



# Health Information Technology Advisory Committee Interoperability Standards Workgroup Virtual Meeting

## Meeting Notes | February 15, 2022, 10:30 a.m. – 12:00 p.m. ET

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### Executive Summary

The focus of the Interoperability Standards Workgroup (IS WG) meeting was to continue workgroup planning, receive a presentation from Project US@, and to work on Charge 1a, which includes reviewing the new data classes and elements included in draft Version 3 of the United States Core Data for Interoperability (draft USCDI v3). TF members discussed the topics and presentation and provided feedback.

There were no public comments submitted verbally, but a robust discussion was held via the chat feature in Zoom Webinar.

### Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Workgroup Work Plan
10:45 a.m.	Project US@
11:15 a.m.	Charge 1a Draft USCDI v3 New Data Classes and Elements
11:55 a.m.	Public Comment
12:00 p.m.	Adjourn

### Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:32 a.m. and welcomed members to the meeting of the IS WG.

### Roll Call

#### MEMBERS IN ATTENDANCE

**Steven Lane, Sutter Health, Co-Chair**

**Arien Malec, Change Healthcare, Co-Chair**

Hans Buitendijk, Cerner

Christina Caraballo, HIMSS

Grace Cordovano, Enlightening Results

Steven (Ike) Eichner, Texas Department of State Health Services

Jeff Ford, Department of Defense (attended as a substitute for Thomas Cantilina)

Rajesh Godavathi, MCG Health, part of the Hearst Health network

Adi Gundlapalli, Centers of Disease Control and Prevention

Kensaku (Ken) Kawamoto, University of Utah Health

Hung S. Luu, Children's Health

David McCallie, Individual

Clem McDonald, National Library of Medicine

Mark Savage, Savage & Savage LLC



Michelle Schreiber, Centers for Medicare & Medicaid Services (CMS)  
Abby Sears, OCHIN

## MEMBERS NOT IN ATTENDANCE

Kelly Aldrich, Vanderbilt University School of Nursing  
Jim Jirjis, HCA Healthcare  
Leslie (Les) Lenert, Medical University of South Carolina  
Aaron Miri, Baptist Health  
Ram Sriram, National Institute of Standards and Technology

## ONC STAFF

Mike Berry, Designated Federal Officer  
Al Taylor, Medical Informatics Officer  
Carmela Couderc, Office of Technology

## Key Specific Points of Discussion

### TOPIC: OPENING REMARKS

Steven Lane and Arien Malec, IS WG co-chairs, welcomed everyone. Arien reviewed the agenda for the meeting and invited all attendees to share comments, questions, and feedback in the public chat in Zoom and reminded members of the public that they were welcome to share verbally at 11:55 a.m. during the public comment period. Arien summarized key points from previous presentations given to the WG.

### TOPIC: WORKGROUP WORK PLAN

Steven welcomed attendees, and Arien reviewed the charges of the IS WG, which included:

- Overarching charge: Review and provide recommendations on the Draft United States Core Data for Interoperability Version 3 (USCDI v3) and other interoperability standards
- Specific charges:
  - Due by April 13, 2022:
    1. Evaluate draft Version 3 of the USCDI and provide HITAC with recommendations for:
      - 1a - New data classes and elements from Draft USCDI v3
      - 1b - Level 2 data classes and elements not included in Draft USCDI v3
  - Due June 16, 2022:
    1. Identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications.

### TOPIC: PROJECT US@

Arien provided background information on the topic area and explained that ONC convened a senior task force to determine how to carry over address matching and standardizing work done by the United States Postal Service (USPS) into the field of healthcare. He welcomed the presenter from Project US@ (pronounced "Project USA") to discuss their work on a unified specification for addresses in healthcare.

Carmen Smiley, IT Specialist, Standards Division, Office of Technology, ONC, introduced herself and added that she is ONC's subject matter expert (SME) in patient matching. She described the background of Project US@ and its two phases of work, and this information was detailed on slides #2 and #3 in the Project US@ presentation slide deck. She explained that ONC received public comments on the use of USPS Publication 28 in response to a request for information (RFI) on patient matching in the 21st Century Cures Act (the Cures Act) proposed rule, and their analysis of Pub 28 led them to conclude that it is insufficient for this purpose. Carmen explained how Project US@ differs from but leverages Publication 28, and the aims and impact of Project US@ were detailed on slide #4. She explained that the American Health Information



Management Association (AHIMA) companion guide takes the work done on technical specification and adds operational guidance in service of the ultimate goal, which is uniformity in practice. She described the Project US@ Companion Guide, which includes guidance and best practices through the accurate and timely capture of and management of patient addresses that support conformance to Project US@ and improve patient matching.

Carmen presented an infographic depicting how Project US@ affects patients in a variety of scenarios, including over the phone, at the point of care, and online scheduling/telehealth. She described the API pilot, which was completed in partnership with the USPS and was depicted in a diagram on slide #7 of the presentation. She described the known limitations of the pilot, which were listed on slide #8. She emphasized that only addresses will be included in the pilot, not names, dates of birth, or other demographic data elements. She explained how the outcomes of the pilot would be measured while keeping in mind the proprietary nature of many patient-matching solutions and resulting variations. She briefly displayed a sample screenshot of the Project US@ API and explained that the team is seeking feedback on the specification and whether it can serve as the standard for patient address in healthcare and if settings should be the required standard for the Current and Previous Address data element in Version 3 of the USCDI (USCDI v3) or a future USCDI version. She encouraged everyone to submit comments on this item in the draft USCDI v3, which is open for public comment through April 30, 2022.

#### DISCUSSION:

- Arien described the list of questions that were shared in the public chat via Zoom and summarized several, including:
  - Ike asked if it is within scope to standardize the matching algorithms themselves, and Arien suggested that it might not be within the scope of Project US@'s work, which is focused on standardizing data elements. Carmen agreed.
  - A number of WG members asked questions about how to use the US@ specifications; would the US healthcare system be updated in pieces, or would there be a big coordinated impact like that of ICD-10?
  - Carmen responded that including the Project US@ specification in USCDI v3 would be a positive step forward. Eventually, there would be alignment across developers and healthcare as the value of the standardization is demonstrated.
  - WG members asked how the pilot service built by Project US@ would be turned into production services. What are the roles provenance and validation would play? Will there be a single service from the US Federal Government, or would there be a set of validated and approved service providers in a marketplace? Carmen responded that there are limitations around the API and that while she hopes the Project US@ API will get to production it is unclear if the API can be adopted by others. Project US@ is connected to the USPS because it is the authority on addresses in the US, though its congressional authority and bandwidth for current work are both limited. Also, Project US@ hopes to work with standards organizations to integrate the specification to future versions of standards that are already in use. Arien agreed that the USPS has a data advantage but that there is also no clear path forward. They discussed creating a WG recommendation for HHS, the Centers for Disease Control and Prevention (CDC), or another federal agency to adopt the API.
  - Abby raised questions in the chat about how to handle people without fixed addresses and multiple residents at the same address who have similar names. Carmen explained that Project US@ wants to focus on patients lacking fixed addresses starting this year and will be partnering with the Indian Health Service. They are also considering ways to better serve homeless patients, and there is some guidance in the AHIMA companion guide. The API will accept any address information, even just a zip code.



- David McCallie suggested focusing on the virtual address space in future phases of work, and he described how patients currently manage their identities through their own secure devices.
  - Carmen agreed that digital identity efforts could support better patient matching in the future, though this is not currently in-scope for Project US@.
- Mark Savage suggested that a pilot within organizations could speed up the process by generating more data. He asked if there were any parallel pilot programs underway and added that organizations have a great deal of interest in helping.
  - Carmen agreed but stated that there are not sufficient resources for parallel pilot programs now. She looks forward to working with partners in the future.
- Grace Cordovano asked how patients and their families could help curate and standardize this data and if this work would be elevated from the pilot programs to a point-of-care discussion via patient portals, through a verified process, and/or with the support of clinical staff.
  - Carmen responded that they are not including patient apps within the existing pilot but that they have outlined examples (e.g., the infographics, the companion guide) of ways to better engage patients. They want to help patients understand the importance of verifying their address information within the electronic health record (EHR) to ensure the highest quality of care.
- Steven Lane reminded WG members that their charge is to determine whether the Project US@ specification should be added as a standard for the Current and Previous Address data elements in the USCDI v3. He expressed his personal support for including this recommendation and invited WG members to provide feedback. He added the caution that health IT vendors could encounter issues with historic address that need to be mitigated after USCDI v3 is published.
- Ariën Malec asked Carmen to comment on if the AHIMA specification would be adopted as the literal specification for the USCDI and if they have a frame for what it would mean to say that the Project US@ specification is the accounting specification for USCDI. What happens to the data in EHRs that was previously collected or data in systems that have not upgraded to validate to the Project US@ specification?
  - Carmen explained that the pilot API demonstrates the value of the specification and that every specification and standard should be tested prior to adoption/normalization. The Project US@ specification would be a content specification for inclusion in the USCDI v3, and she described ways in which it could provide guidance to health IT developers. She explained that the specification does not dictate how historical data must be handled and doing so is not recommended as a best practice in the field (could cause misalignments).
  - Mark Savage suggested that the WG's perspective that this is necessary but not sufficient should be included in its recommendation. The WG should add recommendations around what would make it sufficient (within the charge).
  - Abby Sears responded to Mark's comments that she would not approve this recommendation and explained that, from a policy perspective, this could discriminate against populations and create health equity issues. She cannot support this without a plan for how to handle these issues. She supports the idea but believes it is insufficient.
- Clem McDonald asked why the USPS can find address information in some sort of database but that hospitals cannot successfully use the same information.
  - Carmen responded that there are limitations in terms of use in the USPS' API that it cannot be used for anything beyond addresses "mailability" (not health IT). She described challenges that the USPS faces with matching/validating their own data.
- Christina Caraballo described the background process for work on standards and addresses and explained that this work was originally intended to be a "baby step" to standardize something that is already captured in USCDI. It is not meant to replace other data element fields that, when included, would address health equity issues and homelessness (Past Address, etc.).



- Arien stated that Project US@ did not specify that address information has to be 100% complete/provided in ways that make it impossible to collect information from homeless patients.
- Carmen added that the companion guide provides guidance while allowing for future work to be done to better assist the homeless population.
- Arien suggested that the WG address these topics in their recommendations to the HITAC to take the underlying API and ensure that it is licensed for the purpose of improving/validating address information in Health IT systems, though this might be slightly out of scope. He asked if there is a way to mark content as validated or incomplete/unvalidated.
- Carmen explained that Project US@'s work has been on the specification and whether an address is conformant to it, and they have not determined a way to digitally express that data are validated in the API. An indicator of validation could be added to the metadata, and Arien commented that code set descriptors are used as markers in other content.
- Raj Godavarthi asked Carmen to explain how this work will evolve over the next three to four years.
  - Carmen stated that in 2021, they finished version 1 of the specification for US, domestic, and military addresses. In 2022, they will focus on those patient populations that were pointed out by our colleagues on the line, as well as expressing geolocation data. In 2022, they also hope to begin the process of standards development, which differs between standards development organizations.
- The co-chairs thanked Carmen for the presentation and indicated that Project US@ is available to WG members via their homework.

#### Resources:

- Project US@ Home: <https://oncprojecttracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153>
- Version 1.0 Tech Spec, 1/7/22 <https://oncprojecttracking.healthit.gov/wiki/download/attachments/180486153/Project%20US@%20FINAL%20Technical%20Specification%20Version%201.0.pdf?version=1&modificationDate=1641563329051&api=v2>
- AHIMA Companion Guide, 1/7/22 <https://oncprojecttracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153&review=/180486153/239829684/Project%20US%40%20AHIMA%20Companion%20Guide%20Version%201.0.pdf>
- AHIMA Press Release, 1/10/22: <https://www.ahima.org/news-publications/press-room-press-releases/2022-press-releases/ahima-and-onc-release-companion-guide-for-new-technical-specification/>

### TOPIC: CHARGE 1A – DRAFT USCDI V3 NEW DATA CLASSES AND ELEMENTS

The co-chairs reviewed Charge 1A and invited WG members to submit feedback on Draft USCDI v3 content and to focus on the following questions:

- Are there any improvements needed in the data classes or elements included in Draft USCDI v3, including:
  - Appropriate and meaningful data class and element names and definitions?
  - Representative examples or value sets used by health IT developers and implementers to fully understand the intent of the data element?
- Are there significant barriers to development, implementation, or use of any of the Draft USCDI v3 data elements that would warrant not including them in USCDI v3?



The co-chairs displayed a spreadsheet of comments WG members submitted on Draft USCDI v3, some of which were discussed at the previous meeting. Steven thanked the people who submitted the new classes/elements and invited them to speak about their submissions.

#### DISCUSSION:

- Grace described her experiences entering comments on the USCDI website and asked how to differentiate between all the items that appear in Level 2 and those that were included for consideration in draft USCDI v3.
  - Steven agreed that an indicator should be added to the Level 2 listing to state which elements were included draft USCDI v3, and Al Taylor responded that this information will be added to the website shortly.
  - Clem asked for clarification around the overall process flow, and Arien explained that this is included in previous meeting materials as a presentation from Al. The process flow is that USCDI v3, once approved, will enter the ONC standards version advancement process (SVAP), and he described how v3 will be added to the back of the certification queue (after USCDI v2).
- Michelle shared several data classes and elements that CMS recommends for inclusion in USCDI v3 and which she added to the spreadsheet. She summarized the comments and justification that were included in the spreadsheet comments for each from CMS, and these items included (noting that the first three mentioned were the highest priority):
  - Facility Identifier data element under the Facility Level Data data class
  - Encounter Identifier data element under the Encounter Information data class (also supported by the CDC)
  - Medication Administration/Medication Administered Code, Discharge Medications, and the Dosage data elements under the Medications data class
  - She asked if there is a way to add data elements that are relevant to end-of-life care and advanced directives, as this information is vital to properly following patient wishes.
  - Arien asked if CMS has identified a standard for Encounter Identifiers. Adi Gundlapalli commented that the CDC supports the same elements as CMS as the highest priority.
  - Clem explained that there is no standard way of identifying this across institutions and described the current process and the LOINC codes used. WG members described the current state, and Arien provided some suggestions for how advanced directives are handled. Adi described challenges faced in public health reporting around linking case reporting data to identifiers and emphasized that they cannot and will not be identifying individuals.
  - Arien described the usefulness of linking claims attachments to encounters or referrals.





- Ike described how encounter IDs have been used for syndromic surveillance (facility license number, state laboratory number, or others as a substitute for LOINC) in public health data reporting. He suggested that there should be a place record/code information that is critical to a patient's care within the EHR that is not simply an allergy, case note, or advanced directive.
  - Arien summarized the existing facilities for document types and LOINC identifiers for document types that have been used to solve these issues.
- Clem suggested that the WG ask HL7 to create a standard way to create an identifier for Encounter.
  - Hans asked how these are typically handled in the EHR and what is administrative versus what can be supported by the USCDI.
  - Arien stated that there are different ways to address how to uniquely identify the assigning authority or the authority for encounter ID. The WG could make recommendations that this be appropriate to organization.
  - Steven explained how he color-coded the spreadsheet to indicate which tasks are connected to the WG's charges and tasks and reminded the WG that, at this time, our focus is on identifying data classes/elements that are in Level 2 that we would suggest adding to Version 3, in addition to those classes/elements included in Draft v3.

## Action Items and Next Steps

IS WG members will be asked to capture their thoughts and recommendations between meetings in two Google documents that will inform the WG's recommendations and streamline the conversations. Members should share a Google email address with ONC's logistics contractor at [onc-hitac@accelsolutionsllc.com](mailto:onc-hitac@accelsolutionsllc.com) to be set up with access to the document. Once WG members have gained access, they may input recommendations and comments into the appropriate documents:

- IS WG Member recommendations regarding Draft USCDI v3 and Level 2 Data Elements (members have full edit access to this document)
- Draft USCDI v3 data elements sheet for recommendations on changing or removing data elements (charge 1a) (members may add comments but may not add lines), and consider these questions:
  - Are changes warranted to these data elements, including definitions, examples, value sets? Should some of these not be included? If so, why (including significant barriers to adoption)?
  - Are there significant barriers to implementation that warrant removing these data elements from consideration?

IS WG members will be prepared to engage in conversations with presenters to better inform the WG recommendations. WG members may enter comments on this topic into the Google documents to keep track of individual thoughts.

As homework for future meetings, IS WG members should:

- Follow up on Gender Harmony (GH) Presentation
  - Work group to finalize and document decision to align USCDI birth sex with GH recorded sex or gender, and to align the USCDI v2 gender identity value set with the Gender Harmony gender identity value set
  - Sex for Clinical Use (SFCU) considerations – any further discussion necessary? Should WG specifically recommend ONC support this data element, as defined by GH, for advancement and/or future inclusion in USCDI?
- Review material for Related Person and Care Team Members – links documented in the WG spreadsheet
  - Reminder: discussion about possible overlap, opportunity to clarify and distinguish the



#### definitions

- All are invited to support Hans in the mapping of USCDI v3 proposed elements to C-CDA and FHIR
- All are invited to support Abby in her work on proposed language to the WG's recommendation to support the inclusion of the Project US@ standard, including a specific request to ONC to support further work on address specifications for people experiencing homelessness
- March 1, 2022, Focus: The WG is planning a series of discussions around the new Health Status data class, including the four new data elements: Disability Status, Functional Status, Mental Function, and Pregnancy Status.
- Members are invited to consider more ideas on the WG's Task 2 work on the Interoperability Standards Advisory (ISA) Standards, which should start in early April 2022, following the completion of the WG's Task 1 recommendations to the HITAC. ISA related topics to consider
  - TEFCA standards enablement
  - FHIR roadmap, standards from FAST, patient access leveraging QHINs for national access
  - Additional exchange purposes that are contemplated in CURES but not perfectly enabled via initial TEFCA
  - Potential standards/IGs for HIE certification
  - Social Determinants of Health (SDOH) / Gravity data standards
  - Race/Ethnicity vocabulary subsets, e.g., CDC
  - Lab Orders/Results
  - SHIELD/LIVD, LIS to EHR/PH SYSTEMS
  - Public Health (PH) data standards and potential PH Data Systems Certification
  - eCR Standards
  - Other ISA topics of interest

## Public Comment

### QUESTIONS AND COMMENTS RECEIVED VERBALLY

There were no public comments received verbally.

### QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mark Savage: Nothing like a feedback loop!

Steven Lane: @emrdoc1

Michael Berry: Please remember to change your chat setting to "Everyone" when you want everyone to see your chat. Thanks!

Steve "Ike" Eichner: Two aspects of patient matching that should be considered are 1) establishing minimum standards for data matching algorithms. 2) ensure there is clear communications regarding what matching algorithms have been used "upstream" in matching data to help "downstream" users identify and manage risk.

Julie Pursley: Project US@ Confluence Site here!

<https://oncprojectracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153>

David McCallie: Is there any interest in considering "virtual" addresses, such as personal identity devices, etc?

Mark Savage: Even FHIR endpoints for individuals/patients, although that's more of a TBD at this point.





Steven Lane: It is notable that Project US@ does not include name standardization. Some great work has been done by AHIMA and others on Name standardization, which is also critical to patient matching, especially in edge cases, such as with newborns and individuals with names following cultural standards less common in the US.

Steve "Ike" Eichner: Does the shift to US@ look like the transition to ICD-10? What happens when one entity converts its data to US@ and then "breaks" patient matching because systems are then out of alignment? Are there implementation strategies that can be adopted to reduce repeated mismatches? (e.g., share both the "old" and US@ address and use both for matching, at least for a time?)

Julie Pursley: AHIMA's new Naming Policy here - please reach out to me with your feedback! @julezd  
<https://ahima.org/media/mezosx50/2022-naming-policy-v3-1-21-22.pdf>

Mark Savage: This is an example where individual/patient correction of the record can be really helpful. Another important use case for bidirectional exchange and write-access APIs.

Abby Sears: I appreciate the possibility of how much this is going to help the commercial population and those patients that are housing secure. AND...this is a policy that is inherently problematic based on equity issues as being insufficient for patient matching in two specific cases: Those patients that are housing insecure and those patients that have similar names in the same house. These are not small populations in our database.

Mark Savage: Amen to Abby's point!

Steve "Ike" Eichner: What strategy can be adopted to lift all boats *[sic]* so that changes are propagated throughout the system with minimal effort? IS the concept of a single transition date nationally helpful?

Abby Sears: I really want to advocate for setting policy that does not add to the equity challenges.

Abby Sears: We need to consider a single identifier in some form regardless of how hard it will to do this...

Steven Lane: First we adopt the latest standards for address and hopefully names. Then we work on closing the gaps for underserved populations.

Grace Cordovano: When validation is done and confirmed, will there be a date, time stamp tag? Trying to understand from the patient and care partner perspective, how this process will be visible in the real world and accessible to patients and their carepartners? For example, would there be a "validated" check mark in the EHR?

Abby Sears: Please remember that our patient population had a higher rate of COVID and are working in positions that have a higher rate to infect others. These same patients were not matched when we moved data through eCR.

Hans Buitendijk: What is the timeline for US@API to be available and will USPS then provide that as an alternative or instead of current USPS services that validate addresses?

Abby Sears: Steven I agree that it is a place to start no question about that....what I would LOVE to see if how will we close that gap and to not have a plan for that and to have to wait

Steve "Ike" Eichner: There also needs to be strategy/approach to addressing naming conventions (name order, etc.)

Mark Savage: When might there be a pilot between organizations, even among multiple organizations?



Abby Sears: OCHIN will LOVE to pilot all of this

Mark Savage: Yay OCHIN!

Abby Sears: I really want to insist and continue to press to push to close the gap and to not have to wait for the naming pieces and the strategies that will close the gap as well.

David McCallie: Abby, do the communities that you are describing have suggestions on how to address those unique needs?

Abby Sears: The only suggestion that we have been able to really come to is a unique identifier

Steven Lane: I do not believe that the AHIMA curated patient Name standards have yet been submitted to ONDEC. Hopefully that can happen soon.

Al Taylor: Link to Standards Bulletin 22-1 calling for comments on patient address standards  
[https://www.healthit.gov/sites/default/files/page/2022-01/Standards\\_Bulletin\\_2022-1.pdf#page=5](https://www.healthit.gov/sites/default/files/page/2022-01/Standards_Bulletin_2022-1.pdf#page=5)

Mark Savage: @David, if this helps, I don't think of these as "unique" needs but as characteristics of a significant percentage of the nation's population. So we have to design for the range of common use cases.

Steven Lane: From the Standards Bulletin:

Steven Lane: Patient Address

Throughout 2021, ONC worked with a broad community to improve the quality and standardization of patient address. One output of this collaborative work was the publication of the new Unified Specification for Address in Health Care (Project US@). Now that this first version has been released, ONC believes this specification can serve as the standard for patient address in health care settings. ONC seeks feedback on whether this specification should be the required standard for Current and Previous Address in USCDI v3 or a future USCDI version.

David McCallie: @Mark - yes. My hope is that addressing edge cases make the whole stronger!

Joel Andress: We are currently considering the development of standards to support data aggregation among ACOs in the Accountable Care Organization program, and some of our initial thoughts at CMS regarding the approach is similar to what you are describing here. Is there a clear scope for use cases of the matching standards? Are these standards intended to be universally applicable across use cases?

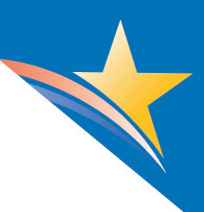
Mark Fall: Will we need to be registered to use the API? If so, how will the API ensure privacy of who makes requests and the address getting validated? That association between who makes the request (a provider for example) and the address can tell me where a patient might have been seen.

Steven Lane: To Ike's previous point, if/when this standard is added to USCDI and subsequently to the SVAP and taken up by HIT vendors, can we expect a potential decrease in matching for historic addresses that do not easily fit within the standard or will there be a path to support backwards compatibility in those cases?

Abby Sears: I would predict that to be true Steven.....

Steven Lane: AHIMA Patient Naming Standard, 01/14/2022: <https://journal.ahima.org/ahima-releases-naming-policy-to-enhance-patient-identification-and-matching/> <https://ahima.org/media/mezosx50/2022-naming-policy-v3-1-21-22.pdf>

Steve "Ike" Eichner: How do we limit write-overs of converted data initiated by patient request? If patients don't understand the "new" format, they may request changes. That [*sic*] creates work for data entry that the API would then undo.



Steve "Ike" Eichner: The challenge, I think, is not in the definition of the standard. I think the challenge is how do we get from here to there?

Carmen Smiley: Just to clarify, Project US@ does not dictate how providers handle historical addresses. Thank you!

Steve "Ike" Eichner: Arien: I agree. What does including it mean? (to my prior question: how do we get from here to there?)

Steven Lane: #BabySteps

Carmen Smiley: +1 steven lane

Steve "Ike" Eichner: Has there been enough of a landscape survey to understand what adopting means not exclusively to health care, but looking at the intersecting points or other standards? Are there state government-defined standards that differ, such as Medicaid or other similar programs that are involved in health care? Is it consistent with current Medicare requirements (or can Medicare requirements be modified)?

Steve "Ike" Eichner: I thoroughly appreciate the standard and see substantial value in using it. I think the challenge is what transition looks like?

Carmen Smiley: By equity issues, are you concerned that it is biased against homeless and other patients with less stable and available addresses?

Steven Lane: There are operational opportunities in Healthcare organizations to review and update patient addresses at the point of care. We have attempted similar processes when updating adolescent phone numbers and email addresses to "clean out" parental data that was historically entered into those fields in the absence of explicit standards.

Steven Lane: Couldn't USPS extend the applicability of its API to healthcare?

Steven Lane: Perhaps to HIPAA covered entities as defined?

Carmen Smiley: @Steven - they are limited by their current terms and conditions of the web services api

Steven Lane: Right; so let's collaborate across agencies and have them change those Terms & Conditions.

Michelle Schreiber: I don't know the answer to Steve Eichner's comments re: landscape - i.e. standards in Medicare of Medicaid and so would want to find out further information

Mark Savage: To the critical points of housing/address insecurity and health equity not disparity, my teams have recommended looking at a combination of items, not just address, that on balance provide the best matching. Is there something other than address that, if added, helps with this core issue?

David McCallie: I'm guessing that involving the postal service in healthcare (even indirectly) could become a political hot potato.

Abby Sears: I understand that Carmen but we need to close these gaps while we have the political will to do it.

Abby Sears: I agree completely with Mark.

Steven Lane: [https://en.wikipedia.org/wiki/Robustness\\_principle](https://en.wikipedia.org/wiki/Robustness_principle)



Steven Lane: <https://devopedia.org/postel-s-law>

Steve "Ike" Eichner: Not a spec or standards issue per se, *[sic]* but providing patients with a QR code and their address in validated format would be helpful, potentially re-emphasized by the postal service itself.

Steve "Ike" Eichner: (above comment can just be a note and doesn't likely need discussion)

Steven Lane: #SausageMaking

Abby Sears: Thank you Carmen. This was such a good presentation and discussion. Please know we are very supportive of what you are doing!

Mark Savage: Thank you, Carmen!

Carmen Smiley: Thanks for the opportunity!

Joel Andress: Can you clarify the decision regarding address standards?

Mark Savage: May be easier to think of those not as address issues or as, e.g., domestic violence issues. I think it's right to test against these kinds of scenarios, of course.

Michelle Schreiber: I have to hop off at 11:45 however so may need to table CMS input till next week due to time

Grace Cordovano: Thank you AI

Grace Cordovano: 100% Michelle, thank you.

Hans Buitendijk: Will these proposals that are not yet in the other spreadsheet be copied there as well to review the FHIR and C-CDA IG columns? If not, can you add them here as well?

Steven Lane: We need to do what we have been asked first, before we spread beyond our remit. We will provide recommendations on refining the data classes/elements included in Draft V3 (now color coded in green on the spreadsheet), then make recommendations regarding adding items from Level 2 (now color coded in yellow), then, if time and ONC allows, provide input on items currently in Comment and Level 1 (color coded in red).

Steve "Ike" Eichner: NPI might be another unique identifier.

Mark Savage: @Arien, still waiting to hear back, so nothing yet.

Clem McDonald: what is the deadline for comments in the work sheet?

David McCallie: +1 to Steven's "perfect is the enemy of good enough"

## QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

## Resources

[IS WG Webpage](#)

[IS WG – February 15, 2022 Meeting Webpage](#)

[IS WG – February 15, 2022 Meeting Agenda](#)  
[IS WG – February 15, 2022 Meeting Slides](#)  
[HITAC Calendar Webpage](#)

## **Meeting Schedule and Adjournment**

Steven and Arien thanked everyone for their participation and shared a list of upcoming IS WG meetings. In response to a request for clarification from Clem, they briefly reviewed the timeline for the WG's work.

The meeting was adjourned at 11:58 a.m. E.T.