HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) INTEROPERABILITY STANDARDS WORKGROUP MEETING

February 1, 2023 10:30 AM – 12 PM ET

VIRTUAL

Speakers

Name	Organization	Role
Sarah DeSilvey	**Gravity Project** **Larner College of Medicine** **at the University of Vermont**	**Co-Chair**
Naresh Sundar Rajan	**CyncHealth**	**Co-Chair**
Pooja Babbrah	Point-of-Care Partners	Member
Shila Blend	North Dakota Health Information Network	Member
Ricky Bloomfield	Apple	Member
Hans Buitendijk	Oracle Health	Member
Christina Caraballo	HIMSS	Member
Grace Cordovano	Enlightening Results	Member
Raj Dash	College of American Pathologists	Member
Steven Eichner	Texas Department of State Health Services	Member
Nedra Garrett	Centers for Disease Control and Prevention	Member
Rajesh Godavarthi	MCG Health, part of the Hearst Health network	Member
Bryant Thomas Karras	Washington State Department of Health	Member
Steven Lane	Health Gorilla	Member
Hung Luu	Children's Health	Member
Meg Marshall	Department of Veterans Affairs	Member
Anna McCollister	Individual	Member
Clem McDonald	National Library of Medicine	Member
Deven McGraw	Invitae Corporation	Member
Aaron Miri	Baptist Health	Member
Aaron Neinstein	UCSF Health	Member
Kikelomo Oshunkentan	Pegasystems	Member
Mark Savage	Savage & Savage LLC	Member
Michelle Schreiber	Centers for Medicare and Medicaid Services	Member
Shelly Spiro	Pharmacy HIT Collaborative	Member
Ram Sriram	National Institute of Standards and Technology	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Al Taylor	Office of the National Coordinator for Health Information Technology	ONC Staff Lead

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

Michael Berry
Good morning, everyone, and welcome to the Interoperability Standards Workgroup. I am Mike Berry with ONC, and we are always glad when you can join us. All workgroup meetings are open to the public, and your feedback is welcomed, which can by typed in the Zoom chat feature throughout the meeting, or can be made verbally during the public comment period that is scheduled at about 11:55 Eastern Time this morning. I will begin roll call of our workgroup members, so when I call your name, please indicate if you are here. I will start with our cochairs. Sarah DeSilvey?

Sarah DeSilvey
Here.

Michael Berry
Naresh Sundar Rajan?

Naresh Sundar Rajan
Here.

Michael Berry
Pooja Babbrah?

Pooja Babbrah
Present.

Michael Berry
Shila Blend? Ricky Bloomfield?

Ricky Bloomfield
Good morning, I am here.

Michael Berry
Hans Buitendijk?

Hans Buitendijk
Good morning.

Michael Berry
Christina Caraballo?

Christina Caraballo
Good morning.

Michael Berry
Grace Cordovano?

Grace Cordovano
Good morning.

Michael Berry
Raj Dash?

Raj Dash
Here, good morning.

Michael Berry
Steve Eichner?

Steven Eichner
Good morning.

Michael Berry
Nedra Garrett?

Nedra Garrett
Good morning, I am here.

Michael Berry
Good morning. Raj Godavarthi?

Rajesh Godavarthi
Good morning.

Michael Berry
Bryant Thomas Karras? Steven Lane?

Steven Lane
Good morning.

Michael Berry
Hung Luu?

Hung Luu
Good morning.

Michael Berry
Meg Marshall?

Meg Marshall
Hi, good morning. I am here.

Michael Berry
Anna McCollister?

Anna McCollister
Good morning, I am here.

Michael Berry
Clem McDonald?

Clem McDonald
Here, present, whatever you like.

Michael Berry
Thanks, Clem. Deven McGraw?

Deven McGraw
Hello, I am here.

Michael Berry
Aaron Miri? Aaron Neinstein?

Aaron Neinstein
The other Aaron is here.

Michael Berry
All right, thank you, Aaron. Kikelomo Oshunkentan? Mark Savage?

Mark Savage
Good morning.

Michael Berry
Michelle Schreiber or Bridget Calvert?

Bridget Calvert
Bridget Calvert here.

Michael Berry
I believe Shelly Spiro is not able to join us today, but she should be back next week. Ram Sriram? All right, thank you, everybody, and now, please join me in welcoming Sarah and Naresh for their opening remarks.

IS WG Charge and Timeline (00:02:38)

Sarah DeSilvey
Greetings, everybody. I am going to let Naresh lead as well, but this is just a welcome back as we look forward to addressing some level-setting questions that were raised from the last meeting, just trying to

make sure that everyone understands the work to be done, and then, we look forward into the latter part of the meeting, diving into the work via the asynchronous Google doc. So, we are going to review charges and timelines, again, have that easy USCDI process background review from Mark Brandell Taylor, thank you, again, dive deep down into the work, and then enter public comment. Naresh, anything to add?

Naresh Sundar Rajan
No, that is pretty much what today's plan is, Sarah. All yours.

Sarah DeSilvey
All right. Next slide, please. Again, we always level set with the charge for this iteration of the IS WG. The overarching charge is to review and provide recommendations on draft USCDI V.4. Specifically, it is a charge to evaluate the new data classes and elements from draft USCDI V.4, and you can see us focusing on that charge within the ONC-populated elements on the Google doc that we will discuss later. And then, once we have completed that initial charge, it is to dive into and evaluate any Level 2 data classes and elements that were not included in draft USCDI V.4. So, again, moving first through the first charge, which is those new classes and elements, and you will see that reflected in the Google doc organization when we shift to that work. Any questions? We will repeat this charge. We try to make sure that we level-set on the charge again before we enter into the working session, the meeting. Next slide, please.

And again, this is in response, really honoring some of the questions and some of the new members. In response to last meeting, we thought we would reserve a section to really make sure that we are all on the same page regarding USCDI and the USCDI process because there were comments regarding process in the chat last time, so it is our honor to welcome our friend Al Taylor to help us walk through, again, just to make sure that we are all on the same page. Al?

USCDI Process Background (00:05:03)

Al Taylor
Thanks, Sarah. Next slide, please. So, as Sarah said, there were some questions, especially from the new folks to the workgroup and the HITAC, about what USCDI is and how it fits into the overall portfolio of services and resources that ONC provides, including questions about the Interoperability Standards Advisory and USCDI Plus. I have a slide for this that will come out later in the minutes. I just did not have a chance to add this slide about some additional ONC resources, but I did want to talk about those first because I think the context of how USCDI fits into those other things is valuable for folks.

As we have said multiple times, USCDI is this core set of data elements for interoperable healthcare exchange. USCDI is required for certification. If you certify, you have to certify the ability to exchange USCDI data elements using several other certification criteria, using FHIR and C-CDA, for example, and USCDI is updated through this annual process, and on this slide here, it notes this transparent, predictable, and collaborative process, and that is what we are going to go over today, each component of the collaborative process, and it is done so on an annual basis.

The Interoperability Standards Advisory is similar to the USCDI, or at least, there are some similarities to it, but the Interoperability Standards Advisory, or ISA, is really a compendium. It is just a list, a catalogue, of current and emerging health IT standards, and those standards are not only content and vocabulary, but

also things like structure, exchange, and other administrative functions inherent to health IT. Not all of those standards are required.

Some of those are required by the ONC certification program, some of them are required by CMS's quality reporting programs, and a lot of other things that are required, but some of these standards that are listed in the ISA are simply just available out there, various amounts of adoption and use in health IT and in healthcare, and if you want to go and do something, the nice thing about the ISA is that it is a place to go to look and see if there is a standard that you can use already that is already in use, at least in some places, or available to start with, or to build off of. And so, one of the advantages of the ISA is its flexibility because users can recommend changes to it that can really be made on the fly, and updates really do happen continuously, and it is a great place to go to look if you are not sure about what standards to use.

We do identify the USCDI standards in the ISA. With at least some of them, we have not fully built out that capability yet, but even though not all of the standards in the ISA are required, some are, and some of them are part of USCDI, and we indicate those on those pages of USCDI. Like I said, if the ISA is updated continuously, when we get input from stakeholders about a particular ISA page, we can update it, and then, annually, we publish what we call the reference edition, and again, it is a static, referenceable resource of where things are at at the end of any given calendar year. About three weeks ago, we just published the 2023 reference edition. When I come offline, I will put the links in the chat, unless somebody wants to do that for me for the ISA.

And then, there was a lot of talk last meeting about USCDI Plus. Even though it shares the name, it is not related to USCDI, other than that it uses USCDI as a reference base, but USCDI Plus is a program that ONC created a few months ago that engages with various federal agencies to support their particular program requirements that have sets of data, and those sets of data may be different, may exceed, or may be a subset of what USCDI is and requires. So, this is the enrollment or the beginning of a USCDI project, it starts with federal agencies engaging with ONC, and we have a couple domains underway right now, as I mentioned before, but this is specifically a service that ONC provides to engaged federal agencies to provide support for that data. We support data requirements in the ISA, and we support data requirements in the USCDI, and then, we also support data requirements that are outside of those, although there is definitely a lot of overlap.

So, going back to this slide for USCDI, if I can, and this is just for background information for the workgroup, as I think everybody knows, USCDI was created out of the CURES Act final rule, which also implemented a new certification version, and USCDI is a set of data, as I mentioned before, that is required in certain ONC certification criteria. What is listed in the third bullet is those criteria in plain text. It does not have the whole statutory code, but these are the areas of health IT where USCDI is used, and it is used through the use of the Consolidated Clinical Data Architecture or the FHIR US CORE exchange implementation guides, and these are the areas where USCDI is used, at least in part.

I mentioned the process, which we are going to go through, and one thing I want to talk about is the "transparent and predictable" part, and the reason that that is an important part of this is because we have established one process in order to make recommendations for new data elements in USCDI, and then, to make recommendations for promoting those things that have already been submitted. I mention that because there are a lot of different ways of getting in touch with ONC and expressing your opinion.

We get letters, we get public comments on calls like this, we get formal input from HITAC through a separate process, but it is specifically solicited in order to inform USCDI versions, and then, we get emails, we get blogs, we get tweets, but there is one process, and we are continually trying to guide folks who want to express their opinions about stuff that we are doing with USCDI into this single process so that everybody knows who is saying what about USCDI, and we can get an email that nobody else knows was sent, and if ONC acted on that email, it would not be predictable and transparent.

We love emails, but we guide folks who send emails towards pasting the content of those emails into a comment so that everybody knows that Agency X or Organization Y has this kind of input, and it could help them craft their own responses to USCDI. And so, that is the single public, transparent, predictable process that we try to maintain in order to inform new versions of USCDI. I have to go back and look at that chat in a second, but I will talk about that in just a minute because we do talk about versions in a little bit.

So, as we all know, the CURES Act implemented USCDI Version 1, and USCDI Version 1 is the single version that is required for certification. As of December of last year or January 1st of this year, all certified EHRs are required to have updated to USCDI and all of the other certification criteria in the CURES Act final rule, and to have provided those updates to their customers. In the meantime, we have published two final versions of USCDI, and we have just published the draft version, which is why we are all here today.

We also have a process in place to encourage developers and users to implement those more recent versions of USCDI, even though we cannot require them by law, we cannot require Version 2 or Version 3 to be used or implemented for certification, but we have a process called the Standards Version Advancement Process which encourages uptake of these new versions. As of right now, USCDI Version 2 is available for update. We only recently had it become available for updating, so vendors can update their systems to USCDI Version 2 and provide those to their customers so that we can get things like SOGI and SDOH data into the EHRs, and usable and moving.

And so, that is how we work on getting these newer versions, but USCDI Version 1 is the only standard required in the certification program, but there is one other version available, and I will go through the timeline with you, but hopefully, come this summer, USCDI Version 3 will be available for updating to systems. Next slide.

I have a note on the timeline. We are in this timeline, and the timeline is continuous and repeating. So, last summer, we received two sets of input for USCDI Version 4. The first one is new data element submissions, and since Version 2, we have been accepting submissions for new data elements through the ONDEC system and evaluating each of those submissions of new data elements for feasibility and readiness for addition to a new version of USCDI. We also accept comments on previously submitted data elements, including those that were accepted in USCDI, but in particular, those that had not yet been accepted into USCDI, and we evaluate those comments. "The commenter has a good point, this is more mature or more broadly applicable, and so, we will consider it for USCDI Version 2." We have, we do, and we plan to not only fully consider, but, in some cases, accept some of those comments as justification to add new data elements.

As we have just done, we published a new draft USCDI version, in this case, draft USCDI Version 4, in the January timeframe. We are in the comments and feedback process or period for draft USCDI Version 4 until April 17th, in this case, and once we have a chance to go sort through all of those comments and evaluate them, we will take that and figure out what we need to put into the final version of USCDI 4. Next slide.

This is a screenshot of the ONDEC landing page, where users can come to make recommendations, and there are a few features of this that I want to talk about because this is a transparent process. The first step in this process, or Step 0, is to see if anyone else has submitted data elements that you are interested in adding. This is a search of just the USCDI webpage, although you can also search other parts of ONC, including the ISA, to see if there are standards out there, but this is so that people do not submit duplicate entries. It still allows you to submit something that is the same as something else or similar to something else, but for efficiency, it makes sense to be able to add to something that has already been submitted to and considered by ONC, rather than add a separate one, but to combine forces and create a stronger submission for addition.

We do have some helper documents. One of the prep sheets is a downloadable document that can be edited. It is not a data entry form, but a worksheet. That information would then have to be put back into ONDEC. And then, if you are happy with everything that you have read so far and done so far, searched for the data element, and used the prep sheet, you can start your submission. Other steps talk about the timeline. So, once you put your submission in, we evaluate the submission for data elements, we publish those submissions, so, even before we considered adding them to USCDI, we published those submissions.

Everybody in the world can review it, get an account, and make a comment on it. They can also identify people that might be stakeholders that have similar views or similar interests, and they can collaborate with those submitters to make a stronger submission for consideration. This was last year's, where the end of September was the cutoff. And then, once we have received all the submissions, we work on all of those submissions and comments and then publish the next version of USCDI, again, in January of the following year. And then, again, based on all this input, we plan on publishing USCDI Version 4 in July. Next slide.

We have a set of rules or guidelines that we use to pick from the many, many data elements that were submitted for addition. There are a little bit more than 200… I am going to look at the exact number here, sorry. So, there are close to 200 Level 2 data elements, and those are the most mature, most ready, and most feasible to implement, but because we are mindful of the total effort required to make an update to USCDI, the US CORE Version IG, and the C-CDA IGs, we cannot add that many data elements, even the most feasible, because the interval to adopt a new version of USCDI would just simply be too great, and so, we have to prioritize. We have identified the policy priorities that go into this, we have identified the technical priorities that go into this, and these are listed, and they are published, and they have been published for the last two years, and we consider all of these elements, and based on that, we select amongst the Level 2 data elements that have previously been submitted and make a determination about what should go into the next version of USCDI. Next slide, please.

Once we have a final version of USCDI, and as we have said before, in order to implement USCDI into certified health IT, it requires that the exchange mechanisms, being US CORE, the FHIR IG, and the C-

CDA IG, are required to move USCDI data elements between systems, including patient access and downloads, but also exchanging between providers and other partners. So, the process is we finalize USCDI, and then, HL7 and their workgroups need to respond to USCDI so that they can make sure that the data elements are fully integrated into those IGs, and that takes some time. If you are familiar with the HL7 development and balloting process, it takes some time because that is how the system works.

And so, they take some time, and they have just recently balloted the version that will be able to manage USCDI Version 3, but as of right now, the standards that are available for updating and health IT reflect the changes in USCDI Version 2, and once the ballots for US CORE and C-CDA finish ballot reconciliation, ONC will consider those in line with USCDI Version 3, and hopefully in the June timeframe, we will announce that those versions that support USCDI Version 3 will be available for updating, and hopefully the health IT community will respond to that, adopt it, and implement it, and everybody will get the content that is in USCDI Version 3. Next slide, please.

This is a super busy picture about the overall process and how it relates to each other, and again, I am not going to go into this in great detail, other than to say we are now in this public feedback and view period for draft V.4, having just published draft V.4, and that period in orange is when HITAC works on recommendations to ONC, all of which will be integrated into our decision-making process for preparing and publishing the final V.4, and then, of course, the cycle continues.

The other thing to note is that the top gold bar is public review and process. We had a cutoff for comments and submissions for Version 4, which ended in September, but it does not mean that you cannot submit a comment or you cannot submit a new submission, it just means that submissions of new data elements during that period will be considered for Version 5. Comments are still being considered for draft V.4. We are looking for comments on draft V.4 specifically, but general comments about other data elements that come in will be considered for Version 5. And then, the lower swim lane is the relationship with the Standards Version Advancement Process. I talked about that. Let's move on to the next slide.

There are lots of chat questions. I am not sure what order we want to do them in. If there is time for questions about what I just covered, I can do it. We might need to reconvene or send out some additional information. Mike or Sarah and Naresh, I do not know how you want to handle some questions on this part.

Sarah DeSilvey
I will defer to Mike first. Mike, any thoughts?

Michael Berry
I think that you and Naresh can open up questions to the workgroup members, and then, you could review any questions or comments in the chat and see if you want to address any of those.

Sarah DeSilvey
Okay, wonderful. So, I just want to note that some of the conversations in the chat are between IS WG members and not necessarily a question for AI, but I do see a question from Grace that I do not see has been addressed by anyone in the chat regarding intersections with USCDI and HIEs. Is that correct, Grace? Do you want to ask your question, or do you feel like it has been addressed?

Grace Cordovano

A general question. I was just curious with respect to the work that we are doing here. How does the work in this workgroup impact HIEs, and is there a tie to TEFCA? I was just curious if there was any insight there because HIEs are going to be a part of the information-blocking rules, too.

Al Taylor

Grace, the data exchange requirements are not specifically tied to USCDI, but they are related to USCDI. Two of the people who raised their hands may actually know the answer to the question. It is not specifically tied to USCDI, though. If HIEs are following TEFCA, they will use the data set that is required by TEFCA. The HIEs can use, and in some cases, do use… The ones that are certified to exchange with C-CDAs may use USCDI Version 1 as the base data requirement, but they can also extend beyond that. And then, did Hung or Steven have an answer to that particular question, or are they just raising their hands for something else?

Steven Lane

Something else at this point.

Hung Luu

Something else.

Al Taylor

Okay. What is next?

Sarah DeSilvey

At this point, I think maybe some of the questions are stemming from the comments in the chat, so I am going to work on the raised hands, and then we can default to some of the questions in the chat if they have not been answered yet. So, Hung, would you like to ask your question?

Hung Luu

Yes. So, my question is whether or not we will have the opportunity to look at USCDI Plus. I do understand the thinking behind it is that it is intended to address more niche cases, but I think in some instances, what might initially appear as a very narrow use case could be possibly broadly applicable. And so, I think there is utility in being able to see those elements and to see if there might be a wider use case that could be applied and elevated to USCDI rather than keeping it in USCDI Plus. Thank you.

Al Taylor

I think last year, we did have a short presentation on USCDI Plus, but it was also very new. Hung, I would not describe the USCDI Plus data requirements as niche. These are data requirements that reflect federal program requirements that are different than USCDI, so they are definitely not niche. I would not call CMS quality reporting and CDC public health reporting niche. It is a set of data that does not have a perfectly overlapping Venn diagram with USCDI. So, I do not know the answer to your question about public visibility about USCDI data elements, but I will get back to you on that.

Sarah DeSilvey

All right. And then, moving on, Steven?

Steven Lane

Yeah, I actually have a couple different questions queued up in my head now. One is related to USCDI Plus, AI, and I do not anticipate you will have a solid answer, but I will just throw the question out there from the chat again. It is whether the industry should anticipate the USCDI supplemental or use-case-specific requirements might also be named in rulemaking, for example, in the EHR certification program because, of course, the kinds of reporting you are talking about, CMS quality and CDC, would seem to apply pretty broadly to certified health IT system, while they may not constitute the floor for interoperability more broadly that we include in USCDI. So, do you have any sense of where we might see USCDI Plus instantiated in federal rules or programs?

Michelle Schreiber

Do you want me to comment?

Al Taylor

Yeah, thanks.

Michelle Schreiber

Okay. USCDI Plus is something that is just still beginning, even though we talked about it a year ago, and I think we would like to be as public as we can, and quite honestly, you said that these are different versions. This is not a different version. What we are really hoping is that we stick very closely with the core USCDI, but there are other requirements for reporting, such as in the federal quality programs, or in the public health programs, or in other use cases like NIH research. And so, these are areas that are perhaps larger and beyond the scope of the core USCDI, but we do not want them to be different, so if USCDI says we are going to report something through this standard, we want to do the same, but these are just more.

So, the answer to that is yeah, you will probably see, in rule-writing of the quality measures for CMS, for example, trying to standardize around not only USCDI, but USCDI Plus in those data elements, and I actually cannot predict this one, but I do not know that you will see a mandate in rule-writing that you have to use USCDI Plus, but where you will see it is probably in the data elements and the measure specifications of what is actually required in those elements. Bridget, I know you are on the phone. I do not know if you want to answer a little bit more to what I have said. So, you can expect to see those data elements that are in USCDI for quality measures in rule-writing, probably not saying you have to use USCDI Plus, but in rule-writing for the measures.

Bridget Calvert

I think that is sufficient, and I think what you will see is the USCDI Plus being unnecessary as we start to implement through implementation guides, etc.

Steven Lane

Thank you. Sorry, I still had my hand up, if I can continue, Al. You mentioned that TEFCA particularly did not name a standard or the standard of USCDI as the data to be exchanged, and yet, certainly, the QHINs would qualify as HIO or HIE under the information-blocking rule, and as such would be required to exchange USCDI V.1… Actually, that is a good point. They would need to exchange all EHI. So, I just want to be clear

again. So, you are saying that as far as you or others from ONC on the line know, there is nothing in TEFCA that specifically requires any version of USCDI as the standard for exchange?

Al Taylor
If there is not somebody from ONC that can confirm that, I believe that to be the case, Steven, but if there is not somebody from ONC that can confirm that right now, I will get back to you with an official answer.

Steven Lane
Thank you, I really appreciate that. And just quickly squeezing in my last one, have any health IT vendors begun or completed the process of certifying to V.2 under the SVAP?

Al Taylor
I am not sure. I am checking on the CHPL and certified product lists, and I am not sure yet, but it became available six months ago, and I am not sure.

Sarah DeSilvey
I am just trying to make sure we keep things going. I believe Ike has a question, and then I will go to Anna. Ike?

Steven Eichner
Thank you so much for that. I just want to reiterate Dr. Lane's questions. We are getting our Steves confused again, but I basically had the same set of questions, looking at what the adoption rate of Version 2 was by SVAP participants because one of the things we are certainly concerned about is that if adoption is not universal or near-universal, it does not become an effective tool for exchange, and as we are looking at particularly exchange with public health agencies and providers, if we are not adopting the same standards consistently across providers across the country, we are going to run into issues about being able to rely on what is included in the data set, which will make it more complicated for providers to implement reporting for public health. Thanks.

Sarah DeSilvey
Thank you, Ike, for that comment. We will move on to Anna.

Anna McCollister
Hi there. Again, my apologies, my voice is not awesome, but I have a couple of questions. I just got sidetracked a bit by the discussion around USCDI Plus. One is A). I would love to know and get clarity on what the process was for drafting the criteria for prioritization of various data classes that were suggested, and B). I would like to know and just clarify in my head, though maybe I am being dense here, understanding the process by which the data elements that are presented as part of USCDI draft have been developed, though this has been super helpful, by the way, as have the homework assignments. Does HITAC still have the ability to recommend new data classes and elements, or are we limited to commenting on those elements that have already been proposed and vetted through these criteria?

And then, I have to run soon, but I just want to make sure all my questions are out and clarified. Finally, based on the discussion about USCDI Plus, it would seem to me… In NQF quality measure committees, one of the issues being run into is data sources and feasibility in collecting different data sources and the

limitations on the types of quality measures that can be developed, recommended, and implemented based on whether or not there is data that can be readily collected. So, in that frame of mind, because data elements and classes are not included in USCDI, that essentially would limit the kinds of quality measures that could be developed, which could have significant impact on the relevance of those quality measures to the actual things that patients care about. So, I am just trying to get my head around these three specific elements.

Al Taylor
Sure. I think I counted four questions there, Anna, and I will try my best to answer all of them. The first one is how the prioritization process gets developed. They sprang directly from recommendations from the HITAC in 2019 and 2020, and they had been refined. So, the first eight of the ones that I listed on the slides were developed based on recommendations from HITAC through this workgroup or its predecessor, the USCDI Taskforce. The behavioral health prioritization criteria was developed as an evolving HHS priority, and there is a big move towards creating parity for behavioral health. So, that is one part. It is based on a variety of different kinds of info.

Anna McCollister
Is it possible to still amend that moving forward? Because there is no reference to the burden of the impact on patients in any of those criteria.

Al Taylor
There is a possibility it is not within the scope of the workgroup, but it is within the scope of the public feedback process, absolutely, and so, yes, there is a possibility, and I looked to see how that would fit into a recommendation, and it seems like a fine recommendation to modify that. And so, that is certainly some feedback that we would be interested in looking at. One question that you had was if there is ability to comment on the data elements or to submit new data elements, and there absolutely is. So, this group is charged with commenting on what was added to USCDI draft V.4 and what was not added to draft V.4 as a Level 2 data element, so those are the most mature ones that we are already considering.

What should we reconsider amongst those Level 2 data elements? The workgroup will create recommendations to cover both of those, what is in USCDI V.4 and what is in Level 2 that is not, and we will hear from the cochairs and me down the road that individuals on this workgroup have the opportunity to make their own individual comments on things during the comment period, and then, during the submission period, anybody is welcome and invited to submit data elements through the ONDEC for consideration for Version 5 if they have not already been submitted.

And then, you also had a question about the relationship between USCDI Plus. I cannot really answer that question right now because it is a separate process, and if we do address that during the workgroup, I can also direct you to some additional information about USCDI Plus as far as the program goes and the public information that we put out about USCDI Plus. And then, the other participants, some of whom are on the call, like Michelle Schreiber, might be able to provide you with some additional information about CMS's perspective on USCDI Plus.

Anna McCollister

I think that would be super helpful, and again, this has all been incredibly helpful, so, thank you to Al, Mike, and everybody involved. One of my frustrations on the NQF committees has been given the fact that it is an understandable requirement that there be a lot of data, but if the data can only come from really well established informatic systems, it really limits the emergence of new outcomes measures and quality measures that I would argue, at least in many cases, are more relevant to patients. So, this is not just about interoperability, it is about measurement of what actually matters, so I could be misunderstanding, but if that is the case, then we need to consider these data elements within the context of how we are assessing quality, not just which things get exchanged from one hospital setting to the other.

Michelle Schreiber
Anna, this is Michelle Schreiber. I do not want to clog up the meeting talking about the quality strategy, but I am happy to talk to you individually. Al, I do not know if there is something you want from the group for this, but there is a whole different process, Anna, of looking at what the quality priority strategies are, who is weighing in, who is make recommendations, and so on and so forth.

Anna McCollister
I would love that, Michelle. Thank you.

Sarah DeSilvey
I want to thank you for the series of very thoughtful questions, and thank you, Al, for your response. I believe we have time for the one more hand up that we have, and then we are going to pivot to some of the working sessions that we have for the later part of the day to really make sure everyone is aware of how we start commenting on USCDI V.4 and complete that first charge. Moving on to Joel.

Joel Andress
Thank you. In response to Anna's comment, I wrote this in the chat, but I think that in general, the goal is to slowly phase our quality measures over to digital quality measurement and link them to the standards in USCDI and USCDI Plus, and as we look to expand the measures that are there, the plan is to expand what we are bringing to USCDI, at least from the perspective of CMS, so that the data elements expand to incorporate that. Where appropriate, we use the data elements from USCDI Plus or USCDI, but if there are additional data elements needed, then, as we understand it, there are mechanisms to be able to expand that set out. We do not **[inaudible] [00:47:47]** see it as inherently limiting the measures we can pursue, and in fact, we have a group in CMS under the post-acute care measure group that is providing data elements that are related to patient assessments rather than ECQM specifically, so that is already an expansion of bringing in additional data elements to USCDI Plus from outside of just the ECQM space, and I think it portends to have opportunities to expand further as well.

Sarah DeSilvey
Thank you so much. I believe I see no more hands raised, and much of the comments in the chat are regarding the topics at hand. So, before we pivot to the next section of the conversation, I neglected to allow the federal members who joined today to introduce themselves when we started the conversation, so, just because they are present with us today, I would like to give a chance for the federal members to introduce themselves and welcome them to the call. I might just start by calling you out, and again, if I miss anybody at the end, I apologize, but again, a quick 20-second introduction. So, Nedra Garrett from the CDC?

Nedra Garrett

Yes. I am Nedra Garrett, and I am actually leading some of the USCDI work at CDC.

Sarah DeSilvey

Thank you so much. Meg Marshall from the VA?

Meg Marshall

Yes, hi. Meg Marshall, Director of Regulatory Affairs and the Clinical Informatics Department.

Sarah DeSilvey

Thank you so much. I believe Michelle Schreiber is here from CMS, and Bridget Calvert is also here. So, starting with Michelle.

Michelle Schreiber

Hi. I am Michelle Schreiber, a primary care physician by background. I am the Deputy Director of the Center for Clinical Standards and Quality at CMS and the Director of the Quality Measurement and Value-Based Incentives Group. We also have Joel Andress on the line. Bridget?

Bridget Calvert

Hi, this is Bridget Calvert. I am the senior DQM implementation lead with the Division of Quality Measurement and CCSQ at CMS.

Sarah DeSilvey

Thank you. Joel Andress from CMS as well?

Joel Andress

Yes, thank you, good morning. My name is Joel Andress. I am the senior DQM program lead for **[inaudible] [00:50:27]** and I work with Bridget for Michelle.

Sarah DeSilvey

Thank you. Moving on to Ram Sriram from NIST.

Ram Sriram

Yes. I am Ram Sriram, and I lead the NIST health IT program. Our main focus is on testing tools for interoperability right now, but we do a wide variety of other things in the health IT field. I also head the Software and Systems Division at NIST.

Work Plan Development – New Draft USCDI v4 data elements (00:51:02)

Sarah DeSilvey

Thank you so much. Welcome, friends. And so, now, I believe we completed the first task of our meeting today, so we will move on to the next slide, please. After all of this level-setting, we thought our task for the next section of this meeting would be to apply some of the base understandings that we have gained from the presentation from Al Taylor and ONC, for which we are grateful, to the charge of our next meetings. Next slide, please.

I wanted to reiterate the charge again, just before we dive into the work and go into the virtual Google doc world, just again, to remind ourselves, and there were some questions regarding this, but the overall charge is to review and provide recommendations to draft the USCDI Version 4. When you break that down, this is first and highlighted and bolded, commenting and making recommendations on the draft new data classes and elements from USCDI V.4, and then, that second charge, reviewing and commenting on any Level 2 data classes and elements that were not included in draft USCDI V.4 that we want to elevate. Again, that is the work of this meeting. Much of that work will happen asynchronously. One of the things that we want to discuss as we go forward is an opportunity, if you are new to this work, to reach out to existing members who worked previously just to ensure that we know how to do that asynchronous work, but we are going to have an example as we go forward. Next slide, please.

I want to start with a deep dive into a subset of the new data class review, and then, when we get to the Google doc section, I believe Al will share his screen so that we can see how the work will actually happen. So, as part of our promise from last meeting, we thought we would take a stab at creating a sequence of how to address the new data elements. One of the things that we thought we might do is address maybe straightforward elements, and again, apologies for not putting things in straightforward elements that were not straightforward, but we wanted to make sure the people who were new to the committee had familiarity and comfort with the work, and so, we centered some straightforward elements in our mind initially, but we also recognize the converse of that, that there already are draft elements in USCDI V.4 that are of community concern, such as advance care planning and those preference elements that are put into the goal section.

So, we recognize a need to both allow enough time to do that work before we have to submit our final recommendations, scheduling it early enough to accomplish that, but also giving a little bit of a buffer in case there are members of the community that we need to bring in to assist with that work as public speakers and just to ensure that we can notify the public about when we are addressing those topics, so they might be able to come and participate in public comment. Any questions on that approach? Does it seem rational? It seems like it also goes off precedent based on past IS WG approaches. Again, this is the tentative approach that we are taking. You will see that reflected in the Google doc as we go forward. Next slide, please. So, Grace, actually, I want to make sure… Is your question relevant to the content I just presented, or was it relevant to a previous question?

Grace Cordovano
It is relevant to the content you just presented. I just wanted to clarify. As someone who was previously on the workgroup, if others recall, there was a grid that we worked on and invested quite a bit of time into what I thought was prioritization criteria to use as a reference document for future groups that people could look at, and as they are looking at different data classes and elements, using the grid as a guide when we provide our recommendations. I do recognize that there is a USCDI V.4 prioritization criteria slide that was just presented, and it is a little bit different than what the previous grid was, so, just for clarity's sake, and if there is not an answer now, that is fine, but as a workgroup member, I just wanted to know what I should be using for the homework that we are doing week to week and in our discussions.

Sarah DeSilvey
So, this is on the previous slide. Could we go back one? You mean this slide, Grace?

Grace Cordovano

Yes. As we are reviewing all of these, and what should be prioritized, and how we are hitting our charges, there was a prioritization criteria that was previously crafted, and I am not sure if that is going to be shared as a reference, I do not know if Al may have more information on that, or if we are just sticking to the USCDI V.4 prioritization criteria that is included in this deck and using that as we refer to Charge A.

Sarah DeSilvey

Al, do you have a thought on that?

Al Taylor

Yeah. So, Grace, we can format the resource however you would like, so we have that available, and I think using that as a guide, along with all of your other experience and knowledge, to guide your discussion, you could look at this and say, "Oh, this one is very clearly public health, and we should advance this because of that." Not so much these, because these were selected using these criteria. These on this slide were used in some combination to select for draft V.4, but some of the 200 or so Level 2 data elements that were not selected have more or less applicability to those nine criteria. And so, we will absolutely use those, and whether you use the slide, I would say that we do not currently have a readily accessible resources, other than digging into the standards bulletin, but having this slide, which is available publicly, and using that as a guide is a great idea.

Grace Cordovano

Thank you.

Sarah DeSilvey

Grace, also, if we can assist by editing the Google doc to make sure that those priorities are highlighted within our work and can be sorted as such for the sake of all members, that seems like good work to do, and I appreciate that feedback.

Al Taylor

In the meantime, Grace, as we go through this, when we show the recommendation or the justification, there is a field for that in these, and as we discuss the ones that were already selected, that is less of a concern, unless you object to their inclusion, but if you are to recommend a Level 2 data element, recommending it because it applies to behavioral health and underserved communities, that is a great use of the comment field and the slide, and also a great use of the resource, being the prioritization criteria.

Grace Cordovano

Thank you for clarifying.

Sarah DeSilvey

I also think there is some precedent of that happening already in the Google docs. If we go in there, I believe some of the comments that already are in there regarding trying to elevate existing Level 2 data elements reference why, within the prioritization criteria for inclusion, it seems like they would be important, so, hopefully we can expand on that as we go forward into this work. All right, Al is ready to share his screen. We are just going to move to the Google doc specifically.

Al Taylor

Okay. So, Sarah, we talked about this before, but this document is the editable one where comments and recommendations by the members can be entered on the doc, and both Grace and Mark were right on it as soon as it became public. They had previous access, and they know how to use it. They already entered some comments on the first two data elements, but what I did to ease the discussion of the workgroup was to add the list of the data elements that were added in the draft V.4, starting with allergies and intolerances, the substance on medication, and then, scrolling down to the bottom, the last one alphabetically by data class was average blood pressure. And so, we prepopulated this, but I have not added comments, I just present these, but this may not be the working order that we have it because on the slide that went over the data elements in draft V.4, the new ones are not exactly in this order for various reasons, but we can use this entry to add all member comments to the spreadsheet, and whoever gets there first gets the first mention, but if anyone else wants to support it… SCD…

Sarah DeSilvey

That is me!

Al Taylor

Our illustrious cochair, Sarah DeSilvey, added her initials, and if somebody else wants to come along and add their comments as well, maybe in support, maybe in contradiction, they can add their comments there, either in justification or in the workgroup discussion. So, that is just an overview, and I am going to hand it back over to Sarah.

Sarah DeSilvey

Hans, do you have questions?

Hans Buitendijk

Just a question and a comment. I appreciate that. Al, I think this spreadsheet helps a lot. I was just curious. There was another version, I am not sure whether it was a prior one or not, where we started to put in for background to help assist to address prioritization. Whether it is already in FHIR IG or C-CDA IG, both or either, is that just a different tab?

Al Taylor

Last year and this year both, we had a separate worksheet, and last year, we started with the new content in draft V.4. This is the content in draft V.4, and specifically, last year, this was used primarily to capture the status of the data elements or something as close to the data element as we can do in FHIR and C-CDA. We can do that, so that is a separate document that some people have access to, but whether or not they are already represented in FHIR IG and do not require much in the way of development is definitely a plus as far as the development burden goes, and that can be captured. We have this separate, though. This seems like a separate analysis of this presence in FHIR and in C-CDA. That can be transferred to the master document, which is where we are specifically going to be developing all recommendations, not just draft V.4 recommendations, if that makes any sense.

Hans Buitendijk

It does, and over the last week, I was the editor of the entries that you see in Columns E and F. Ricky, you may have gone through it and added some more and updated, but that is meant to be reflective of Version 4 draft proposed and current, either C-CDA or FHIR IG, as it is going through ballot to support USCDI Version 3, so it is not the final final, but it is pretty close.

Al Taylor

I just wanted to point out also that even if something does not have a presence in FHIR already, which, a lot of times, is no if there is some sort of presence of that data element or something similar to the data element in FHIR and C-CDA. That does not mean it is not feasible, it just means that more development than others needs to be done in order to make it exchangeable by FHIR and C-CDA.

Hans Buitendijk

And I think your comment is important there, that depending on what that is, in this case, the color scheme is trying to indicate that green is already there, so it should not be requiring any different standards work, it may already be supported as a result, yellow is it looks like new work needs to be done, but it might not be that big, and the orange color is indicating it is not there and likely will require a bit more work to get it done, and consequently, the implementation might be more extensive than what some might think. So, I tried to grade it a little bit to get that sense of how much extra effort is needed beyond what is there, and we believe we always need to keep that in mind to keep a realistic, practical glide path, and going back to one of Al's items on the slides, it needs to be a reasonable, incremental step.

Al Taylor

And specifically for standards development or implementation guide development, yes, you are right. So, although we tried to do our homework before we publish draft V.4, is possible that something simply cannot be developed in FHIR and C-CDA, although we got a lot of smart people working on it, and I think we can, but it is possible. And so, that might be its own reason not to include it in V.4, but that is a possibility. It is something that we keep in mind, for sure.

Hans Buitendijk

I do not think we have seen anything yet that cannot be done, ultimately. It is about how much effort it takes and how you need to get it done to make it work.

Al Taylor

Right.

Sarah DeSilvey

I just want to make a note, Al, that our colleagues are asking that we copy the content on E/F into the working recommendations doc just for ease, but I acknowledge what Steven has raised, that we all collectively agree as we enter an editable space that we do not edit the content on E and F in the recommendations doc. That seems wise, just from simplifying-where-you-go perspective.

Al Taylor

That makes sense. Yeah, we can do that. We can add it to the end as far as details go. I am not asking that that be done for every Level 2 data element that is recommended to be added, but for us, it is confirmation that what we propose as being feasible actually is, and they might be similar or more difficult,

but we can add that to those that were proposed, but again, to the workgroup members that are doing that work to evaluate the FHIR IGs, any FHIR IG and any CDA IG, that could be the work of somebody who might recommend it to be added, but I am not asking for every single one of these to be fully analyzed in FHIR because that is one of the pieces of work that ONC does. When we think of a Level 2 data element that was not in V.4, is it FHIR and C-CDA feasible?

Sarah DeSilvey
Again, thank you to Hans and Ricky, who led this work. It is really helpful. Maybe because there is so much data being in elements that may not align with the order in this document, even just another tab would be helpful so that we are working within one space. Al, I just want to acknowledge the possible labor of trying to align all the recommendations and elements that Hans put in the other document to this document. If it is too challenging, I think a tab for reference might be sufficient.

Al Taylor
Yeah, that is a good start. I will work on that.

Sarah DeSilvey
Okay, wonderful, maybe a tab is good. All right, so, now, I believe we will open the line for public comment in about nine minutes. So, just referencing, again, the work that Al did, there are some rows on the document by workgroup members. You can see that Mark and Grace again led the charge on that as early documenters, and then, with ONC's help, we prepopulated, with ONC as the workgroup member, all those elements in draft USCDI V.4 that are our first charge.

You can see my attempt to start asynchronous conversation and workgroup discussion, again, knowing that I am new to this space, if there is a precedent, just for the sake of needing to copy and consolidate the comments into our final recommendation to work as much as possible collectively in the same space because that makes it easy for us to track, resolve, and address comments, whether they be agreeing, disagreeing, or offering further nuance. So, again, just to clarify, every first USCDI V.4 new data class that we need to address has its own row, and we can comment asynchronously in Column J, and then we can have the reference from the work that Hans did in a different tab. Does everyone understand the charge? Grace?

Al Taylor
Sarah, the only other thing that I would recommend to the workgroup is we are looking for… The goal is a concrete recommendation to ONC, and so, where there is a concrete recommendation, I would recommend adding it to Column H, member recommendation. So, in the case of, say, Line 13, alcohol use, the concrete recommendation is LOINC as the applicable vocabulary standard, for example. That is just one suggestion. Make it as concrete as you can so that ONC knows exactly what the workgroup is recommending and that the HITAC is recommending to be able to act on that specific recommendation.

Sarah DeSilvey
Thank you, that is really helpful, Al. All right, so any other question? Grace, you had your hand up.

Grace Cordovano
I am good.

Sarah DeSilvey

Okay, great. Any other questions on the actual…? This is, again, our attempt to organize the first element of our charge. If people want to add elements on that second element of the charge, which is elevating current Level 2, you can put it below all of the ONC entries. There will be some above right now because of Mark and Grace's early lead, but again, if you have a second on one of the charge, which is entering a row for any Level 2 element that you want to elevate into USCDI V.4, just put it in. You can follow the precedent of what Grace and Mark have set above, so, identifying your stakeholder group, identifying your workgroup membership, and then following the data class and USCDI, denoting, obviously, Level 2, which you can see Grace did in Row 1, and then following Grace's template going through the recommendations and justifications.

So, Mark is making comment on process, thank you. Everything that we comment in discussion needs to be consolidated into a final recommendation, so, right now, we are gathering comment, and then we will consolidate into the final assessment. Okay, any other questions before we move on? We have five more minutes before we move into public comment. I want to go to Steven. I recommend you find a buddy for someone who has done this before if you are new and this seems complicated because I had a little huddle session, and I am already much better for it, so I am happy to assist with matching new members with old members for an orientation to how this work happens. Steven?

Steven Lane

I just wanted to comment that way over on the right, in Column M, cochair priority, is something that we learned along the way. One of the challenging roles for the cochairs, really, is to take, manage, and summarize all of the input from the workgroup members and wrangle that into a final set of recommendations. So, we will thank you for that effort ahead of time because it is not small.

Sarah DeSilvey

Thank you again, and thank you to all the cochairs who have come before us. Your assistance and guidance is very helpful. Wonderful. So, if we are oriented to how we leverage the first doc, which is the doc that Hans and Ricky put a lot of content in, and again, thank you for that, we are going to add that as a tab so we can reference alignment with FHIR and C-CDA. Wonderful. And we understand that ONC has populated a row for every new data class, which is that first element of our charge for workgroup review, and I hope we understand that for any Level 2 data class that you want to elevate as an IS WG member, you can add a row and follow the precedent that Grace set in Row 1. I have stated those hopeful assumptions. If those elements are in hand, I believe we can switch back to the presentation, and again, I just want to close and state that you should please reach out if you want assistance and to have an asynchronous virtual workgroup draft Google doc work session so that we can all make sure that we know how to do the work that we have been charged to do.

All right. So, this is pivoting to the upcoming workgroup meetings. Again, I did as much review as I possibly could, and I am grateful, again, for precedence. So, about this time last year, there was a very helpful comment in IS WG meetings regarding a need to anticipate when our comments might need to be completed in order to draft our final recommendations. So, in this list of meetings, we are aiming to complete our comment period to allow drafting of those final recs and review at the April 5th meeting to present to HITAC by the middle to end of March. So, I highlighted that just to frame our work because although the

final recommendation is due in April, our comments will have to be completed prior to that in order to allow the drafting of the final recommendation. Does that make sense? So, we lean in intensely right now, we kind of step back, consolidate, and review in the end of March, and then present our final recs on April 5th. Wonderful.

Mark Savage

Sarah, I just want to iterate that the February 7th meeting is off cadence.

Sarah DeSilvey

Correct, it is off cadence because of HITAC. Thank you so much, Mark. Again, thank you to all previous members who have volunteered to assist with newer members in the buddy system. I know it is appreciated as we do this critical work together. Next slide, please. I believe we are able to enter into public comment a little early, unless there are any final comments from the IS WG members before we open up the floor to the public. Bryant?

Bryant Thomas Karras

Just a quick clarification, if I can request one of those tutorials, about the red/yellow/green assessment of lift. Is that accomplished by consensus? Who contributes to that assessment?

Al Taylor

I do not want to say that that is a purely objective one, but it is really hard to quantify. The way that I explain it there are ones that are pretty easy, the ones that have been already implemented in FHIR and in the IG, in C-CDA, and then the ones that might require a little bit more development. The example for USCDI Version 2 was that most of what we added in USCDI Version 2 was very straightforward, but the SDOH data elements not so much, and they were already represented, although there were some similarities with other observations and assessments, but they required more development, and the amount of HL7 spent on writing IGs for that one was close to the amount that they spent on all the rest of them combined. That aggregate list is something that we do not know a final answer for, but we have to do some research. These are the ones that we want to add or can add, and so, that is a calculation, if you will, that ONC does continuously.

Sarah DeSilvey

Thank you, Al. I wanted to go back to a slide that I think I missed as I was moving through our own internal comment. One of the things that seems important to consider as we really kickstart the labor of this group is whether there are guest speakers that are critical for review of either that first element of the charge, which is Level 4 new data classes or those new Level 2 elements that we are asking to elevate. There might be members of the community that we feel like are really critical in order to have context in this conversation, and I want us to think about that early so that we can make sure that we can get those individuals lined up to address that work. And so, this is not necessarily a question that needs an answer right now, it is just a question that, based on precedent, it seems important to consider so that we can make sure members of the community are part of this work, and I am just grateful for that consideration. Maybe just email the team at IS WG to make sure that we can correctly coordinate any guest speakers that might be required.

Steven Eichner

Sarah, thank you so much for that. This is Steve Eichner. I keep coming back and thinking about what the adoption rate for items in versions subsequent to Version 1 might be, and I cannot help but think that while it is not a content-specific issue, there might be a need to make some recommendations in how enforcement or how requirements for subsequent adoption of different versions are concerned, because I can see that being a real stumbling block down the line. It does not do us a lot of good to make recommendations about the content if they are not being adopted and utilized.

Al Taylor

Well, Steven, there are two points that I want to make about that. This just in: A total of four developers and four products have certified to at least some of the SVAP standards as of today, so that is not very many. Obviously, we have upwards of 600 that are certified to the CURES update, which was required at the end of last year, and only a few have updated using the SVAP standards, so that is No. 1. Regardless of how many have updated to Version 2 and how many might update to Version 3, our goal is to get voluntary adoption and find out why the majority has not or does not voluntarily update.

There are a lot of different reasons why that could be the case. So, if the reason is that the aggregate list is too high, then maybe we need to adjust the number of data elements that we have with each version, but there are all kinds of other reasons why that could be the case. It is on ONC to figure out, so how do we better promote adoption? It is too early to say that four is not very many, or that more people ought to be doing that. How many are in the pipeline right now? I am not 100% sure. I do not think I have that information at all. It is not until they become certified that I have that more concrete information.

Steven Eichner

Right. I was not trying to come to conclusion, but just wondering aloud whether there might be some utility in the workgroup providing some feedback in that space, because there are different benefits for different applications for different data elements, whether you are looking at care coordination, care-side, or public health reporting as another utility, and it is a little bit of a chicken-and-egg kind of issue as to where demand is coming from for the element of exchange, and where it fits in in terms of whether there is a mandate to be included and what is the basis of the mandate, whether it is a quality measure for CMS, or a public health reporting measure, or a critical piece of data for patients with cardiac issues, as that becomes really relevant in looking at prioritizing or driving what gets adopted and what incentives, if any, need to provided, and in what space.

Sarah DeSilvey

Thank you so much for that comment, and thank you for the answer. We do need to move to the public comment, just to acknowledge the public voice, at this time, and Hans, we will try to come back to you. Maybe you can put your comment in the chat just so we can make sure we integrate it. So, let's move to public comment to allow some of the questions that have been holding in the chat to come forward at this time.

Public Comment (01:25:14)

Michael Berry

Great. Thanks, Sarah. 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 are on the phone only, press *9 to raise your hand, and once called upon, press *6 to mute and unmute your line. Let's pause just

for a moment to see if anyone raises their hand. All right, we have Charles Gabriel. You have three minutes. Go ahead. I think you are muted, Charles.

Charles Gabriel
Sorry about that. Good morning, everyone. My question about USCDI is if the process is to adopt some of USCDI Plus, will that go to USCDI to adopt some of the agency's recommended data classes, or does it go directly over from USCDI Plus.

Michael Berry
Al, I do not know if you can answer that question.

Al Taylor
I am not that I can, either. Could the speaker repeat the question? I am not sure I am following the question.

Charles Gabriel
Am I on mute now?

Al Taylor
I can hear you. I just would like you to restate the question.

Charles Gabriel
So, the question is USDCI will go into development, once you suggest data and the data is validated or verified, it goes for development. So, how does USCDI Plus get into the cycle of development? How does it get adopted?

Al Taylor
The data elements in USCDI Plus are separate and program-driven. What gets added to USCDI is based on this process that I just described today, and the adoption is based on general adoption principles, whether voluntarily or as part of a future rule. Those are going to determine adoption of USCDI data elements. I would imagine that the adoption of USCDI Plus data elements is going to be driven by the participants in the programs that require those data. Probably, that would be the main driver for that. USCDI adoption and new versions of USCDI would be driven by motivation to update to new versions of USCDI.

Michael Berry
Thanks, Al. I do not see any more hands raised, so I will turn it back to Sarah and Naresh to close us out, since we are at time.

Sarah DeSilvey
I want to thank everybody for coming together today. Hopefully, it was a helpful level-setting on our general work and process and an orientation to how we are going to work asynchronously. Naresh, any final thoughts?

Naresh Sundar Rajan
Definitely. Thanks again for all your help and time, and I hope we covered most of the questions and concerns around process and priorities. There is more to come in the next few weeks, and feel free to reach

us offline if you have any questions or any orientation needs around getting to that Google doc. Thanks a lot.

Sarah DeSilvey
Thank you so much.

Adjourn (01:29:15)