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

July 12, 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
Josianne Charles	Office of the National Coordinator for Health Information Technology	ONC Staff Lead
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

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

Michael Berry
Hello, everyone, and thank you for joining the new Adopted Standards Task Force. I am Mike Berry with ONC, and serve as a designated federal officer of the HITAC and this Task Force. On behalf of ONC, I would like to thank all the Task Force members for volunteering their time and expertise, and also the members of the public for joining us as well. As a reminder, your feedback is welcomed, which can be typed in the chat feature throughout the meeting or can be made verbally during the public comment period that is scheduled at about 11:50 Eastern Time this morning. So, I am going to begin roll call of our Task Force members, so when I call your name, please indicate that you are here. And, I will start with our cochairs. Hans Buitendijk?

Hans Buitendijk
Good morning.

Michael Berry
Steve Eichner?

Steven Eichner
Good morning.

Michael Berry
Jeff Danford?

Jeffrey Danford
Good morning.

Michael Berry
Raj Godavarthi? Jim Jirjis? John Kilbourne?

Jim Jirjis
Jim Jirjis here, sorry.

Michael Berry
Thanks, Jim. And, John Kilbourne? Hung Luu?

Hung S. Luu
Good morning.

Michael Berry
Clem McDonald? Deven McGraw? Eliel Oliveira?

Eliel Oliveira
Good morning.

Michael Berry
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
Ram Sriram?

Ram Sriram
Good morning.

Michael Berry
Raymonde Uy? Debi Willis?

Debi Willis
Good morning.

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

Hans Buitendijk
Steve, do you want to start?

Steven Eichner
After you, sir.

Hans Buitendijk
So, good morning, everybody. We really appreciate everybody joining. Today is going to be our first deeper dive, which will be a good experience to figure out how we need to go through the process. I am looking forward to that. As well, we have today a couple of new members who are joining and who have not had the opportunity to introduce themselves. Either they were not able to attend last time, or this is the first time

that they are joining. So, we are going to start with that in just a second, but I want to pass it to Steve for any of his comments.

Steven Eichner
Thank you, and thank you all for participating again today. We appreciate all of your efforts and the work that you all undertook. We got some excellent feedback in a couple of weeks, and we will learn from that and hopefully move forward in a successful way, and we welcome all participants this morning. As Hans said, we have a couple of folks that were unable to join us at our previous meeting, so we are going to give them an opportunity to introduce themselves. Deven, can you provide a brief introduction?

Deven McGraw
Sure. I am Deven McGraw. I am the Lead for Data Stewardship and Data Sharing at Invitae, which is a clinical genetic testing company. I came to Invitae from a company called Citizen, which I helped to cofound, which helps patients gather all their health information from all the places where they have been seen and puts it under their control to use and share as they need to. Prior to that, I was the Deputy Director for Health Information Privacy at the HHS Office for Civil Rights for about two and a half years, and also served as the Acting Chief Privacy Officer at the Office of the National Coordinator for Health IT. I led the tiger team on privacy and security in the predecessor to the HITAC, the Health IT Policy Committee, so I am actually really happy to be back in the FACA world and working with this group. In general, my areas of expertise, again, are more on the patient access and privacy and security side, but I was excited to see that we have expertise from lots of different pockets of the healthcare ecosystem, which is going to be great. Thank you very much.

Hans Buitendijk
Welcome.

Steven Eichner
Thank you. Raymonde?

Michael Berry
I do not think he has joined, Steve, but Jeff Danford is here.

Steven Eichner
And, Jeff, can you provide a brief introduction as well? Again, you are most certainly welcome.

Jeffrey Danford
Thank you. I appreciate it. Again, my name is Jeff Danford, and I am with Allscripts Altera, and I am the solution manager for their interoperability, primarily focused on their FHIR specifications and API development, but in general, the full list of HL7 public and proprietary inoperability APIs.

Steven Eichner
Great, thank you. And, I am going to turn the floor back to Hans, and we will proceed into the meat of our meeting.

ONC Standards Review – Group 1 – 3 (00:05:10)

Hans Buitendijk
All right. Welcome, everybody. I am looking forward to working with you. Let's see. Let's go to the next slide, actually, the one before. It does state that we are going to try to tackle Groups 1 through 3, but what we want to do is re-step a little bit through the process, look at the next couple slides to clarify, address any questions, and we are going to try to go as far as we can. This is the first time. We are not sure whether we can get everything tackled in one meeting between 1 through 3, or whether we are only going to be able to get through some of Group 1. Hopefully, it will be somewhere in between the two, and based on that, we can then recalibrate our approach, learning what works, what does not work, and then do that next week and repeat until we are done. So, it is going to be a learning for everybody.

But, based on some questions that were raised during the last two weeks about reviewing the standards, how to go about it, when to abstain, when not to abstain, and how to seek input. It is probably best that in the next couple slides, we look through that a little bit and also go to a high-level question of what we are trying to really achieve. So, we will start there, and then, between Steve and myself, we are going to go back and forth in the spreadsheets on what is happening.

So, overall, our goal is to provide guidance on all of the standards that are in the spreadsheet that we all had access to, and that quite a few have started to fill out, to give us insight as to if this is something we should maintain as is because we are not aware of anything new out there or, if there is something new out there, it is really not anything substantial to make it worth going up to that. So, that would be one area. Another would be for a number of standards where there is a newer version out there or there is another standard out there, and is it appropriate to go to a newer version or not and therefore retire or replace the current one and remove that from regulation? But, it is not just removing it, it is putting something else in place.

The intent is not to go too deep into really understanding what that newer version or what that other standard would be. We are not trying to provide the guidance on exactly if tomorrow, the regulation would be updated, then that is the right version to do. We are not trying to do that. We are only trying to indicate that this is something that we know there is something newer, likely better, possibly better out there, and ONC should consider that. There is something happening there that is worthy of that, and if that happens, then this one can retire.

So, that is really the extent to which we are trying to get into it, and that goes to one of the questions that we had popping up during the meeting last week and during the last two weeks, about how much we really need to know about the standards, because not everybody is familiar with all the standards, and certainly, not everybody is familiar with all the details that are in there. There are quite a few unique attributes and awareness that are happening there, and some might know more about one or the other, but likely, nobody will know everything about all the standards. That perhaps will be needed if we want to truly make a recommendation to say to use Version 5, 6, or whatever, or this standard that is separate. That may be needed.

But, for the objectives here, that is not a requirement per se. So, if we do not know everything about the standards, that is okay. We need to know something about it, so that still means that if we are not clear,

and therefore we cannot, in our reviews, indicate merely to maintain or replace with another version or standard, then we want to learn more about it. So, at any point in time that somebody feels that we need to dig a little bit deeper, that we do not have somebody else on the Task Force that can provide the necessary insight, we need to indicate that in one of the upcoming meetings, somebody needs to come to us and provide a perspective that can help us make that recommendation. But again, it is not about being final and firm on what exactly that new version needs to be, just that there is something out there, and it is worth looking at for the next round of regulation. That is effectively the justification of why it is not just that one should be maintained, but retired because there is something else that is likely better out there. So, we need to keep that in mind as we run through.

And, depending on how you like to work through that, there are really three questions in that regard. Is the purpose for which that standard is provided still relevant? If not, we do not need to look at that anymore. Clearly, even though the standard, even though it is a great standard, is not needed anymore. That is the first question it starts out with. The second question is whether there is something better out there because we need it as a function that we need to move towards? "Better" can be a new standard, a different standard, or a version of the standard, or maybe there is a transition that we still need to accommodate, but again, we do not have to be precise in that regard. That is the backdrop. Steve?

Steven Eichner
This is Steve. Just to elaborate on what "better" might mean in this kind of case, looking at something like ICD-10 or a vocabulary code set that has more expanded vocabulary, or looking at another standard that may have had a gap in the past, and there is a need to fill that gap or a new standard fills that gap are kind of examples as to what might make a standard more appropriate for current use, and from a time horizon perspective, this process is, under law, supposed to occur every three years, so we are really looking at making a recommendation, if you make a recommendation, about a replacement standard, keeping that in mind as we are looking at the maturity of that standard. So, we are not necessarily looking at making a recommendation that says in 10 years, replace a standard, but looking more on the shorter horizon.

Hans Buitendijk
Great. So, let's stop there for a moment and see whether there are any questions, comments, or thoughts around that and whether this helps before we jump into the slides. Does that help clarify what we are trying to do? And, we are going to figure it out as we go as well, so we are all trying to understand where exactly the boundary is, and we will be looking at ONC a couple times to see if we are going too far or if it is acceptable to have this kind of a recommendation. So, where needed, we will reach out and make sure that we are in line with the intended charter of the Task Force. If not, then we will jump to the next part and pull back if we need to clarify something more.

So, the slides all start to look the same, but if you go to the next slide, this is where we have the list of slides, so if you gently go to the next slide to get a sense of that, if you can stop right here, you will see a couple things happening there, either one of those two. We not only have the standard that is currently in place, and I think it was Ram Sriram who identified the place where we needed to fix something, so if you saw it recently around one of the standards, there is a clarification there, but in principle, that is the standard stated in the rules.

The second column is where we have the version that, as of the asset that was published very recently, in the last couple weeks, is committed to be certified against as well instead of voluntarily, but it can be certified against. So, that would give an indication that while we had the standards in the left-hand column a couple years ago, today, we know there is a more current version, and actually, it can be recognized in certification. Then, there is also the scenario where you look at the latest published column, that there are a number of standards where there is more likely a more current version out there, if it is not listed in the SVAP, that is available to be considered. So, where possible, there is a link to that. Some of those might still need to be included, but it gives an indication that there is something new out there in terms of a version of that standard.

It is not indicated whether there might be another alternative standard for that that can already be considered. I am going to go out on a small limb and say that for example, for C-CDA, there is starting to be an opportunity to express that in FHIR. So, there is an alternative there, whether it is already mature enough or not, which we will debate late later, but that is not listed in the latest publication because that is a different standard fulfilling the same purpose. So, that is what we have currently in the first three columns that can help us be informed about what we could consider, but there might be some of those that are blank and that you are aware of a newer version out there that we should consider that is not listed yet, so do not take the latest published as the exact final list. There might be something out there that we did not catch yet.

So, that is the general way to orient ourselves around that, and then, we have the grouping there. Everybody started to fill out our different places to fill out whether to maintain, replace, phase out, etc. that we can look at and that we can start to begin to draft our thoughts and suggestions. So, for today, for these ones, and if you go to the next slide, if we get to Group 3, the same idea, we are going to go as far as we can. We do not want to rush it, particularly today, as we are getting our feet wet in this, so we are going to start where it lands. Steve, any thoughts, comments, or other questions around this before we actually jump into the spreadsheet?

Steven Eichner
I think you did a great job. Thank you.

Hans Buitendijk
All right. Anybody else? Ah, I see a question from Vassil. Go ahead.

Vassil Peytchev
Hi. I wanted to point out that Group 1 seems to be terminology standards, for which it might be useful to have maybe a discussion on what it means to get to a newer version and what it means to phase out because unlike different formats and different on-the-wire presentations that other standards may involve when we upgrade or change, with the terminology standards having a newer version, it seems that it is almost a given that we want the latest version, especially given the history of COVID. We want the COVID codes that are in the newest versions of the standards that do not exist in the one that was published originally. But, at the same time, what would it mean to deprecate the ones that were specifically mentioned at the specific version?

Hans Buitendijk

Great comment, Vassil, and actually, that is in Group 1. It happens to be that around the first topic, coordination of care, there were a lot of code sets and there were a lot of syntactical standards, so that is why they split in Group 1 and 2. You will see that is a little bit more mixed in some of the later groups because the overall group was smaller, so we could look at them in context, so that is also why we put 1 and 2 together at the beginning, but it is a bigger group. And, clearly, based on your comment, we want to start with some considerations across any code system that is being referenced because you are hitting on a good point: Today, how can we already maintain and use a more current version and consider whether that applies across the board or not? So, your topic that you raised will actually be one of the first things we are going to get into when we dive into Group 1. Clem, you have your hand up.

Clem McDonald
Some of the vocabulary standards have sort of a built-in progression, so it is specified that when a new standard comes out, it should be taken up. Do we have to talk about them again?

Hans Buitendijk
I think we need to at least clarify how the current process works, and it may very well be, and I think a number of us are likely going to land on that same spot, that we do not need to talk about every one individually as much, but we want to make sure we are all aware of how the current process works and why, therefore, a particular recommendation actually might work and bundle the entire group together rather than each one at a time, unless something jumps out. But yes, you are jumping to the first part of the discussion we want to begin with when we get to Group 1.

Clem McDonald
Okay, thank you.

Hans Buitendijk
Anybody else before we jump in? All right. What is the easiest, if either one of us gets to share their spreadsheet, and then we make comments along the way, or Mike or one of the team displays the spreadsheet, we make some updates, and you can see them happen as we take notes?

Michael Berry
I believe Josie is going to share her screen.

Hans Buitendijk
All right. I have the opportunity to have an extremely large screen, so I can just about see the entire spreadsheet all at once, so if you see me go back and forth like that, that is why. So, let's see where we can start. We may, at times, need to scroll back and forth to the right, and in a moment, we actually may shrink Columns B, C, and D so that they disappear as we go to the right to have enough space, so we need to look at that. You can leave it there, but maybe just hide it for now and come back. Either way, we will see what is the easiest, what we really need to hold onto. But, let's go to the comments from both Vassil and Clem first.

If you look at Group 1 in its entirety, all code systems, and you look at the vocabulary, and you look at a couple of other groups where other code systems and vocabulary are being referenced, they have something in common all across the board, and that is that updates to these standards happen frequently.

They might be every six months, three months, a year, or whatever. They happen frequently. So, a number of years ago, as part of the certification program prior to when the 21st Century CURES Act final law came about, a rule or a guidance was put in place, and it was put in the rule as well, and ONC can provide further clarification on that where needed, and it allows that certified software can always take advantage of the latest version published. So, while the regulation might reference Version 1 or whatever, the actual certified software, as it progresses, can pull in the latest version, note that, and then move forward. So, the mechanism was already baked in to ensure that we would not only be allowed or required to certify against the original version, the floor, if you will. That was baked in.

So, the progression you can make from there is that as long as that guidance and that rule remains intact with a next version of the regulations, then the next version of the regulation would have the then most current version listed, but with the same guidance in place, and hey, as long as you use a more current version, that is okay. So, if we believe that that mechanism works okay, if we believe that none of these code sets…and that is where we need to look at if a better alternative has a new standard in place, from a version perspective, the mechanism is there to stay currently, and we can keep that discussion relatively short, but we must agree that we want to make sure that rule stays in place and confirm that that is indeed the case, and we will open it up in a moment to make sure that is our understanding, and the second is that there is no code system in Group 1 for which we want to say, "Hey, there is a much better code system out there, and this one is no longer needed at all."

So, that is where we wanted to go first and make sure that is clear, and to particularly go to Clem and Vassil, is that the same understanding you have on how we can keep current with whatever the latest version is of the code sets and start with that? Is there anybody else that believes there is a nuance to that or that that is incorrect?

Clem McDonald
I do not think I have any comments for this, except to say let's proceed with what you are saying because we could dispense with a lot of discussion if we accept it.

Vassil Peytchev
I do think there is a nuance, and that is if we keep the rule, which I agree we should keep that rule and update the base version, but the rule needs to contain a safety valve for historical data. So, if my health system saw a patient in 2018 and they recorded some observations with whatever LOINC version was there at that time, and then we update now that the floor would be LOINC 2.92 or whatever the current version is, having that historical observation maintain that LOINC in the version that it was recorded in should be considered compliant with certification and not cause failure in certification tests. I do not know if I was clear on what I was trying to say.

Hans Buitendijk
Any questions about that? I completely understand what you are raising and completely agree with that. We want to make sure any historical data is already out there and reference all the versions that are still permissible. You do not need to upgrade everything. Deven, I see you have your hand raised.

Deven McGraw

I do, only because I think I have a slight nuance on the way that that standard adoption guidance should be interpreted. So, yes, for sure, vendors can adopt the more current version of the standard ahead of being mandated to do so, but certainly, with respect to these standards, we have an opportunity to push for the elimination of standards that really should go away because otherwise, in between the issuance of certification standards, any vendor could just continue to adhere to the earlier version until such time as it goes away, which I think is something that you emphasized, Hans, but maybe not in exactly that way.

The standards advancement process helps to voluntarily get newer versions adopted, but at some point, and I cannot say that this applies to any of the standards that are currently in the group, there could be a long time period between when a new certification rule comes out, and at any rate, if we think that there is something that ought to be retired, i.e., no longer eligible for a vendor to default to, that we want them to go to the more advanced standard, that is just something to keep in mind in terms of how that works. There is always the option to upgrade, but you do not have to upgrade until the old standard is no longer acceptable.

Steven Eichner
This is Steve. I think we do want to have or make a recommendation that says if there is a floor, here is where the floor is.

Deven McGraw
Yeah.

Steven Eichner
We may need to elevate that floor periodically, considering backward compatibility, but on the other hand, if you are not modernizing your language or your standards, you then run into some difficulty with exchanging data with a vendor's product that has not modernized or been kept up to date.

Deven McGraw
Much more articulately stated, Steve. Thank you.

Hans Buitendijk
Maybe if we use a hypothetical of the cadence at which this task force is meant to operate after five years of the enactment of the law, which is roughly today, and then every three years thereafter, and let's assume that the regulations follow suit with that pattern, which is, again, hypothetical, and we do not know exactly what the timeline is. The construct that is in play today is that regulation would raise the floor, and that is what you must be able to use at least, and SVAP is what may be used, and it can go up at any point in time in between, and there are some rules around that, and the next time around, when a new regulation comes up, the floor is raised to whatever is then agreed to, and you should not use anything earlier.

But, to go back to Vassil's comment, I think that for code systems, you are not going to convert historical data. You are going to keep that; that is what it was. But, any new data should start to use the newer version of the vocabulary. It is happening with other topics. C-CDA will be a good example. When that went to a newer version and floor, the generation of that document was now occurring into that new standard. You are not going to convert old documents to the newest standards. There are still old CCRs out there, old CCDs or whatever out there. They are there. They are documents that exist.

But, new documents should start to be generated according to that, and I think that we need to keep that distinction as well: What does a new floor mean? That is already in place in that way, that you change from that point forward. If we want to argue that we should do that more frequently than every three years, back to the hypothetical timeline, then that sounds like a different discussion outside of the Task Force where that needs to be brought up. Here, it would only be about if we assume that the next regulation is to come out very shortly, whatever that might be, should we consider that this standard is ready to be replaced, maintained, or otherwise? I think we have to be a little cautious about how far we get into that part of the conversation to make comments on how quickly we should move the floor up. That is a different question.

Steven Eichner
This is Steve. I think we need to be sensitive and cognizant of other laws or other processes that are out there that might vary a little bit, looking at the particular standard. ICD-10, for example, comes to mind as something that is regularly updated, and there are other laws or other processes that are dependent upon the then-current ICD-10 language for building purposes, and if you are not using what is then current, you may not get paid as a healthcare provider. So, there may not be a need to specify the current version in this regulation. However, there is a driver outside of this referenced standard that might drive what standard really needs to be in place.

Hans Buitendijk
So, with this context and discussion, picking up on Clem's comment asking if we can make a statement across all of these code systems in Group 1, is it the general sense of the group that that is the direction we want to head? And, if you look at the draft disposition, do we think that it has enough notes in there to be able to start to craft a recommendation for that and apply it to the other group, if not the other code systems as well? Or, if you want to scroll down gently through Group 1, is there any code system that is referenced here to which that would not apply because you believe that is actually a totally different standard, not a new version, that should be considered and that we need to discuss as the rationale why this one should not be just maintained and replaced with a new version, but should be retired and replaced with a new standard to be considered? Anything that jumps out there? Vassil, I see you have your hand up.

Vassil Peytchev
Yeah, I put it in the comments. I do not know if those comments were visible. In my comment, I put the comment on the cell wherever we entered our stuff. But, the only one that I think that applies to is the RFC for languages. It is not that the RFC is wrong, but the proper reference, I believe, should be the best current practice, which I think is PCP 47 or whatever I put in the comment. So, the reference to the ITF document should be different, and that different reference includes the RFC. I do not believe it changes anything about the actual value set that is to be used. It is just a better reference.

Hans Buitendijk
I now see where you made the comments, and actually, for other ones as you go through, it would be great if you put that comment in Column W, then it is easier to catch with the little triangle in the box. Josie, can you scroll to Column O, Rows 11, 12, 13, and 14? That is where Vassil made some of the comments, and particularly on that one. If you hover over it, you can see…there you go.

Steven Eichner

This is Steve. I am going to make a friendly amendment in the space, which is not a policy change, but a practice recommendation to, where possible, add a footnote for the relevant standards so that as you are looking at regulation, it becomes pretty evident that yes, SVAP does apply, and it does not need a floor.

Hans Buitendijk
All right. So, with that, Vassil, I think we need to double-check that the reference to BCP… These references on the left-hand side come from the rule, and we found one place where the way it is referenced in the rule is not exactly how it was in the column, and it sounds like this is along those lines and we need to fix the update to make sure that BCP is in there, so we can double-check that, make sure that we got that. But, the principle, then, on that one as well is that if a newer version comes out, we can just upgrade to it. That is permissible, that is fine. And, for the other three where you have comments, that effectively will be covered under the same comment as well, the then most current as well as in between, you can be as current as you want. Does anybody have a concern with that general approach? Because then, we are going to try to craft a recommendation along those lines and these notes, and then we can further refine that in our next round of review.

Vassil Peytchev
There is a question.

Hans Buitendijk
Go ahead.

Vassil Peytchev
In the chat, not mine.

Hans Buitendijk
I covered the chat. “Can you clarify why there are sometimes multiple versions of the standards listed?”, from Samantha. There were a couple of places that there was actually a different date associated with them. So, for example, if you look at SNOMED on Rows 8, 9, and 10, they are different releases that are referenced. So, perhaps the comment could be it would be nice if it was aligned. The other one is we may need to go into detail to understand if there is a particular subset that was being referenced there. Samantha, are those the three that you were thinking of particular, or was there another one? They are actually different versions.

Steven Eichner
And, as an example of one of the other places where things happened where there may be an implementation guide, we have immunization data, where there are two documents listed. One is the core, then there is one that came out a little bit later.

Samantha Pitts
Yes, that was what I was referencing, just if there was any nuance to why they were different listings to consider in this. Thank you.

Hans Buitendijk

Okay. So, we could blend that in and indicate that we should keep current, but also minimize, then, the reference to multiple versions of the same standard. That does get beyond the scope, perhaps, a little bit, but we can see, when we refine that, whether it is acceptable to at least add that as a note.

Steven Eichner
Well, Hans, one of the ways we may address that is rather than looking at a specific recommendation, looking at it as a more holistic recommendation in terms of an approach to maintain, so that there is a more global piece that says that looking at maintaining standards, there may be benefits to maintaining or utilizing a single implementation of a standard across federal regulations rather than different implementations of the same standard.

Hans Buitendijk
Right. Unless there is concern, based on the comments made, we will start to draft a general recommendation for all of Group 1 because they all fall in the same category, and as we get to other groups that reference code systems, at that point in time, we will assess the question of if there is a totally different vocabulary that is appropriate to start to be considered, and therefore, we need to address it separately, or if we can let it fall under the overall recommendation that we started in Group 1. Clem, go ahead. Clem, if you are talking, you are on mute. We will come back to Clem in a moment.

Clem McDonald
The code for languages: Could you center that on the screen?

Hans Buitendijk
Yes. That would be Row 11.

Clem McDonald
What is the proposal for this one?

Hans Buitendijk
It would generally fall in the same category of if there is a more current version, you could use it in the same way that was talked about, but Vassil raises that if you were to scroll to the right, to Column O, there is a reference missing in the standard to BCP 47, so we need to do a little bit of follow-up that we can do outside the meeting and make sure whether the reference in A11 is completely accurate or there is something missing.

Clem McDonald
I was involved in the early days of this choice, and there really were two different specs, and one of them was very large, and it included dead languages, and the other one was more modest in size and did not include dead languages. I think we would be better off with the latter one, the one modest in size, but I cannot specify which is which, sorry, so I am not much help.

Hans Buitendijk
If we can follow up on that, if the shorter version is the one that is already here, then we are already in sync. If the other one was referenced, which allows for more, then we will have to address the question of if

switching to another standard would be a concern or something we would want to recommend as worthy of looking at.

Clem McDonald
There are more recent LOINC codes, right?

Hans Buitendijk
Oh yeah, and everybody is already committed to using the more current version, and as Vassil indicated, that is already done in a number of areas. If you look at the COVID codes and other ones, that is happening, and it is permitted, so that falls in the general rule that we are aligning on.

Vassil Peytchev
But, we are still going to consider whether we need to raise the floor, right? Because what is in the current specification is the current floor, isn't it?

Hans Buitendijk
Correct, and I think that we indicated that the general recommendation would be along the lines of "In the next regulation, go to the then-current version as the floor," so it is not a strict "maintain," it is a "replace with a more current version as the floor," while in the meantime, the rule that after that, you can still use the then-most-current version after that, while you are in progress, needs to remain in effect. Plus, the historical comment that you need to be able to hold onto whatever the older values were because that was in effect, you are not going to upgrade that, and we are going to make sure that Deven's comment is recognized as well. We offer this one on the language. We need to check out the BCP 47, and we need to check out the two standards, the longer and the shorter, which one they were, and circle back to that to determine if we want to have a specific recommendation for that. I think that is where we sit so far for all of Group 1. Does that sync, Vassil? Does that capture it? And, we will have the opportunity when we have a draft of a final recommendation to go back and make sure that we did not miss any. Are you okay with that, Vassil?

Vassil Peytchev
Yeah, sounds good.

Hans Buitendijk
Okay. I am just typing a note, and I am using bold for any comments that were made today that we need to make sure we do not forget. The other ones were made last week. Okeydoke. Does that mean that we wrapped up Group 1? I think so. Steve?

Steven Eichner
I think so.

Vassil Peytchev
Can we go through so that we agree that we are going to lift the floor on every one of them?

Steven Eichner
Sure, let's go through it, Hans, just really fast, and just make sure that we are all…

Hans Buitendijk
Would there be anyone in Group 1 where lifting the floor to the then-most-current is appropriate to consider?

Steven Eichner
I am just going to read through the lines real fast for people, and if anyone has a concern, please put something in chat or speak up.

Hans Buitendijk
And, one clarification, Steve, before you do that. I do not think we want to point to a specific new floor because we do not know when the regulation comes out. It is the principle of going through whatever then then-most-current floor version would be.

Steven Eichner
Absolutely. "Code on Dental Procedures and Nomenclature, CDT. Current Procedural Terminology, fourth edition, CPT-4. Healthcare Common Procedure Coding System, HCPCS. ICD-10 CM encounter diagnosis code set for the following conditions: Diseases, injuries, impairments, other health problems, other manifestations, causes of injury, disease, impairment, or health problems. International classification of diseases, ICD-10: PCS 2020. RxNorm: September 8th, 2015, full release update. SNOMED, International Systemized Nomenclature of Medicine Clinical Terms, SNOMED CT, U.S. edition, September 2019 release. Systemized Nomenclature of Medicine Clinical Terms, SNOMED CT, international release, July 31st, 2012, and U.S. extension to SNOMED CT, March 2012." I guess that is one of the ones we may want to call attention to as to alignment with the other implementation with SNOMED CT.

Hans Buitendijk
Right, and I will update the notes on Line 10 to that extent, that it covers 9 through 11.

Steven Eichner
"Systemized Nomenclature of Medicine Clinical Terms, SNOMED CT, U.S edition, September 2015 release. RFC 5646 tagged for identifying languages, September 20, 2009."

Hans Buitendijk
And, we have two comments. One is to check on the BCP 47 reference, and we want to explore what the two standards are, the long and the short, if you will, and which one we want to use in our arguments, so that is a follow-up that we have.

Steven Eichner
"Logical Observation Identifiers, Names, and Codes, LOINC, Database Version 2.52, released June 2015. Logical Observation Identifiers, Names, and CODES, LOINC, Database Version 2.40, released July 2012." And again, that is another opportunity for synchronizing. Line 14, "The Unified Codes of Units of Measure, Revision 1.9, HL7, CDA, R2, IG, C-CDA templates…"

Vassil Peytchev
That is Group 2.

Steven Eichner

Sorry, you are right. Thanks.

Hans Buitendijk
Okeydoke. So, we will craft that accordingly. We will get back to the other code systems for which ones can follow suit and which ones need to be addressed separately as we get to them. What that means is that we have a good idea about Group 1 and we can begin with Group No. 2. Any comments before we start with that and jump in there? Okay, Steve will progress the same way, but now we will likely have to go more line by line.

Steven Eichner
So, looking at the first one, "HL7, CDA, R2, IG, C-CDA templates for clinical notes are 2.1. Companion guide, Release 2, October 2019, IBR approved for 170.205A5."

Hans Buitendijk
On this one, I see the note from Debi. I think that she might have already left, or if she is still on, I am not sure, but she had some comments around CCDs, which would be document types within C-CDA impacted by companion guide, and in Row 17, she asks if we could push that to next week, when she would be able to participate, based on the questions that she has. Is there a concern with shifting the sequence around and putting them to the end of this group and coming back to that next week? I am not hearing any.

Vassil Peytchev
I do not think it affects the version, though. If we are just looking at the version, I think the comments are "Can we get these documents through FHIR? Why can't we get people to give them away for FHIR?"

Hans Buitendijk
So, we could have the initial discussion, then, but we may want to circle back to make sure that there is nothing else in there. Is that reasonable, that we definitely will circle back to make sure and that we can discuss that?

Vassil Peytchev
Yes.

Hans Buitendijk
Okeydoke. So, C-CDA raises an interesting question. There are two parts to that, effectively. It is the underlying implementation guide that is Row 15. Where is the companion guide? I always get confused. The first one is the companion guide, so 16 is the underlying standard or implementation guide, and then, the companion guide is on top of that with the additional guidance that is provided. If you can open up the SVAP and the latest, that would be helpful here to have that context as well. So, the question here is which one can start to move up, and therefore it is a consideration for the next round, and which one is likely to stay the same?

I see two notes. SVAP has a more current version recognized for the companion guide because a lot of the work is happening there to adjust to USCDI Version 2 or other requirements. The underlying implementation guides that are built on C-CDA have stayed the same. There is some repackaging. There is a current version out there, but it is really a repackaging of the errata with the basic document, and it includes a

reference to the CDA Style C. So, that is what is happening there. Before we go to 17, we will tackle that separately, unless somebody needs to pull that in. If I heard Vassil correctly in his interpretation of Debi's note, might that be that a consideration could start to be here? A lot of progress has been made in FHIR around documents that are able to express it, so is this the time not only say to go more current, but actually start to consider FHIR? Vassil, is that where your thoughts were coming from?

Vassil Peytchev
No. It is specifically querying for documents, querying for existing C-CDA documents using FHIR queries as opposed to other mechanisms of obtaining the document.

Hans Buitendijk
Okay. Then, I think we need to bring that back up with the ITI discussion, probably. Does it make sense that we park it there? Because that ITI infrastructure is much more about the queries by which you get it, not the document itself. You should have two parts: How do I query for FHIR or document exchange from IHE? The other part is the content, the payload, the document expressed in C-CDA versus expressed in FHIR. So, the content will be a question here, the means by which the query would be the ITI infrastructure. Is that fair, to split them up that way? Are you okay with that, Vassil?

Vassil Peytchev
I am okay. Yeah, I agree with splitting the question.

Hans Buitendijk
Okay. The answer might be different or the same. Who knows? So, for 15 and 16, because they really go together in this regard, it sounds like because there is a newer version of the SVAP already, at least one could consider that the current version in regulation should be replaced by the then-most-current one. If that were to be now, that is the one in SVAP. If it were to be a year or two from now, there might be another version out there because there are going to be updates to cover USCDI Version 3, for example. So, it depends a little bit on where we are with the next regulation, what would happen.

So, on the one hand, that sounds like a consideration that we use the most current version at that point in time, no consideration that we would put in here about an alternative way of expressing documents. At the same point in time, there is a lot of work going on with FHIR, so another part of the suggestion as to why to retire this version, although it might then work out differently, is that depending on when you do it, is it time to begin with FHIR-based documents that express the same content, just different format? Any thoughts as to where? Looking at the different comments that were made, a number of people are still working on it. Some indicate "maintain," some indicate "phase it out/replace," and the latter would be because there is an SVAP version already out there, so at least go up to that, if not more current at that time. Any thoughts? What makes sense here? We need to make sure we circle back with Debi next week and do not miss that part.

Vassil Peytchev
We are talking about the companion guide, right? Row 15?

Hans Buitendijk

I think 15 and 16 kind of go together, but let's focus on 15 because that is the most variable one. That is the one that changes the most frequently. Is there a general sense that is…go to the most current one, raise the floor, and that is why we can remove the current version referenced that should not be in the next version, it should be more current?

Vassil Peytchev
What is the implication of USCDI Version 2? Would USCDI Version 2 be a requirement?

Hans Buitendijk
That is coming later, but that would be another question to look at. I think it is in Group 5 or 6. Should USCDI Version 1 be retired because there is a more current version out there? USCDI Version 2 was just published; USCDI Version 3 is expected to be published shortly. So, if a regulation were to come out in the next couple months, next year, but before July next year, would it make sense to increase USCDI Version? And, if you do that, you need a companion guide that can support that. The latest companion guide supports V.2, and if USCDI Version 3 comes out now, then next year, we would have another companion guide to support that. It is about a year behind. So, you have to be careful. If you say up USCDI in the next version, but there is no companion guide or FHIR US CORE yet to support it, you are going to get of sync.

Steven Eichner
So, Hans, taking that to heart, I am not sure we should just revisit Group 1, but we may want to have a caveat looking at going to the current standard, just considering dependencies.

Hans Buitendijk
Yes, and in the note that I put in, based on USCDI progression, it can be spelled out more. It is on the screen. It is for exactly that reason, that if USCDI is already up to Version 3, regulations are being proposed, and the supporting standards for that are not out yet, then it would be a hard-pressed situation to require USCDI Version 3 without having the supporting standards yet. So, we have to be very careful.

Steven Eichner
And, just to elaborate for the workgroup, thinking about the idea of where there may be standards or implementation guides that have internal dependencies or dependencies upon other standards, and thinking about how the regulations may actually interplay, and looking at how regulations are updated, not necessarily all at the same time, making sure that the recommendation addresses a framework so that there is internal compatibility on standards reliance so we are not outpacing ourselves.

Hans Buitendijk
Right. In that context, any comments or thoughts? Is that a reasonable stake in the ground to go with a then-most-current, but be aware of USCDI, that that cannot get ahead of the version? And, I will update that comment to clarify that.

Jim Jirjis
It is Jim Jirjis. Can I ask a quick question?

Hans Buitendijk
Go ahead.

Jim Jirjis
I know that the USCDI version can get ahead of the requirement for its use, and we are suggesting here that they address moving to a more contemporary version, but did the ONC have a plan, outside of our recommending that, to address Versions 2, 3, 4, 5, and 6 of USCDI, or does that have to be something that is manually deliberately put into regulation? For example, is ONC going to drive the versioning discussion and requirement? Is there already a mechanism to get Version 2 and ultimately Version 3 into the requirement for what people are exchanging?

Hans Buitendijk
There are the following mechanisms, with today's certification rule that references USCDI Version 1, then SVAP that just came out that recognizes USCDI Version 2, plus the C-CDA and FHIR US CORE standards to support USCDI Version 2, and that is voluntary, so certified software may certify to that latest version. They do not have to. If you are in other mechanisms or contracts otherwise, that is not controlled by regulations. Who knows what people might require? So, there are other programs that may indicate that as part of their progression, they would like to already start to support USCDI Version 2, and there are other programs that are proposing that. So, it is possible that somewhere else, that is the case, but that is not the focus of what we are looking at here. Here, we are looking at the progression of the standards within the regulation from ONC, not what others might do.

Deven McGraw
Which means, Jim, that ONC ultimately controls when things are required, but they would have to do so through a rulemaking process, for which there would be a public comment period as well.

Hans Buitendijk
Yes. So, here, we could say that a general principle, or at least related to 15, is for the next regulatory round, this is ready to be retired and replaced by the most current version of that companion guide as long as it corresponds with and is aligned with USCDI, which in itself could have gone up to some level. But, as we see the progression right now, you can move up to USCDI Version 2 right now, and therefore you can move up to this companion guide, and both of them are recognized in SVAP, but if USCDI Version 3 comes out tomorrow, but a year from now or next year in March, April, or May, C-CDA has been updated and FHIR US CORE has been updated, you would be hard pressed because it is not yet in SVAP.

Yes, there is a latest version, but to put that already in regulation without the supporting standard there is hard. Depending on your point of view, it is not advisable. From that perspective, do we think we have, at least for 15, a general direction of "Yes, go as current as you can, but please do not have USCDI get ahead of it"? Is that the direction that we are heading? Because then we can use that to start to craft our proposal. Steve, are you hearing or seeing anything there that gives us pause to not start with that?

Steven Eichner
I think we are in good shape.

Hans Buitendijk
Okay. The next one, then, is the underlying C-CDA guide. That has not changed in a while. Unless others are aware of an upcoming publication, we cannot point to that. Nothing is published beyond a repackaging,

so it is really substantially not doing anything more. What else can we say here, other than to maintain? You cannot drop it. If you drop it, then effectively, the companion guide is on its own.

Vassil Peytchev
I think maintaining makes sense.

Hans Buitendijk
All right, so we would land at maintain, and who knows? By that time, something comes out, but then it would automatically become part of the debate. Okay. Before, then, going to the next row, is there anybody who believes that this is the time to also bring as part of the arguments as an alternative to consider FHIR documents? So, not the query by way of FHIR, but actual FHIR documents instead of C-CDA documents. They would express the exact same thing, similar concepts, just a different representation using FHIR constructs. One could argue that is too early, and therefore, we should not even bring it up as part of the arguments. Some could argue that depending on the timing, you might get there. It may be an additional opportunity you can start with, so it is permitted but not required. You still need to do C-CDA, but you could start to move into that direction, or it could be an exclusive shift over because we are ready. I am not convinced about the latter. My question is about the second. The first one is "Eh, I am not sure where we sit yet, but it is far enough along." But, that is not my opinion head on. I am curious about all this.

Vassil Peytchev
I think it is too early.

Jim Jirjis
I would have to agree.

Hans Buitendijk
Okay. So then, we are not going to raise that. At most, we might say it is too early to consider FHIR at the time of writing this recommendation.

Jim Jirjis
If for no other reason, just because of the level of adoption. As we get a little bit farther along, yes, absolutely.

Hans Buitendijk
Maybe three years from now, it would be the part of the then-current task force to do that. Okeydoke. Anybody else on that? I will make a note here as well to circle back with Debi to see whether it is related to the content or whether it is related to the query, and either way, we will make sure that we catch that. For the next one, Steve, I think we are okay with 16 as well.

Steven Eichner
Yeah, I think so.

Hans Buitendijk
Okay. I want to go, then, to 17.

Steven Eichner
International phone numbers.

Hans Buitendijk
Actually, Row 17 is the IHE health story consolidated. It is an early version. It actually goes a little bit to Vassil's point that there is something historical there, and you cannot stop supporting that. You need to be able to read all the documents because their own systems cannot stop reading them because that does not work. So, some of the reactions are to maintain, some people are working on it…

Vassil Peytchev
I am definitely not "maintain." For those who are confused, this is basically C-CDA Version 1.1. The previous one was C-CDA 2.1. I think it is time for this to be retired with the understanding that consumers may still be able to process them, even though it is retired.

Hans Buitendijk
So, do we want to look at the text to just frame our recommendation that it can be retired as being able to write? I thought that was already retired a while ago. Actually, it is not a generation of the 1.1 C-CDA, it is only that you can read it, and if it is written today, then we can double-check that it is only there to ensure that you can read 1.1 documents. Would you still say to retire it, or can we then be okay with maintaining it for that purpose only? Where do you draw the line?

Steven Eichner
Well, should we ask IHE about where they are in maintaining it?

Hans Buitendijk
We could, but I am pretty sure they are not maintaining it, and Vassil, you can correct me if I am wrong. It sits on the shelf, it can be used, but there is no maintenance going on that I am aware of.

Steven Eichner
My personal perspective is that if it is not being maintained and not being utilized, and there is something in play to replace it, then it might be retired.

Hans Buitendijk
I generally agree. The nuance is are you looking at it from a generation perspective? Completely agreed, we already have a more current version, so in that sense, retire it. From a viewing perspective, should we leave it in there to effectively require that you must be able to read the C-CDA that was generated according to 1.1?

Steven Eichner
I guess that goes back to what is the language of the standard in the regulation as to what is the regulation requiring use of, or how is the regulation requiring…who to do what with this standard.

Hans Buitendijk
Correct, so that might be the follow-up that we want to double-check before we finalize a recommendation there. Does that make sense? Does that work?

Steven Eichner
Yes, because as you say, if someone has a document in the standard and a separate application to read it, that is not necessarily a regulatory-based activity.

Hans Buitendijk
Vassil, does that sync with your thoughts?

Vassil Peytchev
I am thinking.

Hans Buitendijk
While you are thinking, I see that Hung Luu has a question. Go ahead.

Hung S. Luu
I guess I am a little confused. I understand hesitation, but just because we are retiring something does not wipe it from existence, and so, if it is in place and in systems, then it is up to whomever is using it to have backwards compatibility. So, we are raising the floor, but that does not necessarily mean… Because otherwise, I could see this being bogged down where we are keeping everything out of fear that we are going to lose old data. I guess it is under discussion.

Hans Buitendijk
I think that is the question that is at the heart of it. To what extent do we want to suggest to retire something and either assume or have a general statement somewhere else **[inaudible – background noise] [01:13:17]** does not mean that your historical data that you now do not need to support reading such a document. So, for example, if I am System 1 asking System 2, "Hey, what information do you have on the patient that I am interested in?", and they are going to send everything back, that may include an old document that is done according to 1.1. It might even be a CCR, going all the way back.

So, at that point in time, from a regulatory perspective, what is my floor requirement? If we remove it, then one could argue other than market pressure, I can drop the ability to read it. If I am a new system, I am not going to bother about that. If I am going to be certified and I just got started, I am not going to bother with those old documents. Is that what we want to do, and therefore retire it, and it is open to that? Surely there will be pressure not to. Or, do we want to say no, keep it in, because for some of them, at least, like documents or vocabulary in particular, do we want to make sure that whatever is there is persisted as is, that we do not lose support for that.

Steven Eichner
Well, again, that goes back to the point of what function is that particular regulatory standard being applied to? Is it being applied to information exchange, the ability to generate a document in a particular format, or the ability to ingest something in a particular format? And, we can easily find out what those components are, and that may drive some of that usage. My personal tendency is leaning a little bit more towards the ability to ingest older formats, not necessarily generate older formats, as a general course of business.

Hans Buitendijk

Right. So, perhaps the follow-up is that we will check out what the language actually specifically covers… Go ahead, Vassil.

Vassil Peytchev
I think there is even more nuance here because of the nature of the standard. Because the underlying standard is CDA R.2, I think our recommendation for the language should be that the language is retired, and processing old instances should be limited to display only. In other words, the CDA is designed to allow display using common XML standards without having to process the discrete data anymore.

Hans Buitendijk
And, if you want to do more, have at it, but that is not the minimum requirement.

Vassil Peytchev
That is right. If you want to do it, of course, process it to the fullest extent. So, it is not simply generation versus ingestion, it is also what is the requirement for ingestion, that is simply display-only, which should allow anybody who has support for display of a CDA document to be able to satisfy that without having to even read the specification for C-CDA 1.1.

Hans Buitendijk
So, the question, then, is assuming that is the case, if we suggest dropping the standard, is there any concern that by supporting the current standards, that would not cover the viewing capability? So, our argument would be you can drop it altogether, you do not need to reference it, because there is no need to generate, so that is one reason not to, and in order to display only, as long as you support the current standards, you effectively support the display-only and you are covered. No need for the reference to be all one. Is that the argument that you are landing on or going towards? So, maybe that is a follow-up, looking at the clock, that we want to make sure we then phrase that in that context as to why we can drop it or why we need to keep it to make sure that the display-only can still work. Does that work, Vassil, if we explore that and then come back next week with that?

Vassil Peytchev
It is almost as if this could be replaced, so, completely drop it and replace it with display-only capability for CDA Release 2 as a requirement. I do not think that is referenced by itself anywhere.

Hans Buitendijk
I do not think so, but we will check.

Vassil Peytchev
It would actually be a good thing to have because there are all kinds of CDAs, and the ability to display any CDA is an improvement, but anyway…

Hans Buitendijk
Why don't we explore that and see what the rationale can be of why we can say we should drop it altogether or still hold onto it? I see a comment, and then we need to switch over to public comment in a moment. Samantha has a question of whether that applies to multiple standards. That is primarily around C-CDA documents, less so with messaging because you either send one message or the other, and then

afterwards, the message kind of disappears, but the C-CDA document or a document is meant to persist in the form in which it was sent, so that is why it has the particular consideration that it is part of the record, and when it is exchanged, we need to be able to still do something with it.

Samantha Pitts
Right, that makes a lot of sense. I guess I was thinking of tying this to our Group 1 conversation about backward compatibility, but thank you for clarifying.

Hans Buitendijk
It is actually similar, but we need to look at it slightly differently in what that means for systems that run that way, so I think we need to keep them as two separate arguments that look alike. Okeydoke, Steven, I think we need to go to Mike Berry for public comment.

Steven Eichner
Yes, sir.

Public Comment (01:20:37)

Michael Berry
Great, thank you both. We are going to open up our meeting to 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 happen to be on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute or unmute your line. So, let's pause for a moment and see if anyone raises their hand. I am not seeing any hands raised, Hans and Steve, so I will turn it back to you, but we will keep an eye on it.

Next Steps (01:21:12)

Hans Buitendijk
All right. Steve, with the time left, do we want to reflect on how this went and see what kind of fine tuning we need to do for next week as we progress and consider, then, this scope of homework?

Steven Eichner
Absolutely.

Hans Buitendijk
Let's start with that.

Steven Eichner
I think it went fairly well. I would love to open the floor for people's comments. Did this process work well for Task Force members? Are there additional things we can provide from an informational standpoint?

Deven McGraw
So, there may be some folks who need a little bit more time to complete the homework, and maybe this was already done in advance of this discussion, but for these sets of groupings that we are going through, does it make sense to talk only about those standards for which someone has expressed a comment that

it needs to be retired or upgraded or wants to discuss versus ones for which maybe nobody has expressed an opinion that it ought to be retired, just as a way to be more efficient in our discussions versus going one by one? We grouped all of one together, which I actually thought was a very efficient way of dealing with that, and maybe that will be an approach that will work with some of the other groups, but probably will not work for all.

Hans Buitendijk
Perhaps one of the considerations there is that part of the purpose of filling out the spreadsheet and seeing what the consistency is is that if everybody says "maintain," we probably do not need to spend a lot of time on it. And, looking at the variety of answers, "working on," "inconclusive," "maintain" on a number of them, we will have to look at those to make sure we are not missing anything as we go through this discussion. We grouped the groupings together. The first group, care coordination, was going to be very big, so that is why it was effectively split into two, and we pulled all the code sets together because we thought we had this opportunity to align on a common recommendation. The rest are all somewhat related. Public health is going to have a number of them related. The more we can do it along the lines that you indicate, that will be great, but it all depends on how the spreadsheet is being filled out. I see a lot of variations that will have to. If there are particular ones that say to maintain it or to phase it out and what it will be replaced by, we have to start to look at that. Hopefully **[inaudible – crosstalk] [01:23:51]**.

Deven McGraw
That makes sense.

Hans Buitendijk
And, once we have done this a couple of times, the rationale that we have built up on why to go to the then-most-current, we have honed our references to that and refined it a little bit more, and we can jump to it and say, "Oh yeah, this is like the other one, no difference," and move on to the next.

Steven Eichner
And, we want to make sure that everybody has an opportunity to comment, and if it is the case that you might have skipped homework or not recognized that there was a standard that you really might care about, just making sure you are being methodical.

Hans Buitendijk
Any other comments? Anybody else? What worked, or what do we need for next week? A general question, for which there will be a follow-up request for homework, is to complete Group 2 where you have not done so and then get as far as possible with the rest in the next week, and then we will go from there because we hope to get into Group 3 next week and make progress to that end. But, is there anything else that helps? Is there anything based on this? And, that is particularly to look at where you say, "Ah, if this is how we are going to go through it, it would be great that in a particular area, we already line up a presentation." One that at least came to my mind is QRDA, quality measures. There are a lot of different standards in there, and there are some things in play there. It might be helpful to get somebody to present on what is the current progression and where we are at so that it can help us inform our recommendation. So, if you see something like that, please already put that in Column V so that we can begin to schedule for that presentation.

Steven Eichner
This is Steve. I think mostly what we ask as part of homework is if you are curious about what a particular regulation may apply to, we may ask that you send us a quick note on that one so that we can gather the right information and be prepared to share that at the appropriate meeting.

Hans Buitendijk
Right. And, if you do that in Column V, that is the easiest and fastest to find, because then we just need to go up and down that column. Put your name in there as well, and then we can go for that. Steve, unless you have anything else, maybe the ONC has any comments.

Steven Eichner
I have nothing. Mike, do you have anything we need to take care of?

Michael Berry
No, I do not think so. I think for the task force members, we will send out homework probably later today or tomorrow, so look forward to that. I think based on your conversation today, you may want to go back into the spreadsheet and update your choices for Group 1 if you have not already done so, just so we have a record of that, and as Hans said, keep going with Group 2 and keep going as far as you can so we can move each group from week to week. I appreciate everybody's time and attention today, and we look forward to seeing you next week, so, thank you and have a great day.

Hans Buitendijk
All right. Thank you very much.

Steven Eichner
Thanks, all. Keep safe.

Jim Jirjis
Thank you.

Deven McGraw
Bye, everybody.

Hans Buitendijk
Bye-bye.

Adjourn (01:27:22)