



Health Information Technology Advisory Committee

Adopted Standards Task Force 2022 Virtual Meeting

Meeting Notes | July 26, 2022, 10:30 a.m. – 12:00 p.m. ET

Executive Summary

The focus of the Adopted Standards Task Force 2022 (AS TF) meeting was to review Groups 2 and 5 of ONC's Standards. There were no public comments submitted verbally, but there was a discussion held via the chat feature in Zoom Webinar.

Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	ONC Standards Review – Groups 3, 4, & 6
11:50 a.m.	Public Comment
11:55 a.m.	Next Steps
12:00 p.m.	Adjourn

Call to Order

Mike Berry, Director, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 a.m. and welcomed members and the public to the meeting of the AS TF 2022.

Roll Call

MEMBERS IN ATTENDANCE

Steve (Ike) Eichner, Texas Department of State Health Services, Co-Chair

John Kilbourne, Department of Veterans Health Affairs (VA)

Clem McDonald, National Library of Medicine

Deven McGraw, Invitae

Vassil Peytchev, Epic

Samantha Pitts, Johns Hopkins University School of Medicine

Alexis Snyder, Individual

Fillipe Southerland, Yardi Systems, Inc.

Ram Sriram, National Institute of Standards and Technology

Raymonde Uy, National Association of Community Health Centers (NACHC)

MEMBERS NOT IN ATTENDANCE

Hans Buitendijk, ORACLE Cerner, Co-Chair

Jeff Danford, Altera Digital Health

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

Jim Jirjis, HCA Healthcare

Hung S. Luu, Children's Health

Eliel Oliveira, Dell Medical School, University of Texas at Austin



Debi Willis, PatientLink Enterprises, Inc.

ONC STAFF

Mike Berry, Designated Federal Officer
Wendy Noboa, Subcommittee Lead
Liz Turi, Task Force Co-Lead
Scott Bohon, Task Force Co-Lead
Josianne Charles, Task Force Co-Lead

Key Specific Points of Discussion

TOPIC: CALL TO ORDER AND CO-CHAIR REMARKS

Steve Eichner, AS TF 2022 co-chair, welcomed everyone and noted that Hans Buitendijk, TF co-chair, would not be in attendance. He discussed the standards the TF was scheduled to review and explained that TF has a goal of completing its work by the end of August 2022, after which it will submit a report to the HITAC for its consideration and transmittal to the Office of the National Coordinator for Health IT.

TOPIC: ONC STANDARDS REVIEW – GROUPS 3, 4, & 6

Steve briefly shared the AS TF 2022 charge and related 21st Century Cures Act (the Cures Act) Requirement that the charge fulfills. These included:

- Beginning 5 years after the date of enactment [December 13, 2016] of the 21st Century Cures Act and every 3 years thereafter, the National Coordinator shall convene stakeholders to review the existing set of adopted standards and implementation specifications and make recommendations with respect to whether to-
 - (A) maintain the use of such standards and implementation specifications; or
 - (B) phase out such standards and implementation specifications.

[Reference: 42 U.S. Code § 300jj–13 - Setting priorities for standards adoption](#)

- Charge: Review the existing set of ONC adopted standards and implementation specifications and make recommendations to maintain or phase out such standards and implementation specifications, as required by 42 U.S. Code § 300jj–13 (Setting Priorities for Standards Adoption). The current set of ONC adopted standards and implementation specifications are maintained on the [ONC Standards Hub](#).
- This charge does not seek recommendations for new standards and implementation specifications for ONC to adopt through rulemaking.

Steve updated AS TF members on new information regarding a Group 5 standard they reviewed at a previous meeting, and a discussion commenced.

SUBJECT MATTER EXPERT PRESENTATIONS

Steve explained that the TF would review ONC standards focused on public health reporting and Electronic Lab Reporting (ELR), in Groups 3, 4, & 6, at the current meeting. He invited several subject matter experts (SMEs) to introduce themselves; Riki is the Lead Terminologist for the Association of Public Health Laboratories (APHL), the Orders and Observations co-chair, and has been involved in ELR (specification hiding) since the beginning. Rachel Abbey, Department of Policy, ONC, works on issues relating to public health and has been involved in this space for many years. Laura Conn is the Electronic Case Reporting (eCR) Program Lead at the Centers for Disease Control and Prevention (CDC).

[Riki Merrick presented on Lab Standards and Electronic Lab Reporting \(ELR\) Standards](#). She shared lab reporting standard related links from APHL's food safety program. Then, she discussed ELR and explained



that it is the results of lab tests for reportable conditions sent to Public Health. She stated that there is no national standard established, but various states have specific ELR implementation guides (IGs) in use, like V2.3, V2.3.1. These were used to create the first national standard in 2010, HL7® Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) = ELR R1. She shared information about the use of ELR R1 and subsequent updates to the standard (R1.1 in 2014, R2 in 2015, and R3 in 2018), which were detailed in the presentation slides. She described the public health component in LRI STU 1 R5, which will be published in August 2022, and explained that it will be published in a single document with updated separate vocabulary for lab standards. This release will incorporate new elements (detailed in the presentation slides), while continuing to support all other use case components.

Rachel and Laura thanked Riki for the presentation. Laura clarified that both lab reporting and case reporting are required by law in all US states and territories, but the electronic component varies across jurisdictions. She explained that ELR and eCR are complimentary feeds that make information available to public health registries. She described how ELR and eCR differ and how they overlap/support each other. Laura stated that eCR was just beginning to be used as the COVID-19 pandemic began, so it was not fully in place across the nation. She encouraged greater thought to be put into what specific information is included in a report going forward. The SMEs described the workflows between public health reporting, labs, and provider electronic health records (EHRs).

Craig Newman, Public Health Interoperability Expert with Altarum and co-chair of the HL7 Public Health Work Group, introduced himself and explained that he previously worked as a contractor with the CDC on immunization standards and has a history of contributing to and writing some of the IGs related to immunization. He presented on the topic of immunization registry reporting. He explained that immunization registry reporting has been happening for years, using standards published jointly by the American Immunization Registry Association (AIRA) and the CDC. He described the original HL7® Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5) and Addendum, July 2015 and highlighted his contributions to the IG, the addendum, and the test cases for certification. He explained that, due to feedback, the original AIRA documents were used to create the HL7 Version 2.8.2 Implementation Guide: Immunization Messaging, Release 1 - US Realm 2018-12-10 (Combines R1.5 October 2014 and R1.5 Addendum July 2015), which was balloted through an official process by HL7. This version is not currently being used by the community.

Craig commented that the immunization community has been looking into using Fast Healthcare Interoperability Resources (FHIR). He explained that the community is excited about the prospects of using FHIR and discussed the recent work and priorities of the [Helios FHIR Accelerator for Public Health](#), which is not intended to replace the V2 messaging that has been implemented and is currently being used. Rather, it is meant to augment the original standard using FHIR to expand capabilities.

AS TF members were invited to discuss the SME presentations and the standards in Groups 3, 4, & 6 and to share their expertise, comments, and/or questions.

DISCUSSION:

- TF members discussed the Secure Hash Standard, 180-4 (August 2015).
 - Ram provided an update that there is no new or updated version of this standard, but there is another group of Hash Standards that could be applicable, though, Steve stated, there are no advantages to listing the other standards. He recommended continuing to maintain the existing standard.
 - TF members discussed options and how this standard is currently being used, with Ram offering to add the link to the other standard and Vassil noting that the context of use matters.
 - Vassil discussed the history of the use of SHA-1 and SHA-2 and noted that all the standards could be appropriate replacements, depending on the usage of the regulation.
 - Fil commented that the National Institute of Standards and Technology (NIST) has the 180-



4 Standard out for public comment currently, which is due by September 9, 2022. They are requesting comments on disallowing SHA-1, so he suggested that the TF include this information in its notes. Ram added that NIST has an announcement on their website.

- The TF discussed the option to keep the reference to the standard and to ask ONC to share more information with the TF at a future meeting, elaborating on the different uses of the standard (e.g., certificate signing, checking against existing entities). Steve suggested that the TF review final comments on this standard at the next TF meeting.
- Following the SME presentation on ELR and eCR, TF members shared feedback.
 - Steve commented that there are three different channels of information exchange related to laboratory services and public health. One is for ELR that involves sending information about notifiable or reportable conditions to public health from a laboratory perspective. A second is looking at the eCR, and the third is laboratory services that may be provided by the public health lab. He discussed the example of newborn screening and testing done by the Texas Department of State Services Public Health Lab.
 - In response to a comment from the meeting chat, Riki discussed how the August 2022 update (LRI STU 1 R5) was drafted to support CLIA elements so that changes to an interface do not have to be rigorously verified every time. This saves time for providers and incentivizes the use of R5.
- Steve invited TF members to review the standards in lines 23 and 24, HL7® Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm) and Electronic Laboratory Reporting (ELR) 2.5.1 Clarification Document for EHR Technology Certification. He asked for feedback on a potential recommendation that ONC considers moving to the 2022 release, with the plan involving public health authorities, entities, and stakeholders to ensure that there are appropriate resources available for any necessary transition.
 - Deven and Fil voiced their support for this recommendation.
- TF members provided feedback following Craig's presentation on immunization registry reporting.
 - Steve commented that there is interest in using Bulk FHIR and individual messaging and individual data access. However, an IG in development focused on these specific aspects is not yet in progress. Craig responded that there are projects to identify gaps between release 1.5 and the real world to clarify beyond the addendum. There is no plan for a new IG, but it is early in the process.
 - Vassil inquired if it is possible to add the additional, clarifying guidance documents to an updated regulation, and Craig responded that there is interest in creating a composite document, though an official plan has not been confirmed.
 - Craig commented that Version 2.8.2 has a limited lifetime (for trial use) and can be extended following its expiration date. He encouraged the TF or ONC to inquire with the Immunization Information systems (IIS) branch of the CDC for information on their future expectations for the standard. Steve discussed how the versions are referenced in Promoting Interoperability and asked TF members for feedback on a potential recommendation to the HITAC to maintain the Version 1.5 IG but look to compile the addendum again, instead of replacing it, and update the IG as evolution continues to include more current versions of the guidance documents.
 - TF members agreed with this recommendation, and Craig invited the TF to share the draft of this recommendation with AIRA to ensure alignment.
- Steve explained that Syndromic Surveillance has been included in public health reporting and as part of Promoting Interoperability program requirements. There is an updated version of the original standard, PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Care, Inpatient and Ambulatory Care, and Inpatient Settings, Release 2.0, April 21, 2015. He invited TF members to comment on the latest published standard, HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm 2019-07-26.
 - Deven asked if there is documentation around the updates in the 2019 version of the



standard, and Steve responded that there was additional support for patient identifiers, among other things.

- TF members decided to revisit this standard at a future meeting and requested a detailed comparison between the original and updated standards.
- Steve reviewed TF member comments on the standard HL7® Implementation Guide for CDA® Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1, DSTU Release 1.1, April 2015. He stated that there has not been much work done to update this standard and that some public health agencies support this standard to be compliant with federal regulations; however, many public health agencies simultaneously support a different standard from the National Association of Cancer Registries. He invited TF members to share feedback.
 - TF members agreed with a potential recommendation to maintain the standard while at the same time doing an evaluation of its utility to better understand how much the standard is being used. Then, an adjustment could potentially be made in the next cycle. Steve offered to draft the recommendation in the worksheet.
- Steve reviewed TF member comments on the standard HL7® Implementation Guide for CDA® Release 2 – Level 3: Healthcare Associated Infection Reports, noting that the HL7® CDA® R2 Implementation Guide: Healthcare Associated Infection (HAI) Reports, Release 3 - US Realm, December 2020 will become available on August 29, 2022. He invited members to share feedback on next steps.
 - Hans commented in the spreadsheet that there is misalignment between what ONC requires for certification and what NHSN uses (different versions for different topics). Once that aligns on one version covering all HAI reports, then Hans suggested that the replacement should be considered.
 - Steve asked the TF to consider making a recommendation to ONC that there is a standard included in the Standards Version Advancement Process (SVAP) so that healthcare providers can utilize the tools listed in the SVAP for early implementation. However, he recognized that this is an ongoing issue, as the standard is being published shortly, and asked the TF to consider how long a standard must be published before it is considered for adoption. Deven responded that it would depend on the context and that there is not a common standard for timing that would apply across all contexts; the TF should only provide clear recommendations around whether to retire or replace specific standards and not try to provide broader guidance on how much time should pass before standards are elevated.
 - The TF decided to make a more generalized recommendation that ONC consider adoption rates or something similar when moving a standard from the SVAP (do not attach a number or time period).
- Steve explained that the standard HL7® Implementation Guide for CDA Release 2: National Health Care Surveys (NHCS), Release 1 – US Realm, Draft Standard for Trial Use, December 2014 is currently in use but added that there is an updated version in SVAP, HL7 CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), R1 STU Release 3 - US Realm (Available 3/12/2021). He asked TF members to provide feedback on the use of the updated version.
 - TF members agreed with Hans' comment on the spreadsheet that there appears to be an intent to go to FHIR, but there is nothing published yet. Therefore, it is premature to suggest a replacement is available. He suggested that going to the then most current version, as SVAP already lists one, is reasonable.
- Steve reviewed the standard HL7® Standard Code Set CVX— Vaccines Administered, updates through August 17, 2015, noting that it is not the entire library of CVX codes and that there is not a newer version.
 - John Kilbourne commented in the TF's working document that the SVAP should handle updates.



- Craig commented that the older value set of CVX codes is probably sufficient from a testing perspective and that the CVX value set is dynamic. The expectation has always been set with implementers that the most recent set of CVX codes is published by the CDC and should be supported.
- The TF discussed a potential recommendation stating that this code set represents codes that were available through 2015 and may not include more current vaccines; some CVX codes may have been retired since 2015. The testing scenarios that are more specific or utilize more recent vaccines may need to be modernized. Fil commented that the origin of the list was the fulfillment of a technical requirement. TF members discussed how the standard was created and maintained and whether ONC might determine that the testing methodology, itself, needs to be updated (not the specific list of codes).
- Steve commented that the TF could make a recommendation asking that users be cognizant of the limitations of the code set for testing (i.e., testing against more current codes could cause issues).
- Steve explained that there is a new version of the standard Public Health Data Standards Consortium Source of Payment Typology Code Set Version 5.0 (October 2011), which is Version 9.2 at <https://www.nahdo.org/sopt>. The version expands on the categories of payment types available in Version 5.0. He asked TF members to share expertise.
 - TF members agreed that the old code set could be phased out if a determination is made that the new version is inclusive of previous code sets/is backward compatible.
- Steve reviewed the TF members' comments on the standard National Drug Code (NDC) Directory–Vaccine NDC Linker, updates through August 17, 2015, and invited members to provide feedback on a potential recommendation.
 - TF members agreed to request more information and to revisit the item at the next meeting.

Action Items and Next Steps

Homework for the August 2, 2022, AS TF 2022 Meeting– due by Monday, August 1:

- In preparation of the next meeting, all task force members are asked to review the disposition tracking spreadsheet on Google documents. The spreadsheet was updated per the suggestions made during the first meeting. Note: Unless members have done so previously, they will need to provide their Gmail address to Accel Solutions to access this document.

Homework Assignment Instructions:

- Review the instructions on the first tab of the spreadsheet and become familiar with the definitions. Reminder – There is not an expectation for one to have in-depth knowledge of every standard. Please feel free to consult others as needed to best inform your recommendation.
- Review the standards listed under Group 7 (see “Review Cycle Grouping” in Column D):
 - Click on the link to the standard (Column A) and begin to get familiar with the standard. The AS TF will discuss each standard during our next task force meeting.
 - In Column V, please indicate with your name if any specific information is needed. For example: “Hans - Need to have a better understanding of dental codes.” Please be careful to avoid overwriting other task force member comments. The co-chairs will determine if external presenters are needed to inform the task force members about a particular standard.
 - In Columns E through U, find the column with your name, and select the appropriate (tentative) disposition for each standard. If you are already familiar with a particular standard, you may be able to select “Maintain”, “Phase Out_Replace/Update”, etc. However, if you are not familiar with the standard, please enter “Working”, and you can update your selection once the task force discusses the standard in more detail. If you are entering a final disposition, please indicate using your name in Column W if you have additional comments or rationale for your disposition. For example: “Hans – standard



should be phased out/replaced with alternate standard XYZ.”

- Please indicate in Column V if you would like to lead a discussion on a particular standard. We would like all task force members to consider volunteering to present on standards where you have any level of subject matter expertise.
- Column X will remain empty until recommendations are synthesized and finalized.
- If anyone has questions, please reach out to the co-chairs or the ONC program team by email.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VERBALLY

Mike Berry opened the meeting for public comments. There were no public comments received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Good morning, and welcome to the Adopted Standards Task Force.

Charles Gabriel: where can we access the copy of the slides?

Accel- Katie Campanale: All meeting materials can be found here:

<https://www.healthit.gov/hitac/events/adopted-standards-task-force-2022-2>

Accel- Katie Campanale: These slides are at this direct link:

https://www.healthit.gov/sites/default/files/facas/2022-07-26_Riki_Merrick_Presentation.pdf

Vassil Peytchev: The 2.8.2 Vaccination IG is still listed as an active STU on the HL7 site

Vassil Peytchev:

http://www.hl7.org/documentcenter/public/standards/dstu/V282_IG_IMMUNMSG_R1_STU_2018DEC.pdf

Craig Newman: The v2.8.2 Immunization IG STU period is set to expire in Dec 2023

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[AS TF Webpage](#)

[AS TF – July 26, 2022 Meeting Webpage](#)

[AS TF – July 26, 2022 Meeting Agenda](#)

[AS TF – July 26, 2022 Meeting Slides](#)

[HITAC Calendar Webpage](#)

Meeting Schedule and Adjournment

Steve thanked everyone for their participation and support. He invited members to share general feedback on the TF's work process. Overall, they agreed that the current process was effective and commented that the SME presentations were helpful. Deven encouraged members of the public to share during the public comment period or in the public chat function in Zoom. Fil commented that the TF is challenged when organizations that make standards do not update them. Steve responded that ONC has not yet made a request for certain standards to be updated. He added that some standards are operating as intended (e.g., for testing), but the TF should continue to discuss whether improvements could be made.

Steve requested that TF members continue to share feedback in the working Google spreadsheet document.



He summarized key achievements from the current meeting and shared a list of upcoming AS TF meetings. The next meeting of the AS TF will be held on August 2, 2022. The meeting was adjourned at 12:00 p.m. E.T.