Health Information Technology Advisory Committee

Interoperability Standards Workgroup 2023 Virtual Meeting

Meeting Notes | January 25, 2023, 10:30 AM – 12 PM ET

Executive Summary

The focus of the Interoperability Standards Workgroup (IS WG) was to kick off the workgroup, including introductions, a review of workgroup charges, and overview of the draft Version 4 of the United States Core Data for Interoperability (Draft USCDI v4). IS WG discussed the topics and provided feedback.

There were no public comments submitted verbally, but comments were submitted via the chat feature in Zoom Webinar and email.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	Workgroup Introductions
10:50 AM	IS WG Charge and Timelines
10:55 AM	Draft USCDI v4 Overview
11:50 AM	Public Comment
11:55 AM	Workgroup Work Planning
12:00 PM	Adjourn

Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 AM.

Roll Call

Members in Attendance

Sarah DeSilvey, Gravity Project, Larner College of Medicine at the University of Vermont, Co-Chair
Naresh Sundar Rajan, CyncHealth, Co-Chair
Pooja Babbrah, Point-of-Care Partners
Shila Blend, North Dakota Health Information Network
Ricky Bloomfield, Apple
Hans Buitendijk, Oracle Health
Christina Caraballo, HIMSS
Grace Cordovano, Enlightening Results
Raj Dash, College of American Pathologists

Steven Eichner, Texas Department of State Health Services
Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Bryant Thomas Karras, Washington State Department of Health
Steven Lane, Health Gorilla
Hung Luu, Children's Health
Anna McCollister, Individual
Clem McDonald, National Library of Medicine
Deven McGraw, Invitae Corporation
Aaron Miri, Baptist Health
Aaron Neinstein, UCSF Health
Kikelomo Oshunkentan, Pegasystems
Mark Savage, Savage & Savage LLC
Shelly Spiro, Pharmacy HIT Collaborative

ONC Staff
Mike Berry, Designated Federal Officer, ONC

Key Points of Discussion

Opening Remarks
IS WG co-chairs, Sarah DeSilvey and Naresh Sundar Rajan, welcomed attendees. Sarah reviewed the meeting agenda detailed in the January 25, 2023, meeting presentation slides.

Workgroup Introductions
Sarah DeSilvey, IS WG Co-Chair, invited WG members to introduce themselves.

Sarah DeSilvey is the Director of Terminology for the Gravity Project with expertise in Social Determinant of Health Data Standards, including integration with social care taxonomies. Sarah also serves as a rural family practitioner.

Naresh Sundar Rajan serves as the Chief Data Officer for CyncHealth, which aims to adopt USCDI standards throughout its data centers. Naresh noted the significance of how USCDI impacts CyncHealth and its interoperability at operational levels.

Pooja Babbrah is the Pharmacy and PDM Practice Lead for Point-of-Care Partners, a health IT consulting organization. Pooja is representative of the pharmacy industry.

Shila Blend is part of the North Dakota Health Information Network. As part of her role, Shila ensures hospitals are sharing data in an interoperable manner and works alongside the State Department of Health and Labs.

Ricky Bloomfield serves as a Clinical and Health Informatics Lead at Apple. He is a physician in internal medicine and pediatrics and has a background in clinical informatics. Ricky has been engaged in FHIR-related technology for numerous years.

Hans Buitendijk serves as the Director of Interoperability Strategy for Oracle Health. Hans focuses on a variety of interoperability opportunities in the industry, including the implementation of USCDI. Hans is active with multiple EHR vendors and HL7 Workgroups.

Christina Caraballo is Vice President of Informatics at HIMSS, which aims to transform the global health ecosystem. As of January, Christina is also the President of IHE USA.

Grace Cordovano, Enlightening Results, is a board-certified patient advocate specializing in the oncology space. Grace assists patients and families in navigating the health system. Grace has previously served on the USCDI Task Force and Interoperability Standards Task Force.

Raj Dash, College of American Pathologists, is a pathologist and clinical informaticist at Duke Health. Raj has participated in many committees within the College of American Pathologists and currently serves as the Chair of the Artificial Intelligence Committee.

Steven Eichner is the Health IT Lead for the Texas Department of State Health Services. Steven's efforts include work on interoperability between public health and provider systems as well as connectivity between public health and Medicaid. Steven also has experience with rare diseases.

Rajesh Godavarthi, MCG Health, works in the clinical support systems space with patients and providers. Rajesh engages with HL7 via its FHIR Accelerators.

Bryant Thomas Karras, Washington State Department of Health, is an informaticist focusing on infectious disease and public health. Bryant has experience in implementing electronic medical record systems.

Steven Lane is the Chief Medical Office for Health Gorilla. Steven is a practicing family physician and clinical informaticist. Steven has served in multiple USCDI-related workgroups, including The Sequoia Project, HL7 DaVinci Project, and DirectTrust.

Hung Luu is an Associate Professor at UT Southwestern Medical Center and Director of Clinical Pathology for Children's Health. Hung is involved with Shield and the HITAC.

Anna McCollister is an independent consultant focused on data use, access, governance, and patient engagement. Anna has worked at two health technology startups, is active in advocating patient-centered health IT policies at the federal level, serves on numerous advisory committees, assisted in the creation of the Cares Act, and is the founder of a patient hacker movement in the Type I diabetes space.

Clem McDonald is the Chief Clinical Data Standards Officer for the National Library of Medicine. Clem has been involved in medical records and standards for numerous years.

Deven McGraw is the Lead for Data Stewardship and Data Sharing at Invitae Corporation. Deven's interests include patient access to data and its sharing. Deven has been involved in work relating to HIPAA and served as Acting Chief Privacy Officer at ONC.

Aaron Miri serves as Senior Vice President, Chief Digital Officer for Baptist Health, and as HITAC Co-Chair. Aaron has been involved in multiple committees, including the Health IT Policy Committee and HIMSS Public Policy Committee.

Aaron Neinstein is a practicing endocrinologist and Vice President of Digital Health for UCSF Health.

Kikelomo Oshunkentan serves as Chief Medical Officer for Pegasystems. She is boarded in internal medicine and has served hospitals for many years. Kikelomo's efforts are focused on providing an integrating approach

to the healthcare industry with high-quality, cost-efficient care delivery models. Through her role at Pegasystems, she acts as a voice for patients and clinical internal and external customers. Kikelomo aims to drive the direction of the clinical industry technology solutions to support healthcare systems, health plans, and life science organizations.

Mark Savage, Savage & Savage LLC, has served on multiple projects, including the Gravity Project and California Statewide Data Exchange Framework. Mark focuses on areas of patient access and engagement, share care planning, health equity, health disparities, and patient-generated health data.

Shelly Spiro, Executive Director of Pharmacy HIT Collaborative, is a pharmacist with experience in multiple practice settings, including long-term post-acute care. Through her organization, Shelly aims to ensure pharmacists that provide clinical services are integrated into the national health IT structure. Shelly's organization has been involved in numerous projects/organizations, including The National Library of Medicine, LOINC, SNOMED, CPT, HL7, and the Gravity Project.

IS WG Charge and Timelines

Sarah reviewed the IS WG Charge and Timeline. The charge includes:

- Overarching charge: Review and provide recommendations on the Draft USCDI Version 4.
- Specific charge:
    - Due to the HITAC by April 12, 2023:
        1. Evaluate Draft USCDI v4 and provide HITAC with recommendations for:
            a. New data classes and elements from Draft USCDI v4.
            b. Level 2 data classes and elements not included in Draft USCDI v4.

Discussion:

No comments were received from IS WG members.

Draft USCDI v4 Overview

Al Taylor presented a Draft USCDI v4 overview, detailed in presentation slides. The presentation included an introduction to USCDI, comments/recommendations, prioritization criteria, and proposed USCDI v4 data elements.

Al explained that ONC received comments for new and existing data classes and elements. ONC reviewed around 500 comments/recommendations and utilized prioritization criteria for Draft USCDI v4. ONC proposes to add 20 new data elements, including one new data class, to USCDI. Of note are new patient data elements in the goals data class and new facility information data class. Al reviewed data class definitions, data element vocabulary standards, definitions, and examples. Al presented a summary of USCDI v4.

USCDI v4 updates of note:

- The SDOH Assessment data element has been reclassified into the Health Status Assessment data class.
- The Unique Device Identifier(s) for a Patient's Implantable Device(s)data class has been renamed Medical Devices. Medical devices include implantable, applied, and assistive devices.
- The Assessment and Plan of Treatmentdata class has been renamed Patient Summary and Plan.

Al reviewed the USCDI timeline. During this period, ONC is undergoing public review and receipt of feedback on Draft USCDI v4. Public comments are due to ONC by April 17, 2023, at 11:59 PM. In July 2023, USCDI v4 will be published, and the USCDI v5 submission/feedback period will kick off. ONC requests specific feedback on Treatment Intervention and Care Experience Preferences, Medication Adherence and Instructions, and Time of Procedure.

Discussion:

- Aaron Neinstein asked how the IS WG Charge integrates with work on USCDI+. Al explained that USCDI+ is a separate ONC process that builds on USCDI content to address needs for specific use cases. USCDI+ areas of focus are developed through engagement with federal agencies.
- Steven commented on the need to work collaboratively with ONC and federal partners to have a clear understanding of focus areas, terminology, and development process for USCDI and USCDI+. Steven also suggested developing a strategy to ensure entities understand how to meet the requirements of both USCDI and USCDI+. Al suggested presenting a USCDI vs. USCDI+ overview to the workgroup. Al also explained that USCDI and USCDI+ processes are not directly linked.
- Mark inquired how USCDI v4 prioritization criteria applied to USCDI v4 included new data element/classes and level 2 data elements that were not included. Mark suggested that the IS WG learn more about this process in future meetings. Al explained that there is a limited number of new data elements that can be added to each version of USCDI to reduce the burden of adoption. There are other data elements that could fit into the prioritization criteria but were not selected for a variety of reasons, for example, implementation burden.
- Sarah elevated Raj's comments from the chat. Raj asked further about the USCDI v4 process, specifically who determines the inclusion/exclusion of new data elements outside of the previous IS WG. Raj also asked for documentation outlining the USCDI process. Al explained that ONC, as a whole, considers all recommendations from the HITAC WGs and makes a determination based on a variety of factors, including policy and national coordinator priorities.
- Sarah noted that the IS WG will go over the process of the USCDI review at a future meeting. This process mirrors previous IS WGs with a focus on USCDI v4 new data classes and changes.
- Bryant inquired about clarity on standards that have not been categorized as a level 2 data element or have no indication for incorporation in future USCDI iterations. For these data elements can they be redirected to USCDI+? Bryant provided examples of prescription drug monitoring and environmental testing outside of patient unit analysis. Al explained that due to aggregate determination factors, he can't say why an individual data element was not included in USCDI v4. About 200 level 2 data elements were not included in USCDI v4. About 400 data elements were not deemed a level 2 classification. ONC does re-evaluate level 2 data elements for future use. If there is no testing, use case development, or policy movement in the field of that data class, it will not passively be added to USCDI.
- Sarah elevated WG member comments from the chat, which suggested the incorporation of USCDI discussion questions and answers into a white paper or fact sheet for reference. Anna commented that a white paper or fact sheet would clarify USCDI processes.
- Anna inquired if additional USCDI v4 data elements can be proposed during the current comment period. Anna also expressed concern regarding the relevance of USCDI data elements in clinical encounters. Through her current experience, she shared the lack of vital signs collection via telehealth, the inability of collected data to promote patient discussion, and patient strain to access data on multiple platforms. Anna noted an informatics system has been created catering to clinical encounters rather than attempting to capture real-world data relevant to patients. What is the process we are missing in getting relevant elements added to USCDI? Al explained that ONC encourages feedback, including new data elements for inclusion. Following established USCDI processes, anyone can comment on USCDI. Of note, ONC has focused engagements with individuals and groups as to why a data element was not added. Al also

explained the IS WG charge includes a recommendation of elements to include or exclude from USCDI v4.

- Anna noted that the USCDI prioritization criteria lack the mitigation of implementation burden on patients. Anna recommended elevating this in future prioritization criteria.
- IS WG members inquired about USCDI v4 spreadsheets via chat. Al reviewed the USCDI v4 data element spreadsheet that has been developed for capturing recommendations. Only IS WG members will have access to this file.
- Shelly inquired where advance directives, a level 2 data element, would be placed in terms of patient preferences. Sarah explained that a meeting schedule incorporating data class discussion will be sent to WG members via email. Shelly's comment regarding advance directives will be addressed at a later meeting.
- Grace suggested the addition of a symbol in USCDI to note which data elements were recommended by HITAC but not included in USCDI v4. Grace also suggested the IS WG have access to previous WG spreadsheets as a reference document in addition to publicly posting the spreadsheets. Al explained that HITAC recommendations from last year are public and a good reference for IS WG member review. Al thinks that IG WG members can be given access to past spreadsheets but defers to Mike. HITAC recommendations cannot be linked in the upcoming ONC standards bulletin.

Public Comment

Mike Berry opened the meeting for public comments:

QUESTIONS AND COMMENTS RECEIVED VERBALLY

There were no public comments received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Michael Berry: Welcome to the kick-off of the Interoperability Standards Workgroup. We will be starting soon.

Michael Berry: Please remember to tag "Everyone" if you would like all to see your chat.

Sarah DeSilvey: Thank you, Steven!

Steven Lane: It is great to have such strong HIE/HIO representation on this workgroup, along with the many other groups represented.

Raj Dash, MD (College of American Pathologists): As a new member of this group, if anyone has insight on how the ONC Interoperability Standards Advisory (ISA) relates to the current effort in USCDI, I'd appreciate the context. If we submit comments to USCDI, would it be redundant to submit to ISA? Thank you!

Bryant T Karras: Forgot to mention where I sit in Public health in WA. I'm the CMIO for the Dept of HEALTH, reporting to the Deputy SEC, Office of Innovations and Technology. My staff sit on the Helios accelerator and WA DOH and our affiliate UW are often first implementers showcasing new standards at HL7 IHE AMIA NACCHO and CSTE

Steven Lane: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi

Sarah DeSilvey: Thank you, Steven!

Christina Caraballo: @Raj - This WG looked at ISA and gave recommendations last year. I recommend submitting to both ISA and USCDI. USCDI is a floor. ISA is the full encyclopedia and can be pointed to as a trusted source.

Hans Buitendijk: @Raj Dash: ISA is more of a library of available standards (the encyclopedia as Christina indicates) that has no requirements to being implemented, rather to be considered for certain use. USCDI must be implemented by certified HIT (not just EHRs that wish to be certified) using C-CDA and FHIR US Core. Certification does not reference ISA, rather USCDI, C-CDA, FHIR US Core, and then many other capabilities.

Raj Dash, MD (College of American Pathologists): @Hans, thank you!

Clem McDonald: have been on for most of Al's presentation but late Mea culpa

Bryant T Karras: @Hans @Raj and @Christina the fact that ISA has standards way outside of HL7 does seem to be a challenge to this current charge. can we make recommendation to influence the interop with those that need to move toward FHIR enabled?

Mark Savage: Glad you're here, Clem!

Pooja Babbrah: I forgot to mention during my introduction that I'm also Chair of the Board of NCPDP. I noticed there are no NCPDP standards versions included today on Slide 26. At some point, I would love to hear from pervious workgroup members on why that is the case

Steven Lane: A key component of this process is encouraging ourselves, our constituents and members of the public to take this opportunity to submit comments on data elements that are already listed on the USCDI website and to submit elements that may be missing. Elements do not need to be mature nor ready for exchange to be submitted. The elements in Comment and Level 1 are on the roadmap for future input, support and potential future inclusion in USCDI.

Deven McGraw: 20 seconds not 20 minutes!

Christina Caraballo: @Bryant - I believe ONC said we weren't being charged to look at ISA this round, but I'm a big fan of "bonus recommendations".....especially if we can connect dots to our charge. :)

Steven Lane: One can see that there is a good bit of duplication of data elements on the web site. This is also an opportunity for the submitters of similar or duplicative data elements to connect and collaborate in an effort to remove the duplicates and assure that elements that are brought forward include all the necessary detail and perspectives. There are some elements in Draft V4 and Level 2 that have very similar elements in Level 1 or Comment that could/should be reconciled during this comment period and before ONC finalizes Version 4.

Bryant T Karras: @Pooja, pre Pandemic I was working with NCPDP on Opioid PDMP standards and they were moving toward FHIR format for next gen of the NCPDP standards... is that still in the works?

Steven Lane: Our workgroup is specifically tasked with providing feedback on data elements that are in Level 2 that we feel should be included in final V4. All Level 2 data elements have been judged by the ONC team to be potential candidates for inclusion in a published version of USCDI.

Pooja Babbrah: @bryant - there is movement toward JSON format starting with the telecommunication standard. re: FHIR, there are several use cases where task groups have worked with HL7 workgroups. Shelly mentioned a few and there are additional ones as well. I am not as close to the PDMP work specifically

Bryant T Karras: @Steven got it... the "+" elements seem to be the wild card here

Ricky Bloomfield: My understanding is that this process will have two parts: 1) reviewing the draft USCDI v4 (which includes select items from Level 2, and 2) reviewing all Level 2 items to see which else we might want to include in the draft v4. Is that correct, and if so, will we start with the former or the latter as part of our process?

Hans Buitendijk: @Bryant: I have not seen a PDMP specific HL7 project to collaborate with NCPDP and others to express PDMP interactions using FHIR. Unless it is part of a larger project. Digging for that given general interest to enable PDMP data sharing beyond view access into discrete data enabling alert/CDS.

Raj Dash, MD (College of American Pathologists): +1 to Mark's verbal comment. Who determined what remained included if not the prior committee? Would be good to understand the process. Thank you Mark!

Raj Dash, MD (College of American Pathologists): (If there is a document that provides transparency would appreciate a link!)

Ricky Bloomfield: We were sent a link to a Google Spreadsheet just prior to this meeting.

Steven Lane: Historically we have started with the proposed new data elements - suggesting changes, identifying challenges, perhaps suggesting they not be included - then move on to Level 2 data elements that were not suggested for inclusion or even data elements in Level 1 that we feel were mis-leveled. It is generally up to the co-chairs to negotiate with the ONC team re how we approach the work during the meetings and recommendations to HITAC.

Christina Caraballo: @Sarah @Naresh It might beneficial to look at our last round of recommendations and resurface what was not included in v4

Steven Lane: The spreadsheet we were sent is a very valuable tool based on a lot of work by Ricky, Hans and others during prior workgroups.

Sarah DeSilvey: +1 Christina, that was my thought as well. Agreed.

Hans Buitendijk: Agreed that focusing on the attributes proposed on the USCDI v4 tab first would be most helpful before going to Level 2 and beyond, including general comments and considerations.

Naresh Sundar Rajan: @Christina: Agree.

Raj Dash, MD (College of American Pathologists): @Ricky, thank you. I see it arrived at 10;30 am. Have requested access.

Hans Buitendijk: Regarding the spreadsheet, I'm already starting to gather C-CDA and FHIR US Core references (already supported, in flight, still in ballot, etc.)

Ricky Bloomfield: Looks like the spreadsheet could be updated a bit with some additional correlation to the latest US Core. Happy to take a pass at that before the next meeting!

Ricky Bloomfield: Looks like Hans is already on it!

Naresh Sundar Rajan: @Ricky @Hans thank you for your input.

Sarah DeSilvey: Thank you Hans and Ricky!

Hans Buitendijk: Like before, we'll have to go back-and-forth to make sure we don't miss the various nooks and crannies where it may be referenced.

Ricky Bloomfield: #TeamworkMakesTheDreamWork

Steven Lane: Every year we have had these discussions about how USCDI does/should evolve, what role it plays in our industry, how/whether it relates to USCDI+, etc. ONC has done their best to respond to these questions/concerns verbally and in presentations to the taskforce/workgroup. It seems that this would make a nice white paper of set of FAQs that could be developed, posted to the USCDI web site, and iterated over time as needed.

Sarah DeSilvey: Steven, that would be very helpful.

Grace Cordovano: Great suggestion Steven!

Ricky Bloomfield: I would also add that the naming of USCDI+ has consistently resulted in confusion since USCDI has been closely identified with what is required for implementation whereas USCDI+ is not part of regulation.

Naresh Sundar Rajan: +1 Sarah on that idea of FAQs

Hans Buitendijk: @Ricky: plus USCDI+ PH data as an example includes data that is not necessarily patient specific (EHI), but aggregated measures. It does re-use a lot of USCDI where USCDI has already defined it. The role of USCDI+ still has to evolve and be clarified as they are being defined.

Christina Caraballo: I can't find the spreadsheet that was mentioned in this chat. Can someone drop the link in the chat?

Steven Lane: We should NOT put links to Google docs in the public chat, as some of our materials are meant to be private to the committee.

Ricky Bloomfield: @Hans, yes, agree. Proposing a different name for USCDI+ that better describes its use and character may be a helpful change.

Sarah DeSilvey: Yes, Christina, HITAC admin will ensure you have access.

Grace Cordovano: Is there a way to highlight Level 2 elements on the USCDI website (with a symbol) that were previously recommended to HITAC but didn't make the cut into USCDI? It would be helpful to new workgroup members and to new annual workgroups as a whole, to see what was previously already considered and see what legwork needs to be done to potentially push a Level 2 element into draft.

Steven Lane: We have repeatedly asked for additional transparency regarding the analysis and assessment of each submitted data element - why it is leveled as it is, what are the specific requirements to move it to the next level, what documentation is required, etc. As a submitter of data elements I know that the ONC team actively engages with submitter(s) to collect, understand and process information in support of the elements. While I am sure there are extensive notes kept regarding these evaluations, this has not thus far been shared with our taskforce/workgroup.

Steven Lane: +1 @Grace

Sarah DeSilvey: +1 Grace. This is helpful background, Steven.

Sarah DeSilvey: I want to note that we are 6minutes from public comment

Grace Cordovano: Regarding any previous notes recorded during evaluations of elements for acceptance, could these notes be included in the next iteration's Standards Bulletin as supplemental information or on the USCDI website in an appendix?

Sarah DeSilvey: I want to honor the final questions but note we may need to review the spreadsheets in order to work asynchronously

Pooja Babbrah: I'm not sure if we will get to my question so I will put it here. I know there is a lot of discussion of FHIR, but it looked like there is also reference to LOINC codes and ICD-10 in USCDI. As we think about pharmacy, there are NCPDP standards and data elements that also meet the prioritization criteria. So I want to confirm that we are not tied to FHIR and FHIR resources only

Sarah DeSilvey: Shelly, I am still going to try to get to your question! My apologies for the time.

Steven Lane: @Pooja - Part of our task is definitely to identify technical standards and IGs that support the data elements that are added to USCDI as well as elements that are included from prior versions.

Hans Buitendijk: @Al: Are you o.k. I delete the content in the C-CDA and FHIR columns to make sure we start clean and avoid confusion? or will you?

Pooja Babbrah: Thank you for the clarification @steven lane

Hans Buitendijk: @Al: I don't have edit rights yet, only comment.

Bryant T Karras: +1 on disabilities and revisit SOGI

Mark Savage: Some of the items in USCDI v4 also show as Level 2 on the website, e.g. disability status. Is this intentional, or is transition from L2 to v4 still in process? Or what does this mean?

Ricky Bloomfield: @Accel, could you please update my access to allow edit? I'd be happy to work with Hans to update the columns.

Hans Buitendijk: Thank you! Could we also have a filter to only see what is proposed vs. what is already in USCDI v3? E.g., Care Team members are already in v3, so would be helpful to hide in some views.

Accel Solutions: All HITAC recommendations can be found here: https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it

Naresh Sundar Rajan: Thank you for all your input.

Pooja Babbrah: Thank you everyone. I'm really looking forward to working with all of you!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

Comments were submitted via email.

- See comment submitted by Thompson Boyd on January 25: 
- See comment submitted by Thompson Boyd on January 26: 
    - See attachment to accompany Thompson's comment: 

Resources

IS WG Webpage

IS WG – January 25, 2023, Meeting Webpage
HITAC Calendar Webpage

Workgroup Work Planning

Sarah thanked IS WG members for their participation and noted comments will be further reviewed by her and Naresh. Sarah reviewed the upcoming IS WG meeting schedule. The IS WG meeting during the week of HITAC's monthly meeting has been rescheduled for February 7.

Adjournment

The meeting was adjourned at 11:59 AM.