# Health Information Technology Advisory Committee

## Interoperability Standards Workgroup 2023 Virtual Meeting

## Meeting Notes | April 5, 2023, 10:30 AM – 12 PM ET

### Executive Summary

The focus of the Interoperability Standards Workgroup (IS WG) on April 5 was to review workgroup charges and hold a working session for the Draft United States Core Data for Interoperability Version 4 (USCDI v4) data elements and USCDI level 2 data elements. The IS WG discussed these topics and provided feedback.

### Agenda

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| 10:30 AM | Call to Order/Roll Call |
| 10:35 AM | IS WG Charge |
| 10:40 AM | Finalize Draft USCDI v4 and Level 2 Recommendations |
| 11:55 AM | Public Comment |
| 12:00 PM | Adjourn |

### Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 AM.

### Roll Call
#### Members in Attendance

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
Shila Blend, North Dakota Health Information Network
Hans Buitendijk, Oracle Health
Christina Caraballo, HIMSS
Grace Cordovano, Enlightening Results
Steven Eichner, Texas Department of State Health Services
Nedra Garrett, Centers for Disease Control and Prevention (CDC)
Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Bryant Thomas Karras, Washington State Department of Health
Steven Lane, Health Gorilla
Hung Luu, Children's Health
Meg Marshall, Department of Veterans Health Affairs
Anna McCollister, Individual
Deven McGraw, Invitae Corporation
Aaron Neinstein, UCSF Health
Kikelomo Adedayo Oshunkentan, Pegasystems

Mark Savage, Savage & Savage LLC
Michelle Schreiber, Centers for Medicare and Medicaid Services
Shelly Spiro, Pharmacy HIT Collaborative
Ram Sriram, National Institute of Standards and Technology

## Members Not in Attendance
Ricky Bloomfield, Apple
Raj Dash, College of American Pathologists
Clem McDonald, National Library of Medicine
Aaron Miri, Baptist Health

## ONC Staff
Mike Berry, Designated Federal Officer, ONC
Carmela Couderc, Branch Chief in Office of Technology, ONC

# Key Points of Discussion

## Opening Remarks
IS WG co-chairs, Sarah DeSilvey and Naresh Rajan, welcomed attendees. Sarah reviewed the meeting agenda detailed in the April 5 presentation meeting slides.

## IS WG Charge
Sarah DeSilvey reviewed the IS WG Charge. The charge includes:
- Overarching charge: Review and provide recommendations on the Draft USCDI v4.
- Specific charge:
  - Due to the HITAC by April 12, 2023:
    - Evaluate Draft USCDI v4 and provide HITAC with recommendations for:
      - New data classes and elements from Draft USCDI v4.
      - Level 2 data classes and elements not included in Draft USCDI v4.

### Discussion:
No comments were received from IS WG members.

## Finalize USCDI v4 and Level 2 Recommendations
Sarah DeSilvey stated this meeting will be a working session for the IS WG to align on a scope for ONC. The IS WG needs to simplify and clarify the draft recommendations into what is actionable this year. Carmela Courderc displayed the IS WG Recommendations Report Working Draft.

## Discussion:

- Sarah reviewed Recommendations 1-5. She asked if there were any concerns about removing the line items that have strikethroughs.
  - The IS WG did not voice any concerns.
  - Sarah said she did not note any pediatric sensitive tools in alcohol or substance abuse data elements. Should we offer recommendations for tools?
  - The IS WG agreed to add the pediatric recommendations.
- Sarah moved to Recommendation 6. The final bullet had a strikethrough.
  - The IS WG approved removing the final bullet.
- Hans Buitendijk suggested there be references for the relevant data classes. Where could the references be listed?
  - Mark Savage noted last year that the IS WG added additional context to the narrative report.
  - Hans noted without it it's unclear when to add something with standards. Otherwise, there is insufficient meaning on its own.
  - Steven Lane said additional context should be included in the recommendation if it is important. Historically, ONC has been great about acting on those recommendations. We could add a bullet or slide where it is necessary to have context.
- Hans clarified he is not suggesting removing anything from Recommendation 5. He agreed with Steven to add context to the documents, per Recommendation 6. He noted if the IS WG includes this information without the context, it can be hard for any program to understand the extent of what they are asked. The boundary might not be clear.
  - A background section will be added for Recommendations 5 and 6.
  - Steven Eichner requested to include state, tribal, local, and territorial public health agencies in Recommendation 5.
  - Bryant Thomas Karras said he wouldn't use the word "stakeholder" in Recommendation 5. He requested to call them something else, such as authorities. He asked if there were identifiers that would allow flexibility for states to add a state licensure number or other identifiers to be in the proper data type.
  - Sarah said the IS WG could add that in time.
- Steven Eichner said he doesn't see anything in the four elements in Recommendation 6 that constrains the elements. There are additional elements and factors that need to be addressed later.
- Sarah moved to the next recommendation with comments, Recommendation 10.
  - Hans said there are a few identifiers. Which are we most interested in to advance?
  - Carmela Couderc noted it should say "to the specimen," not "of the specimen."
- Sarah moved to Recommendation 13.
  - Pooja Babbrah said context should be denoted as a background comment rather than a bullet. She added her comment was mostly a formatting issue.
  - Steven Lane agreed with Pooja's comment.
  - The IS WG agreed to adjust Recommendation 13's formatting issue.
- The group moved to Recommendation 14.
  - Carmela left a comment on Recommendation 14 regarding patient reported adherence collected through apps and/or devices, noting, "the last sentence is related to implementation which is outside the scope of USCDI, and the submission does not exclude patient reported adherence."
  - Pooja said it was included because there were discussions during WG meetings about how to capture the information through apps. The IS WG could include the apps and devices part in the background section.
  - Steven Lane suggested removing it for now.
  - Shelly agreed with removing the "through apps and/or devices" section.

- o Hans said it is important for USCDI to scope the context in which the data is to be used. He encouraged the group to include context related to the scope.
  - o Steven disagreed with Hans.
  - o Pooja said the first sentence clarified the context and was okay with removing it.
  - o Sarah said the leads of the IS WG can think about possibly reworking the sentence. Further discussion on Recommendation 14's "patient adherence collected through apps/devices" can be discussed offline.
- Before the group moved to Recommendation 16, Hans requested to specify Physical Activity in Recommendation 15.
  - o Sarah said that can be added.
- Sarah moved the IS WG to Level 2 Data Elements Not Included in Draft USCDI v4. It started with Recommendation 16.
- Mark Savage noted he added additional comments in the Google doc for Recommendation 16. In times past, the IS WG has identified work for ONC. The bold content is worth keeping in for USCDI v5.
  - o Steven Lane said the IS WG has created a separate paragraph of what should be recommended in the future, but not specifically for that version.
    - ▪ Mark agreed that has been done in the past; however, splitting it up into two separate places may be confusing.
  - o Steven Lane said he supports Mark's approach of leaving the comments as a separate bullet in the current recommendation paragraph.
  - o Mark noted there is a comment around "planned procedures." He recommended the IS WG leave it as "procedures."
  - o Hans suggested keeping it vague and leaving it up for discussion.
- Steven Lane asked if future appointments would fall under Recommendation 16.
  - o Steven Eichner said putting appointments here could be problematic because there may be appointments outside the care plan.
  - o Shelly agreed that procedures are interventions. She noted outcomes are missing.
    - ▪ She suggested ONC should meet with the Patient Care Work Group at HL7. ONC should convene a group to restructure how care plans are put into USCDI.
  - o Hans suggested having ONC work with the community to identify the components of the care plan that are explicitly referenced. The last two bullets are already part of the top recommendation and may not be needed. The last bullet is probably a separate statement.
  - o Carmela asked if the group could delete the last two bullets.
  - o Hans said the second to last one, yes. The last bullet is not meant to be a replacement.
    - ▪ Carmela was concerned it would not make sense to keep the last bullet.
    - ▪ Hans said he is okay to remove it if others are as well.
  - o Mark said it is important to note the type of care plan being referenced. For the last bullet, the group noted the care plan is largely narrative. The bullet was to flag we are retaining a narrative description. He thinks they are still useful.
  - o Shelly said "assessment" is part of the health concerns. Because it is separate in USCDI, she thinks it belongs in the list but should be a sub-bullet under health concerns. She agrees the type of care plan is important and should go into the notes.
  - o Sarah said we need to refine the "basic, common data elements already in USCDI" sentence.
  - o Hans said he agrees with Mark that the plan type needs to be listed.
- In Recommendation 16, the group created a new suggestion bullet before the common data elements.
  - o Carmela noted the text in the "Assessment and Plan of Treatment would be or remain the narrative Care Plan Summary" doesn't make sense.
  - o Shelly said there are components already in USCDI that are part of the care plan.
  - o Mark noted the group can edit the sentence if needed offline.

- o Sarah agreed the bullet should be word smithed.
- Sarah moved the group to Recommendation 20.
  - o Carmela asked if the request was to update to "self-reported." Is there a recommendation to change something in USCDI? Is there something ONC should do in USCDI specifically?
  - o Mark said he would keep it as a separate sentence and put it in the recommendation.
  - o Sarah asked if the IS WG should add context to the background section for gender harmony. It can be noted that it is usually self-reported. She noted there was a discussion last year about whether that information is clinically reported and, if it is, what the appropriate data class should be. She said it doesn't hurt to be clear that these should stay in the patient demographic data class.
- The group moved to Recommendation 21.
  - o The one comment was unanimously resolved.
- Sarah moved the group to Recommendation 22.
  - o She resolved the sub-comments. There were suggestions to shorten the recommendation and move some context to the background since it is lengthy.
  - o Steven Lane said the IS WG can move some of the context from the bullet to the background.
  - o Sarah noted there is consensus that end-of-life could be moved to the background section, but the recommendation starts with some core information.
  - o Hans said if this recommendation was next to the care plan, it would help the reader.
  - o Sarah also noted it would be wise to use more inclusive language in the recommendations, such as provider or clinician, rather than physician.
- The group moved to Recommendation 23.
  - o Hung explained Recommendation 23 should be adjusted to the "clinically observable date and time" instead of "test performed date and time."
  - o Carmela disagreed and said the name change was confusing. She isn't sure ONC would know what to do with that recommendation.
  - o Hung offered to work with Sarah and Carmela offline to further discuss the potential change.
- The group moved to the next recommendation with comments, Recommendation 25.
  - o Hans noted his comment is to start with the device and manufacturer name. The IS WG can adjust to "Universal Device Identifier" later. However, he recommended starting with the device and manufacturer name.
  - o Sarah said Hans can work with ONC offline on adjusting the definition.
- The group moved to Recommendation 26.
  - o Sarah thought we did not move forward with the recommendation based on past discussions.
  - o Aaron Neinstein agreed; it has been removed.
- Sarah moved the group moved to Recommendation 27.
  - o Carmela thought the provenance author for Recommendations 26/27 could be combined.
- The group moved to Recommendation 29.
  - o Hans said if the recommendation moves, it will be a bit disjointed to read, and he does not want it removed. He is mostly concerned with the formatting issue, not the content.
  - o Steven Lane agreed and said that is consistent with other recommendations.
- The group moved to Recommendation 31.
  - o Steven Lane said it is not a v4 recommendation. The recommendation could be moved to "Future Work" section.
  - o Carmela said she was looking for specific recommendations for v4.
- Sarah moved to Recommendation 34.
  - o Carmela asked if the recommendation for medication administered would reflect what the patients already take.
  - o Shelly said there is still some work to do with the medication list and categories. She thinks it would fall under "Future Work." She noted she has spoken with the HL7 WG about it as well.

- o Hans agreed and noted that more work is needed.
- o Shelly said it is more identification of the medication code fitting into a class that is codified. The medication code would not change.
- o Hans suggested splitting the recommendation into two codes.
- o Steven Eichner voiced his concern that the sentence is focused on the medication being administered, not who is administering it.
- o Hans said he is concerned that it is not clear enough to give a recommendation. He is uncomfortable moving forward with the recommendation.
- Carmela asked if there were additional recommendations the workgroup wanted to put forth.
  - o Shelly requested CMS's definition of what they're looking for to ensure alignment.
    - ▪ Bridget Calvert said she will need to follow up via email with her CMS colleagues before giving an answer.
  - o Shelly noted there should be a defined medication list code.
    - ▪ Bridget said the IS WG should wait and get feedback from the CMS team.
  - o Mike suggested the recommendation be removed for now and submitted through the public USCDI process since there is no consensus.
- Sarah moved to Recommendation 34.
  - o Carmela suggested moving the additional context to the background section.
    - ▪ Hung said he is concerned about wordsmithing recommendations offline. He wants to ensure the purpose does not get lost in offline conversations.
- The IS WG meeting continued 30 minutes past the original end date due to the rich conversation regarding the recommendations.
  - o An ad-hoc follow-up conversation was scheduled for Friday, April 7.

## PUBLIC COMMENT

Mike Berry opened the meeting for public comments.

## QUESTIONS AND COMMENTS RECEIVED VERBALLY

- Paul Chase asked for clarification on what was happening with physical activity.
  - o Sarah said physical activity has moved forward as a data element. The changes to the data element were not significant enough to have a vote.
- Shauna Sweeney is a family caregiver. She noted other family caregivers have anxiety about missing appointments. She would like to hear thoughts about how to put that item on the agenda.
  - o Sarah said she appreciated hearing Shauna's concerns and agreed that holding a discussion on the need for coordination is important. The group will try to figure out how to integrate it going forward.

## QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Thank you for joining the Interoperability Standards Workgroup. We will be starting soon.

Mike Berry (ONC): Please remember to tag "Everyone" when using Zoom chat so that we can see your message.

Christina Caraballo: Christina is also here.

Mark Savage: Does background/context go in the report but not the HITAC slide presentation? Where does ISWG/HITAC formally express rationale to ONC National Coordinator?

Mark Savage: Believe that's what we did last year. Consistency not required, of course, but think that was the thinking then.

Carmela Couderc: ONC has been using this language when listing examples "including but not limited to …."

Naresh Sundar Rajan: +1 Carmela.

Hans Buitendijk: We have to be careful with "including but not limited to" as that creates ambiguity in the context of submission documents that are considered the details behind the recommendations, yet are not meant to be fully encompassing the definition.

Matt Anchin: So glad to be here with this esteemed group. Ahead of public comment on the agenda at the end of this meeting, adding a recommendation here- specifically for future appointments to also be included in V4. More details below. Much appreciated! I'm Shauna Sweeney. For the past several years I have been leading a 3,000 employee resource group for working family caregivers at my employer. Based off that experience, and my own as a primary caregiver of my father for more than 8 years, I am now building technology that I wish had been available when I began this journey.

For consideration: With current interoperability standards, the required exchangeable data from EHRs does not include future appointments, severely limiting the ability for individuals and any caregivers to coordinate and schedule future activity with healthcare providers.

Matt Anchin: With 54M individual family caregivers looking after parents, children and other loved ones across multiple patient portals, EHRs, and other systems, not ensuring this data is required for availability is contributing to the care-gap crisis. Missed appointments means: missed care, more urgency and avoidable urgent care, and lesser overall health outcomes, putting additional strain on every element and party involved in the healthcare landscape. This data already exists in most EHRs, but due to a majority of providers only committing to minimum requirements is a serious roadblock in the way of a significant improvement in the ability for all Americans to navigate the health system and manage their individual needs, utilizing the various tools we all now take for granted, such as smart phones, shared calendars, reminder apps, and more.

Hans Buitendijk: @Bryant: Agreed on timing, but once available, that ties it together going forward. At time of order entry no specimen identifier may be known either, just the type, as it has not been collected yet.

Mark Savage: @Grace, we got you!

Pooja Babbrah: I wonder if our new definition helps clarify this point. The first sentence of the new definition

Matt Anchin: Ask: USCDI - Include in the Core Profile the Appointment data (Appointment and Appointment Response) that is in HL7 FHIR Resources

Grace Cordovano: Great suggestion Steven!

Bryant Thomas Karras: no issue … could it include referrals?

Bryant Thomas Karras: closed loop e-referrals as part of care plan

Matt Anchin: We just found out about this process, but it would be an amazing win for families. Not having future appointments is a real hardship for families. Where would this go as the right category?

Hans Buitendijk: @Mark: You are right, but thought it was already covered. If not, it should be a separate recommendation.

Hans Buitendijk: It's in Recommendation 22.

Bridget Calvert: The CarePlan Resource includes Appointment Resource as well as a Note element that can be used for narrative - http://hl7.org/fhir/R5/careplan.html

Hans Buitendijk: Wordsmith proposal as a separate bullet "Note that addition of structural components as suggested above should not result in removing the renamed Care Plan Summary data element as that provides the narrative summary which remains relevant."

Hans Buitendijk: @Bridgit: Currently CarePlan.text is used in FHIR US Core in support of USCDI to capture the care plan narrative summary.

Pooja Babbrah: +1 Deven

Pooja Babbrah: yes

Bridget Calvert: I can for CMS

Deven McGraw: Re-iterating to everyone - unfortunately I cannot stay beyond noon today due to a conflict

Matt Anchin: Thank you so much to Sarah and the rest of this committee for looking out for us on the family side. Much appreciated!

Deven McGraw: No concerns for the small group to continue

Rita Torkzadeh: Would appointments and referrals assume they are constructed as orders (along with their status if completed)? Perhaps something to consider in context of care plan information.

Pooja Babbrah: I apologize.  I do have to drop.  I will have a final recommendation on the medication adherence definition to you in a few hours

Hans Buitendijk: The text is Medication Administered Code, not Medication Administration Code.  Which one should be?

Hans Buitendijk: For these purposes, HIT capturing what a clinician administered is more likely to have the code, while patient adherence documentation is less.  Unclear whether the intent is only clinician administered or patient adherence documentation as well.

Hans Buitendijk: Friday could work, but earlier rather than later in the day.

Hans Buitendijk: Thursday I should be able to make various times as well.


## QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.


## Resources
IS WG Webpage
IS WG – April 5, 2023 Meeting Webpage
HITAC Calendar Webpage

## Adjournment

The meeting was adjourned at 12:32 PM.