



Interoperability Standards Workgroup Update

Sarah DeSilvey, Co-Chair

Naresh Sundar Rajan, Co-Chair

February 8, 2023



Agenda

IS WG Membership

- Sarah DeSilvey, Co-Chair
- Naresh Sundar Rajan, Co-Chair

IS WG Charge

- Sarah DeSilvey, Co-Chair
- Naresh Sundar Rajan, Co-Chair

IS WG Workplan and Timeline

- Sarah DeSilvey, Co-Chair
- Naresh Sundar Rajan, Co-Chair

Interoperability Standards Workgroup Roster

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



Interoperability Standards Workgroup Charge

Overarching charge: Review and provide recommendations on the Draft USCDI Version 4

Specific charge:

Due

April 12, 2023

Evaluate Draft USCDI v4 and provide HITAC with recommendations for:

- a. New data classes and elements from Draft USCDI v4**
- b. Level 2 data classes and elements not included in Draft USCDI v4**

Charge (a) – New Data Classes and Elements from Draft USCDI v4: Tentative Schedule of Review

Rationale:

- Address straightforward elements early to develop familiarity with the process
- *Identify elements of community concern, such as advanced care planning, and schedule them with enough time to notify public and ensure representation*

Allergies and Intolerances

- Substance (Non-Medication)

Encounter Information

- Encounter Identifier

Health Status Assessments

- Alcohol Use
- Substance Use
- Physical Activity

Facility Information

- Facility Identifier
- Facility Type
- Facility Name

Vital Signs

- Average Blood Pressure

Laboratory

- Result Unit of Measure
- Result Reference Range
- Result Interpretation
- Specimen Source Site
- Specimen Identifier
- Specimen Condition and Disposition

Procedures

- Time of Procedure

Medications

- Medication Instructions
- Medication Adherence

Goals (related to the advance care planning process)

- Treatment Intervention Preference
- Care Experience Preference




USCDI v4 Prioritization Criteria

- Address **behavioral health** integration with primary care and other physical care
- Mitigate health and health care **inequities and disparities**
- Address the needs of **underserved communities**
- Address **public health interoperability** needs of reporting, investigation, and emergency response
- Represent **important additions** over previous USCDI versions
- Require only **modest standards** or implementation guide developmental **burden**
- Require only **modest developmental burden** on health IT modules
- Create only **modest implementation burden** on providers and health systems
- Result in only **modest aggregate lift** for all new data elements combined



Upcoming Workgroup Meetings

- February 15, 2023
- February 22, 2023
- March 1, 2023
- March 8, 2023
- March 15, 2023
- March 22, 2023
- March 29, 2023
- April 5, 2023



To allow for final recommendation review at the April meeting, aim for comments by middle of March on the Google doc.



Questions?