likely recommendation. Steve, I think we got to the end of the groups.

Steven Eichner
That is wonderful.

Hans Buitendijk
All right. Thanks very much to everybody for getting us to this point, and I am sure we will still have a couple comments as we run through the draft. Steve, do you want to step through where we are at with the draft **[inaudible – crosstalk] [00:38:53]**?

Steven Eichner
Sure, it would be my pleasure. As we indicated a couple of weeks ago, we took Column U from the worksheet and used that as a core for developing Task Force recommendations and moved it to the Google document because it is easier to track changes and make edits in Google Docs than it is in Google Sheets, so can we bring up the current document? Let's go all the way up to the top, please. So, we started out by laying out a framework that describes and lists each of the standards that we included in our review that we have gone through over the last six or seven weeks, and then, for each standard, we put them together in the groups and we have gone through them to provide some context. Just go up. Vocabulary standards is one group, and then general data access, all the way down through certification processes.

For each standard, we have gone through and included again a link to the standard, a disposition or suggested draft disposition for the standard that is either that it be phased out and not be replaced, phased

out with replacement, or maintained, and then a rationale for that position, and we tried to standardize the language across the rationales using consistent language, looking at things like retiring and phasing out a reference to a standard to replace with an updated or then-current standard at the next time there is a regulatory review or a regulatory rulemaking process.

We still need to go back and develop introductions to each of the sections to provide a short two- or three-sentence introduction to the grouping and the rationale that the Task Force used in collecting them. I think a couple of the decision points that we probably need to make are whether we are looking at things like using the word "retire", which comes out of the charge, versus looking at phasing out, as we can see in the first example, and what language we choose to use in this space. Do we want to introduce something as part of an introduction and additional detail that describes use of "phase out" as a substitute for "retirement" language, or how do we want to approach it from a consistency perspective all the way through?

And then, looking from a report perspective, do we want to refer to the report as coming from HITAC or the Task Force for a couple of decision points that are still out there? The document is available for all Task Force members to review and make suggested edits and changes, and we encourage and welcome folks to go in and look at the content and make suggested changes, and Hans and I can go through and review those changes and then accept them or not accept them and provide any comments back. We would like to spend the next Task Force meeting going through any comments that are more than edits or typographical errors/grammatical-type corrections that we have good consensus across the group. Are there other points you would like to add, Hans?

Hans Buitendijk
No, I think those are the ones. So, if we already have some thoughts on the main questions, we can jump in and adjust those, and then, after we are done with that or there are no additional comments, between now and next week, we can then invite everybody to really go through the recommendations and see what kind of language needs to be clarified or enhanced. That will be great, so I think we have that covered. Any general questions or any other open topics in particular that somebody feels that we should have addressed, but have not?

So, Steve, maybe if we run through a couple of them for then-most-current, I think we have some good ideas from today's discussion on how we want to create some draft language around that. On "retire" versus "phase out," we probably want to check with the ONC team to see what is most appropriate to use, and then adjust accordingly to make sure there is clear tieback to the charter, so we can take that in that discussion. We will sort out whether yes, we have worked as a Task Force to make these recommendations, but what is the right time to either continue to reference the Task Force or reference HITAC, because HITAC ultimately is the one making the recommendation, so we probably can work through with the ONC team and do that at the right time.

We had been talking also about how right now, we have the full enumeration of all the individual standards grouped in as logical a sequence as we thought was reasonable and appropriate in the document to make it easier to see related things together, but we also have been talking about a summary where we could highlight "There are these three that have been indicated to maintain, these five that are going to be retired totally, and then, with the remaining 50 or whatever the number is, some form of replacement is being considered as to why it can disappear."

So, we still need to work a little bit on that format, but I want to confirm that that is still the intent and that we can work towards that so that it is really the grouping below that we are focusing on delivering, since that is where the rationale is, rather than trying to do that in a format of everything that is being maintained, everything that is being phased out, etc. So, are there any concerns or alternatives to organizing it? The way we started to do it right here is all the details in the group standards, every one individually, some of them sound very similar, but they are all phrased differently where they need to be, and then have a summary that just highlights roughly how many and which ones are generally in which category, but leave it at that.

Steven Eichner
One of the things that we did not do was include information about the purpose where each standard is used in regulation that strictly describes or indicates what the standard is. So, is there consensus that that is sufficient, or do we need to explain how any of the standards are used in the regulatory context?

Hans Buitendijk
My initial reaction would be that it is sufficient to reference them. Otherwise, we are going to be debating a lot of the context that is in the rules as to where it is being used.

Deven McGraw
Agreed. We should not need to do that.

Steven Eichner
Again, from a statutory standpoint, do we want to list where it is in regulation?

Deven McGraw
We should not need to do that, either.

Steven Eichner
Wonderful, fantastic. Words I like to hear.

Hans Buitendijk
You are aware of all the S and G and D brackets?

Deven McGraw
Right, the Romanettes.

Hans Buitendijk
That is the shorthand of referencing them. All right. While you see in a number of those as you were to scroll down, we did not repeat in the text the full official name of the standard necessarily. So, for example, in the first one, a reference to the USCDI version, we did not say “the United States Core Data for Interoperability version.” So, wherever we think that that is sufficient because it is already clear in the title and, when you read it, what it is, we will do that. If it really needs to be spelled out, we will do that, but we are trying to keep it a little bit shorter. Otherwise, these become very long sentences just by way of the formal full title of the standard.

Steven Eichner
After the first instance, we are referring to the 21st Century CURES Act as the CURES Act.

Hans Buitendijk
That is one other thing we need to do, to shrink that so we can go that way. So, there are a couple things like that that need to happen. Anything else that jumps out that we should discuss as a group right now or that Steve and I can further massage updates? And everybody will have the opportunity between now and next week in particular to go in and make suggestions on areas that are missed or can be clarified.

Steven Eichner
Please go in and look. We really value your input. This is key in ensuring that the material reflects your viewpoints as it goes up to the HITAC.

Hans Buitendijk
Not hearing any questions or concerns, I think, Mike, we are at an early point of going to public comment unless there is something else in the agenda that I skipped, but I think we are at that point.

Michael Berry
I just wanted to check before we go to public comment. Do you need any assistance in drafting any more final recommendations that are not already done, or do you have that under control?

Hans Buitendijk
I think we do. In our follow-up, we can talk a little bit further about that, make sure we are covered on which pieces, because for everybody else, there is already a draft framework out there that is in the official format that we are going to move things in, so the next step is just merging it and filling in the gaps. Mike, I think we are okay.

Steven Eichner
Hans, drilling down to that question, thinking about particularly Group 6 that we looked at today, I am trying to remember what the draft disposition…

Hans Buitendijk
Yeah, that is the one that I had a question around that we need to validate. If you go to the next yellow sections, you will start to see notes in there, so there are a couple things that we need to work through to just clean up. Here, you have those meeting notes. They are fairly easily translated into the format for the recommendation.

Steven Eichner
Yeah, I wanted to touch on those just before going to public comment in case there was any related public comment. We have the opportunity for input in that space. I think people do understand the framework we are using, the approach we are using, and what kind of information is being shared. Throughout the document, we recognize or include recommendations where appropriate, looking at adopting the most current standard and recognizing the ability to use SVAP and current intra-regulatory processes to update. That is something that we are very consistent with throughout the document.

Hans Buitendijk
If not…

Steven Eichner
I think we may be ready for public comment.

Hans Buitendijk
And we still have a couple weeks to iron out any remaining things, so I think we are good. All yours, Mike.

Public Comment (00:53:23)

Michael Berry
All right, thank you. So, we are going to open up our call for any public comments. If you are on Zoom and would like to make a comment, please use the hand raise function, which is located on the Zoom toolbar at the bottom of your screen. If you are on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute or unmute your line. So, we have Shelly Spiro, and I apologize if I pronounced your name incorrectly. You have three minutes. Go ahead.

Shelly Spiro
Thank you. My name is Shelly Spiro. I am the Executive Director of the Pharmacy HIT Collaborative and an active member of NCPDP. I just wanted to clarify my comment in the chat of what Margaret Weiker from NCPDP stated. It is important for the SCRIPT version to move to the newest version that Margaret had mentioned in the 2022 series. Because of electronic prescribing for controlled substances in the long-term, post-acute care setting that handles the three-way communication between the prescriber, the facility, and the pharmacy, there was additional functionality that was added to the newer version that is not in the older version that will help with the adoption of ECPS in that setting.

Hans Buitendijk
Thank you. That is very helpful context.

Michael Berry
I am not seeing any further public comments or hands raised, so I will turn it back to Hans and Steve.

Next Steps (00:54:48)

Hans Buitendijk
Steve, I think with that, we have reached the end of the meeting for today, and we look forward to everybody's markups, suggestions, and notes that we can work on. Tomorrow at HITAC, there will be a status update of where we are at, and we hope that between next week and the week after, we can finalize our recommendations and that they can go on their way to HITAC for final review and acceptance. Steve?

Steven Eichner
I think that is about right. One thing I would like to ask of our fantastic support staff to make it easy for everybody is if they can resend the URL for the Task Force for the working document after this meeting. That would be great so that people do not have to go digging through past emails to find it. We will get notes out as quickly as we can, but I do not want people to have to delay working until getting notes, so if

we can make sure people have it, that way, they can make edits. If you can make edits before Monday, that would be fantastic so that Hans and I can spend Monday or parts of Monday cleaning up some of the comments or responding to any of the fantastic input that you may give. That is about it. Again, we are not going to lock the document, please make comments at any point, but if you can make them prior to Monday, that would be fantastic.

Hans Buitendijk
Okie dokie. I think we got it, Steve. Thank you.

Steven Eichner
Thank you all, and we will give a few minutes back. Have a fantastic day, and enjoy the dog days of summer.

Hans Buitendijk
Enjoy. Take care.

Unidentified Speaker
Thanks, Hans. Thanks, Steve.

Adjourn (00:56:47)