



Meeting Notes

Health Information Technology Advisory Committee (HITAC)

U.S. Core for Data Interoperability (USCDI) Task Force

August 9, 2019, 2:30 p.m. – 4:00 p.m. ET

Virtual

Executive Summary

The USCDI Promotion Criteria Submission items were presented and discussed. There were no public comments but there were additional comments in the public meeting chat via Adobe.

Agenda

2:30 p.m.	Call to Order/Roll Call
2:40 p.m.	Opening Remarks
2:50 p.m.	Discuss Level Promotion Criteria
3:50 p.m.	Public Comment
4:00 p.m.	Adjourn

Roll Call

Christina Caraballo, Co-Chair, Audacious Inquiry
Terrence O'Malley, Co-Chair, Massachusetts General Hospital
Kensaku Kawamoto, University of Utah Health
Steven Lane, Sutter Health
Brett Oliver, Baptist Health
Sheryl Turney, Anthem Blue Cross Blue Shield

MEMBERS NOT IN ATTENDANCE

Tina Esposito, Advocate Aurora Health
Valerie Grey, New York eHealth Collaborative
Leslie Lenert, Medical University of South Carolina
Clem McDonald, National Library of Medicine
Steve L. Ready, Norton Healthcare
Sasha TerMaat, Epic

ONC STAFF

Brett Andriesen, ONC U.S. Core Data for Interoperability Task Force Backup/Support
Cassandra Hadley, ONC HITAC Backup/ Support
Matthew Rahn, ONC SME
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Adam Wong, ONC U.S. Core Data for Interoperability Task Force Backup/Support
Albert Taylor, ONC U.S. Core Data for Interoperability Task Force Lead

Opening Remarks

The task force was reminded that the recommendations being worked on will be presented to the HITAC at



the September 17, 2019 meeting.

Discuss Level Promotion Criteria

The proposed data element submission criteria were reviewed and discussed.

USCDI PROMOTION CRITERIA

Submission

The following suggestions and changes were made:

- Create an option to allow for the submission of an entire data class instead of a single data element in order to simplify the process and eliminate repetitive information.
- Allow for the addition of information and comments on an already proposed data element.
- The item reading “cite projects currently underway to further define the use case[s]” was changed to “cite projects currently underway using this data element” to determine if the data element is utilized in practice.
- The addition of language to explain the process of prioritization of data element submissions was suggested. The importance of appropriately determining priority was emphasized.
 - It was suggested that a group be made within ONC to review applications and determine if there is a need for that data element, and if/how the data is currently being collected.
- It was clarified that non-health IT individuals are able to make a submission but the current criteria requirements may be prohibitive.
- A suggestion was made to specify that content standards must be United States specific.
- It was noted that the word “connect-a-thon” is trademarked by Oracle and may not be able to be included.
- It was suggested that the word “binding” be defined in the item reading “are there binding definitions for this data element including technical representation?”
- It was suggested that the phrase “by at least 2 distinct/different electronic health record (EHR) platform systems” replace the phrase “in two or more unrelated systems” in the item reading “has the exchange of this data element been successfully tested in two or more unrelated systems?”
 - It was noted that links to EHR platform systems may not be available and submitters should be given the option to provide details instead of attaching a link.
 - These changes were proposed to also be applied to the next item, reading “has the exchange of this data element been successfully tested in four or more unrelated systems?”
- It was suggested that the question “has a draft standard been published by an accredited Standards Development Organization (SDO)?” be asked.
- It was suggested that the last six items regarding National Applicability be moved to earlier in the submission process to aid in prioritization of data elements.
- It was noted that it is important to specify the viewpoint from which the cost and benefits have been derived and it was suggested that multiple viewpoints be considered (patients, providers, society, stakeholders, etc.)

Public Comment

There were no public comments.



QUESTIONS AND COMMENTS RECEIVED VIA ADOBE

Rita Torkzadeh: Does systems that capture data element specify EHR vendors and/or health care organizations?

Rita Torkzadeh: Another way to think about is the burden introduced of capturing the element in terms of technical/human resources

Rob McClure: Instead of binding, you might want to say are there specific standard terminologies that are known to be of use for this data element

Rob McClure: I do think it is useful to ask for known standard terminologies of use

Rob McClure: Focusing only on EHRs is too restrictive

Rob McClure: Clinical registries are also driving lots of interop

Rob McClure: think OMOP

Rob McClure: unrelated data exchange (ie: clinical registry) or EHR systems

Rob McClure: You might simply say "two different types of systems" and then it's up to ONC to figure things out

Rob McClure: And you want to determine if multiple organizations understand it

Adjourn

Task force members were directed to review the new draft once it has been updated with the meeting discussion topics. The next task force meeting is August 23, 2019. The meeting was adjourned at 4:00 p.m.