Health Information Technology Advisory Committee

Interoperability Standards Workgroup 2023 Virtual Meeting

Meeting Notes | March 22, 2023, 10:30 AM – 12 PM ET

Executive Summary

The focus of the Interoperability Standards Workgroup (IS WG) was to review workgroup charges, discuss Draft United States Core Data for Interoperability Version 4 (USCDI v4) data elements with subject matter experts, and review USCDI level 2 data elements. The IS WG discussed these topics and provided feedback. There was robust discussion via the chat feature in Zoom Webinar.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	IS WG Charge
10:40 AM	Diagnostic Imaging Data Elements
11:10 AM	Comments and Recommendations – Draft USCDI v4 and Level 2 Data Elements
11:50 AM	IS WG Workplan and Timeline
11:55 AM	Public Comment
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
Joel Andress, Centers for Medicare (on behalf of Michelle Schreiber)
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

Nedra Garrett, Centers for Disease Control and Prevention (CDC)
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 Neinstein, UCSF Health
Kikelomo Adedayo Oshunkentan, Pegasystems
Mark Savage, Savage & Savage LLC
Shelly Spiro, Pharmacy HIT Collaborative
Ram Sriram, National Institute of Standards and Technology

Members Not in Attendance

Meg Marshall, Department of Veterans Health Affairs
Aaron Miri, Baptist Health

ONC Staff

Mike Berry, Designated Federal Officer, ONC
Al Taylor, USCDI Lead, ONC

Key Points of Discussion

Opening Remarks

IS WG co-chairs, Sarah DeSilvey and Naresh Rajan, welcomed attendees. Sarah reviewed the meeting agenda detailed in the March 22, 2023, meeting presentation slides.

IS WG Charge

Sarah DeSilvey reviewed the IS WG Charge. The charge includes:

- Overarching charge: Review and provide recommendations on the Draft USCDI v4.
- 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.

Sarah presented a tentative schedule review of Draft USCDI v4 new data classes and elements.

Discussion:

No comments were received from IS WG members.

Diagnostic Imaging Data Elements

Sarah DeSilvey introduced speakers Steven Lane, IS WG member, Brian Bialecki, American College of Radiology (ACR), Keith Dreyer, ACR, and Mike Tilkin, ACR, to present information related to the Diagnostic Imaging data elements. Information is detailed in presentation slides.

Brian introduced imaging reference use cases and the following diagnostic imaging data elements: Imaging Reference, Accession Number, and Requested Procedure Identifier. Brian then explained the importance of imaging references in patient care. Subject matter experts were invited to engage in IS WG discussion.

Discussion:

- Alan Swenson, Carequality, shared information about the Carequality implementation guide, which is directed at the exchange of diagnostic imaging data with vendors. Alan noted the workflow issue of providers needing to inform local PACS (Picture Archiving and Communication System) to obtain information from another PACS. Alan explained how to reference pointers within USCDI will provide guidance to solve workflow problems within FHIR and CCDA and standardize diagnostic imaging data.
- David Mendelson, Mount Sinai, expressed support for the diagnostic imaging data elements and use cases presented.
- Ricky Bloomfield noted that Argonaut has approved a FHIR imaging study to leverage existing patient APIs and workflows to authenticate in health systems. The study also aims to enable patient access to imaging studies using the FHIR imaging study resource.
- Deven McGraw asked if, via reference number in USCDI, a patient can obtain image files without opening an account with an image vendor.
    - David explained that a security structure is needed, but inclusion in USCDI will decrease the burden of obtaining imaging data.
- Steven Lane revised his recommendation in the IS WG disposition google document to recommend Imaging Reference, Accession Number, and Requested Procedure Identifier.
- Hans Buitendijk explained he will engage in further discussion to ensure that these data imaging data elements, if included in USCDI v4, can be supported by certified HIT systems.
- Steven Eichner expressed concern about image resolution in this space. There are world band access issues, capacity issues, rural environment implications, and technical limitations in exchanging high-resolution images. He suggested exchanging lower-quality images and the ability to exchange high-quality images if needed.
    - Brian explained how Steven Eichner's concerns are addressed through various mechanisms.
- Avinash Shanbhag, Executive Director, ONC's Office of Technology, asked if links could enable automatic authorization access to providers. He then asked for confirmation that providers can view images, in a limited capacity, without the need for a PACS. Brian explained that users can view images without a PACS or technical infrastructure.

- Han Buitendijk and Steven Eichner reiterated potential implementation issues documented earlier in the discussion. All three data elements may not be ready for inclusion in USCDI v4.
- Han Buitendijk will engage in discussion with experts to determine the data element's readiness and current challenges of implementation.
- Hung Luu reminded IS WG members of the IS WG charge to identify data elements essential for interoperability. This charge does not include solving interoperability problems.
- Ricky agreed with Hung and noted that many elements in USCDI v4 have not been modeled in an implementation guide and are expected for inclusion in ongoing implementation development. Ricky suggested including these data elements in USCDI v4.
- IS WG members will further discuss the following data elements next week: Imaging Reference, Accession Number, and Requested Procedure Identifier. Steven Lane will assist in updating the IS WG disposition working google document with IS WG comments.

Comments and Recommendations – Draft USCDI v4 and Level 2 Data Elements

Al Taylor presented the IS WG disposition working google document for IS WG member review.

The following draft USCDI v4 data elements were discussed: Time of Procedure, Specimen Collection Date/Time. IS WG members agreed to proceed with recommending these data elements in USCDI v4.

The following Level 2 USCDI data elements were discussed: Advance Directive, Gender Identity, Sex for Clinical Use, Recorded Sex or Gender, Name to Use, and Pronouns, Provider NPI, Author. IS WG members agreed to proceed with the proposed recommendations for these data elements.

Discussion:

- IS WG members discussed the following draft USCDI v4 data element: Time of Procedure and Specimen Collection Date/Time.
    - Raj Dash and Sarah DeSilvey reviewed updates to the working google document.
    - Clem inquired about the definition of procedure in this data element.
        - Hung Luu explained that Lab Time and Procedure Time data elements have been separated.
    - Al explained that ONC's intent for this data element was to provide a broad time element beyond procedures encoded by CPT coding. ONC has asked for feedback on the appropriateness of having a single Time of Procedure data element to represent timing for various procedure-related data elements.
    - Hans supported the recommendation to add Specimen Collection Date/Time but expressed a need to clarify the record of these data elements in relevant areas of USCDI and additional clarifying content for each data element.
    - IS WG members reviewed Han's edits to the working google document.
    - IS WG members agreed to proceed with recommending Time of Procedure and Specimen Collection Date/Time for inclusion in USCDI v4 while considering WG member comments.
- IS WG members discussed the following USCDI level 2 data element: Advance Directive.
    - Grace Cordovano recommended the inclusion of Advance Directive into USCDI v4, explained her comments in the working google document and asked WG members to confirm if a LOINC code is correct.

- Clem McDonald inquired if parallel data elements, such as power of attorney, are special cases for consideration. Grace explained that, in the point-of-care setting, advance care directive is the common terminology utilized. Sarah noted that the term advance care is utilized in Medicare requirements.
- Hans noted that advance directives currently build off the concept of a care plan. Hans inquired if Advance Directive should be submitted to USCDI under the data element Care Plan.
- Pooja Babbrah asked about the scope of Advance Directive and what elements it includes.
- Ricky Bloomfield explained an initial goal regarding this data element to include it in USCDI. Ricky suggested a short-term recommendation to convey the document itself in multiple formats and pair it with an accompanying LOINC code.
    - Grace agreed with Ricky's comments.
    - Ricky, Hans, and Mark Savage volunteered to assist in drafting the USCDI recommendation.
- Mark noted that it is out of scope for the IS WG to resolve inconsistencies within data collected.
- IS WG members agreed to proceed with recommending Advance Directive for inclusion in USCDI v4 while considering WG member comments.

- IS WG members discussed the following USCDI level 2 data elements: Gender Identity, Sex for Clinical Use, Recorded Sex or Gender, Name to Use, and Pronouns.
    - Mark agreed to draft a final USCDI v4 recommendation for these data elements.
- IS WG members discussed the following USCDI level 2 data element: Operative Notes.
    - Grace recommended inclusion of Operative Notes into USCDI v4 and explained her comments in the working google document.
    - Al suggested the final recommendation include a differentiation from Procedure Note in USCDI.
    - Al discussed the original rationale for Procedure Note in USCDI v1 was that it is a primary note type from the Argonaut Project.
    - IS WG members agreed to proceed with recommending Operative Notes for inclusion in USCDI v4 while considering WG member comments. Grace will draft a final recommendation for this data element.
- IS WG members discussed the following USCDI level 2 data element: Provider NPI.
    - Aaron Neinstein recommended for inclusion of this data element in USCDI v4 and reviewed his comments in the working google document.
    - Al explained that ONC considered provider NPI but elected instead to use a more general Care Team Member(s) Identifier. Care Team Member Identifier can include provider NPI.
        - Hans agreed with Al's comments and approach. He then recommended a process be established to specify if level 2 or 1 data elements are effectively supported in USCDI.
    - Shelly Spiro expressed support for inclusion of Provider NPI in USCDI v4.
    - IS WG members agreed to the incorporation of Provider NPI under an appropriate USCDI v4 data element.
- IS WG members discussed the following USCDI level 2 data element: Provenance Author.
    - Mark recommended inclusion of Author to USCDI v4 and noted this is a recurring recommendation from last year's IS WG final recommendations.

- IS WG members agreed to recommend the incorporation of Author in USCDI v4.

IS WG Workplan and Timeline

Sarah DeSilvey reviewed the upcoming IS WG meeting and Draft USCDI v4 review schedule. IS WG members were requested to volunteer to lead final recommendations of specific USCDI data elements.

PUBLIC COMMENT

Mike Berry opened the meeting for public comments:

QUESTIONS AND COMMENTS RECEIVED VERBALLY

No public comments were received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the Interoperability Standards Workgroup. We will be starting shortly.

Mike Berry (ONC): Please remember to tag "Everyone" when using Zoom chat so that we can all see your message.

Grace Cordovano: “Images immediately available to you” is truly a patient’s (and carepartner’s/caregiver’s/advocate’s) dream come true! This is meaningful, life-changing work!

Pooja Babbrah: Agree with the recommendation for all three

Grace Cordovano: Fully supportive, jumping up and down in agreement!

Ricky Bloomfield: For reference, the Argonaut FHIR Imaging Study work will be hosted on the Argonaut Confluence page once it kicks off this year: https://confluence.hl7.org/display/AP/Argonaut+Project+Home

Grace Cordovano: Thanks Ricky

Mark Savage: To Ike's comment, just a matter of noting in the ISWG recommendation that the options are already available?

Mark Savage: Thank you!

Pooja Babbrah: Thank you so much for the information and joining us today!

Mark Savage: Takes a village!

Hans Buitendijk: We have to be considerate about how USCDI is actually used, not only set a target that is not necessarily implementable.

Pooja Babbrah: +1 Hung' s comment

Alex Kontur: Does data aggregation “break” the ability to access an image by whomever has the reference link? Thinking of centralized HINs for example…if a provider sees a link in their HIN portal, would they be able to click on the link and access the image? Does it depend whether the HIN maintains the underlying image in its repository?

Steven Lane: +1 Hung

Hans Buitendijk: Practically, everything added in USCD v4 would have to be put into the necessary guides within 3-4 months after publications. So we do have to consider implications of its use. It would be great if we could consider USCDI in the more neutral context of a target and truly get to all EHI now, but that is not how it is used and applied.

Steven Lane: The patient access use case is critical and a potential major benefit of adding the recommended data elements to USCDI.

Steven Lane: A key difference is the time associated with a 6 hour surgery and the time that a specific specimen was collected during that surgery.

Raj Dash (CAP): The laboratory SMEs did NOT discuss how best to apply Procedure Date/Time, only achieved consensus that it should NOT be used for laboratory date/time elements.

Sarah DeSilvey: Thank you, raj

Raj Dash (CAP): (so we have no position on this data element, other than that; just fyi)

Hung S. Luu: +1 Hans

Raj Dash (CAP): Are we good with Specimen Collection Date/Time (I presume so as discussed under procedure time)

Raj Dash (CAP): I will volunteer Dr. Luu and myself to draft the final recommendations for the lab data elements :-)

Sarah DeSilvey: Thank you, Raj!

Hans Buitendijk: I believe we are good with both Specimen Collection date/time and Lab Report date/time, but need to decide whether it is a comment on Time of Procedure, or as a separate comment on Laboratory.

Aaron Neinstein: What would happen with POLST form if the Advance Directive were moved forward? Is POLST covered in row 20 Treatment Intervention Preference?

Pooja Babbrah: RIcky - I think that makes sense to me

Aaron Neinstein: Ricky's strategy makes a lot of sense. That's what we did locally. Prioritize getting this information in whatever form it comes.

Hans Buitendijk: @Aaron: It seems that Treatment Intervention Preference and Care Experience Preference plus the Care Plan and Advanced Directive are combined that can enable starting with the note style, including the document as a .pdf, etc., while growing into a structured plan. Note that FHIR US Core's Care Plan has the characteristics of the note as Ricky indicates.

Steven Lane: +1 Ricky. Make it known that an advance directive, of any type, exists > make available access to scanned documents with any available metadata re type and content > make available discrete data elements as these become industry standards

Mark Savage: @Grace, can help, too.

Pooja Babbrah: This is so important for patients. I think adding this data element is really important. Thanks, Grace

Pooja Babbrah: +1 Steven

Grace Cordovano: If you are interested in polishing this, please let me know and join Mark, Hans, Ricky

Aaron Neinstein: There typically is a process for that. They actually test it on Internal Medicine boards. Out of scope I think for this group.

Steven Lane: https://www.healthit.gov/isa/documentation-clinical-notes

Steven Lane: https://loinc.org/document-ontology/

Mark Savage: Sorry, don't know why my name suddenly popped up.

Steven Lane: https://build.fhir.org/ig/HL7/US-Core/clinical-notes.html

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

Resources

IS WG Webpage
IS WG – March 22, 2023, Meeting Webpage
HITAC Calendar Webpage

Adjournment

The meeting was adjourned at 12:01 PM.