



The Office of the National Coordinator for
Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) U.S. CORE DATA FOR INTEROPERABILITY TASK FORCE MEETING

February 23, 2021, 10:30 a.m. – 12:00 p.m. ET

VIRTUAL



Speakers

Name	Organization	Role
Leslie Kelly Hall	Engaging Patient Strategy	Co-Chair
Steven Lane	Sutter Health	Co-Chair
Ricky Bloomfield	Apple	Member
Hans Buitendijk	Cerner	Member
Grace Cordovano	Enlightening Results	Member
Jim Jirjis	HCA Healthcare	Member
Ken Kawamoto	University of Utah Health	Member
Leslie Lenert	Medical University of South Carolina	Member
Clement McDonald	National Library of Medicine	Member
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Member
Brett Oliver	Baptist Health	Member
Mark Savage	University of California, San Francisco's Center for Digital Health Innovation	Member
Michelle Schreiber	Centers for Medicare and Medicaid Services	Member
Sasha TerMaat	Epic	Member
Andrew Truscott	Accenture	Member
Sheryl Turney	Anthem, Inc.	Member
Daniel Vreeman	RTI International	Member
Denise Webb	Indiana Hemophilia and Thrombosis Center	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	Staff Lead





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

Operator

All lines are now bridged.

Michael Berry

Great, thank you very much. Good morning, everyone. I am Mike Berry. I am with ONC's Office of Policy, and we are kicking off our next USCDI Task Force. We really appreciate everyone joining today and your time, especially for our task force members who put in a lot of time doing their homework that Steven assigns to them, so we really appreciate that. We are going to get started here in a minute. I just need to take roll call for the record, and then I will turn it over to Steven Lane in just a minute. I will start with Steven. Are you present?

Steven Lane

I am here with bells on.

Michael Berry

Okay. Ricky Bloomfield? Hans Buitendijk?

Hans Buitendijk

Present.

Michael Berry

Grace Cordovano?

Grace Cordovano

Here.

Michael Berry

Leslie Kelly Hall?

Leslie Kelly Hall

I am here, thank you.

Michael Berry

Jim Jirjis? Ken Kawamoto? Clem McDonald? Aaron Miri?

Aaron Miri

Good morning.

Michael Berry

Brett Oliver? Mark Savage?

Mark Savage

Good morning, here.





Michael Berry

Michelle Schreiber? Sasha TerMaat?

Sasha TerMaat

Good morning.

Michael Berry

Andy Truscott? Sheryl Turney?

Michelle Schreiber

This is Michelle Schreiber. I had just joined.

Michael Berry

Great, thank you. Sheryl Turney? Dan Vreeman?

Daniel Vreeman

Good morning.

Michael Berry

And, Denise Webb?

Denise Webb

Good morning. I am on.

Leslie Lenert

Hi, I did not hear my name called out. This is Les Lenert.

Michael Berry

Thank you, Les. All right, thank you. I will turn it over to Steven.

Steven Lane

Thank you so much. I think there is an echo. Let me try to solve the echo. Am I echoing now?

Michael Berry

No.

Past Meeting Notes (00:02:23)

Steven Lane

All right, excellent. So, thank you all for joining us this morning. I apologize that my camera is not allowing you to see my pretty face, but hopefully you can hear me just fine. Welcome, everyone, to the February 23rd meeting of our USCDI Task Force. I really appreciate the effort that people are putting in to show up, offer their input, and work on the homework. I know a number of you have put a lot of thought in this week, and we want to have a chance to bring those issues forward. I spent a fair bit of time last night with our spreadsheet trying to collect the information that people have shared and suggestions that have been made





during the course of our meetings to date, and I know a number of you have had a chance to go in and provide comments. I am hoping that our Accel team will have the opportunity to bring up the spreadsheet for our review today when we get to that point so that we can level-set a bit and see how we are trying to capture some of the input that people have provided. The meeting notes – Mike and AI, my understanding is that we have posted the notes from the first meeting and only the first meeting to the website, and that we are still working on notes for the subsequent meetings. Is that true?

Michael Berry

Yeah. The notes from the 9th – the second meeting – will be posted imminently, and then, we are working on Meeting No. 3 as well.

Steven Lane

Perfect. And then, can you clarify whether the task force website has been updated yet? I have not looked in the last 24 hours.

Michael Berry

I am not sure. I will have to look.

AI Taylor

Steven, this is AI. We are putting the finishing touches on the website. They are running a little behind schedule – more so than usual – but our understanding is that it will be up hopefully this week.

Steven Lane

Perfect. So, for the benefit of those of you who have volunteered and are spending your time, we have fallen a little bit behind in terms of updating the public website with the members and the charges of our new task force. I personally apologize for that. I was hoping we would get that done much sooner than this. To find the meetings of our task force and the publicly posted notes and presentations, et cetera, I have found that if you go to the HITAC calendar, the individual meetings are listed there, and when you click into the meetings from the calendar, you can find the content, so that is where you will find the posted content for today's meeting, the presentation, and the agenda, and if you go back and look at the first meeting, you will see there is quite a nice collection. There are the transcription, the recording, and the formal notes that have been reviewed and approved, so that is where you are going to find all of those. Once we have our website up and running with all of your names in lights, you will be able to access and share that as needed. Anything else, Mike or AI, regarding the past meeting notes that you wanted to mention?

AI Taylor

No. Everyone is welcome to review them, especially if you have missed a meeting, to just refresh your memory along with reviewing the task force tracker. Feel free to review those as needed as they become available.

Task Force Charges (00:06:59)

Steven Lane

And, we appreciate that not everyone is going to be able to make every meeting, so we have worked with the Accel team to be able to get the raw transcript out to all of you as soon as that is completed, which should be within hours of our meeting being done, so I believe that will be distributed to you through email





as opposed to posted to the website, and then they do clean up the transcript, and it is the edited or clean transcript that is going to be posted publicly. But, again, for those of you who have missed a meeting and want to understand what happened or where we stand with prepping for homework, et cetera, the raw transcript should be made available to you.

All right. So, let us move on and review our charge once again. Perfect. So, as you will recall, we have looked at this slide many times. We are now in the latter half of February, so the clock is ticking on our initial deliverables, which will be due in mid-April. Realistically, we probably have to finish up our work on that by the end of March so that we can prepare a final draft of the report to present to the HITAC by mid-April, but again, our overarching charge is to review and make recommendations regarding the published draft USCDI Version 2 and the process that ONC has developed to produce these draft and final versions, and then specifically here over the rest of February and March, we are focusing in on commentary on the data classes and elements that were originally published in USCDI Version 1, including applicable standards, new data classes and elements that were proposed to be added in draft Version 2, including the standards applicable to those, and then, the elements that were suggested by the public that were put in Level 2 as potentially technically ready to include in Version 2, but that perhaps were not included. So, that has been our focus to date.

I am reminding you again that after April, we will be shifting our focus to the expansion process to provide recommendations about the tools and the ONDEC submission system that are being used to collect suggestions of the evaluation criteria and processes used to assign suggested data elements and classes to a level, and then, the prioritization process that is used to select the individual data class elements to be included in the subsequent draft, and remembering that we will not necessarily see ONC utilizing the exact same prioritization process as they put together in draft Version 3 over the coming annual cycle as they did working on Version 2, this last cycle being largely informed by our society's experience with the pandemic.

So, those were our charges. I know a number of you wish that we were asked to do other things, that there were opportunities to really blow up draft Version 2 and put in things that we all feel strongly about and that will have value in time. Do people have any questions or comments regarding the charges?

Mark Savage

Steve, this is Mark. Can I throw out a comment?

Steven Lane

Please.

Mark Savage

In doing the homework last night – this goes to what we are looking at as Level 2, and I understand that that is the charge, but in doing the homework, I had cause to go back and look at the initial report that ONC listed on USCDI in January of 2018, and it got me thinking about what it means to be looking at Level 2 data classes and having that be the universe of what we are considering. So, there were things back in 2018 that ONC had listed that it thought would be Version 2 for 2019 that are not on the list of Level 2, and it got me to realizing that as you said earlier, Level 2 is really just a function of what was submitted. There may be things out there that could or should be Level 2, but if they were not submitted, they are not on our list at the moment, and I regret that. Maybe we need to accept it, but I regret that.





So, for example, cognitive status was on ONC's Version 2 for 2019, but I did not spot it in the list and did not see that anybody had submitted it on the website. Another example would be reason for hospitalization, which ONC had listed for Version 2 2019, but it is not part of our consideration today – it was not submitted, so therefore, it is not possible for it to be part of Level 2. I just wanted to point that out to see if it raises any thoughts about things, either for us or for ONC. The other thing I was reminded about when I looked at that report in 2018 is that ONC said that almost all the elements that were listed there already had technical standards as of 2018 – FHIR and CCDA standards – so again, perhaps it is good to consider. Thank you.

Steven Lane

Thank you, Mark. I think those are very relevant comments, especially for task force members that perhaps have joined this process recently, specifically acknowledging the fact that the public was given the impression that certain data elements were going to be added within a certain timeframe, and that is now how this seems to have gone so far, and I think we are all aware of the opportunity to expand USCDI more broadly, perhaps more quickly, and I think we all have great aspirations for the Version 3 submission cycle, and I hope that all of you who have an interest will be able to stay engaged as we continue through the lifecycle of this process. Thanks for those thoughts, Mark. You were pointing to a specific document. I believe it is still posted on the public website, Mark, and if you have that URL handy, you might just drop it in the public chat so that people all have access to the document you were referencing.

Al Taylor

Steven, this is Al. If I could jump in, the document he was referencing was published prior to our proposed rule, and it was meant to get people thinking about what we had in mind for USCDI. It was not meant to be a proposed document or a proposed standard at the time, and it is only really what was in the MPRM and in the final rule that should be considered as far as the expectations go. I know it is a little confusing that we have that document that is called “draft USCDI,” but it should not be considered – it was never considered to be the proposed rule. It was an idea about where we thought things would be going.

Steven Lane

Thanks, Al. I think that is very helpful. Again, all of you have now been employed in the sausage factory, and we are all going to make the best meal that we possibly can. Thank you, Mark, for posting that document. I think it is a good reference.

Mark Savage

Certainly.

Steven Lane

All right. We have had a number of people join us since we took roll. Thank you. Some of those are noted in the public comment. I am trying to keep up with all of this. All right. The next thing is – oh, you are stuck with me as the chair for now. There is a plan to engage another co-chair, and I believe we are presently in the process of having a discussion with ONC about how that is going to go. I think within the FACA infrastructure, there is the desire for co-chairs to be members of the HITAC, and we had put out a call to all of you who are HITAC members to see whether you had an interest in serving in that role, and we have gotten the feedback that we have, both from HITAC members and non-members, and I think ONC is just





in the process of making the final determination. So, we hoped to have that clarified today, and it does not seem to be the case, so we are going to go ahead, and you are stuck with me for now.

Next up is the tracker that we had put up. I am hoping that all HITAC members have had a chance to share their contact information with the team and have been able to achieve access to the recommendations tracker. Do we have anybody from Accel who can say what proportion of our task force members have been able to get access?

Accel Solutions

This is Katie. I think we have all but two or three.

USCDI TF Recommendations Tracker (00:17:48)

Steven Lane

That is wonderful. Okay, well, the two or three of you who have not shared your appropriate email for accessing the Google Doc, please do that at your earliest convenience. The rest of you, please exercise your access rights and get in there and take a look. I know some people have had a chance to do that and have placed comments. Al, do you want to bring up the document and make some commentary? I know you seeded the document with the initial content, and I have added more, and we do have some comments from Hans, which are the only comments I can see on there so far.

Al Taylor

I am sharing it. Do you see it?

Steven Lane

Yup, and I see a number of you are actually in the document as we speak, which I think is just the right way to do this. Al, do you want to walk us through how you constructed the columns and what your thoughts are on that?

Al Taylor

Sure. So, we have got these broken down roughly correlating to the tasks that the task force has been charged with. It includes the date the recommendation was made, whether it is in the meeting or outside the meeting, whether the comment corresponds to which particular charge number – so, the first item on the list is Leslie Kelly Hall's submission that references the process. This is Task No. 3 for the task force. Of course –

Steven Lane

Al, excuse me. Is it possible for you to zoom in a little bit? It is really difficult to see.

Al Taylor

I will zoom in. Let me see. I am trying. Hang on. How is that?

Steven Lane

Much better, thank you.

Al Taylor





Sure. So, the first comment is a comment from Leslie Kelly Hall, who represents consumers – so, this is Column D. This is sort of rough and not necessarily required, but we just want to get some perspective from the commenter. “Is the data element from Version 1 – so, something was in Version 1 and carried forward – is it a new element that is in draft V.2, or is it one of the Level 2 data elements?” That roughly corresponds to the task charge number. We are currently in Task 1, but this comment was made about the process. So, the question is “Is the comment about a particular data class and a data element, and what is the comment in particular?” I am trying to scroll because I cannot see my scroll bar.

This is the specific recommendation and the specification for the recommendation. There are not a lot of form requirements for these recommendations, and these are the specific recommendations that we are going to look at as a task force and finalize. If we accept that as a recommendation from the task force, we will make that an official recommendation like we have in the past. I think we had 20-something recommendations the last go-around, or maybe more than that, for USCDI Version 1. So, our final decision will be copied from the recommendation into this as a final recommendation if it is accepted, so that is the way this laid out. And so, right now, we have only – the task force members do not currently have edit capability, just comment capability, and the workaround that Leslie Kelly Hall has figured out is – she submitted to us a spreadsheet of several comments and recommendations that we were able to paste in, and that is how we got it set up. Any questions about that?

Steven Lane

Just to be clear, Leslie did submit a spreadsheet – I believe that was yesterday – with maybe eight or 10 lines of suggestions. I believe those have not yet been incorporated here, and we do need to figure out how we are going to populate this. So far, we have been populating this with suggestions that have come up in the discussion here that have been made part of the public record, and AI and I have not had the chance to think that through. This issue of whether people are given edit access or comment access is just a matter of trying to keep this from going completely off the rails and out of control and based on some good experience that we had in prior task forces. So, our goal is to take input that comes in discussion here in the task force, to take other input that potentially people submit independently – there is always the question of input that comes in through the public chat during the meetings, as well as issues that are posted directly on the website by task force members. So, there are a lot of avenues to put in, and our challenge is to keep that going, but as AI said, the goal of this is really to come up with a set of very specific recommendations that we will include in our report back to the HITAC, and I was just reminded by AI, I think, that we are expected to make an interim set of recommendations to HITAC in March – actually, within the next month – so we need to keep clipping along at this to pull together the key recommendations. I think we have to remember, of course, that our task force process is going on in parallel with the public comment process, which some of you are contributing to, and through our networks, I think many of us have informed others in the public space about this process and invited other people to go in and make comments about specific data classes and elements, so I think there are a lot of ways in which our task force is analyzing discussion and comment coming into ONC, so our impact will not only be in our report directly to HITAC, but also in how we are impacting the industry more broadly. Are there questions about the tracker? Let us start with form and access questions, and then we can jump into the content a bit.

Hans Buitendijk

Steven, this is Hans. I have one question, and it is a process question. Last week, Ricky and I were asked for some follow-up. As we do that collaboration-wise, is the intent, then, that we put that in here, or is there





not a place? So, do we collaborate offline and drop it in here? I am just trying to figure out where what goes in that regard.

Steven Lane

I think at this point, probably the best that we could offer – the spreadsheet does not really lend itself to insertion of large volumes of comments – I would say that probably, the best would just be to submit that to the task force leads, and then we will hopefully figure out how to bring it up on camera to share it with the group as a whole. Does that sound right, AI?

AI Taylor

I think so. We will see if that works. If it works, great. If it does not, we will come up with a different plan.

Steven Lane

Did you want to say anything else about the assignment that you guys received?

Hans Buitendijk

No, I cannot say anything more because we have not sent the whole thing yet. I am reaching out to Ricky to see where he is at.

Steven Lane

That is totally fair. We understand that this is midnight oil work, so that is great. All right. Leslie, if I can put you on the spot, again, you dug deep into this and made an effort to put together some ideas and suggestions. Do you want to talk about your process and how you approach that to inform others' work? We lost you on camera.

Leslie Kelly Hall

Are you there now?

Steven Lane

Oh, there you are. Yup.

Leslie Kelly Hall

Sorry about that. So, just in terms of process, what I did was download the spreadsheet so it would be in the same format, and then I took each of the areas of concern that I had by going into the website and collecting each of the particular elements, and then noting which level they were in and what suggestions I might have. I had some global suggestions, kind of like what Clem recommended, and that is less of a piecemeal approach to some of our high-volume categories, for instance, and more of an approach that said everything about physician demographics and patient demographics. And then, I had some very specific comments about elements moving to USCDI that support the COVID vaccination efforts that we needed and some other consumer-centric items, and then I sent a spreadsheet to AI and Steven, and unfortunately, it was a little too late to be included, but I did not use the comment feature of the spreadsheet because I needed to add versus just comment on existing items. Is that what you had in mind for me to comment on, Steven?

Steven Lane





Yeah, that is great, Leslie, and I really appreciate that. I know AI had proposed that if people had elements that they wanted to add to the spreadsheet that one approach would be to take a blank line at the bottom and make comments on each of the cells as a way to introduce what you would propose going into the cells. That does seem a little kludgy, so I can see why you took the approach that you did, but I think that might be one way to do it, and then, that would make it relatively straightforward for the co-chairs and the staff to just copy things from the comments and paste them into the cells themselves. So, I do not know if you would be willing to do that. It would probably take you a good 15 minutes based on the work that you have already done. AI, go ahead.

AI Taylor

Sorry, I was just going to say – Leslie, correct me if I am wrong. You said that you could not comment on a blank cell. Is that right?

Leslie Kelly Hall

Well, if I comment on a blank cell, it is very hard to know that it is there. All you see is that little, teeny triangle, so you do not know how it is relative to anything else. So, then, I could not really go back and edit and see the context of anything else unless I looked at every single cell's comment. So, that is where I kind of gave up.

Steven Lane

Actually, I think that having – because you put that information in all of the cells or all of the columns, being able to copy that into the table would be really difficult to extract it out of a comment, which has no format, into the column. So, perhaps if we have maybe just a note that says there is an attachment with a set of comments – I am just throwing this out as an idea – it might be a better way to go so that we keep all of the columns in format so we do not mess up when we transcribe it.

Grace Cordovano

Could I make a suggestion, please?

Steven Lane

Go ahead, Grace.

Grace Cordovano

Would the group be open to adding a second tab which would give the task force members in general the ability to populate, and Tab 1 could be what is approved to be moved over? This way, we keep it structured, there is transparency on all comments, and we can see if there are patterns on multiple members of the task force members commenting in specific realms. So, that is an opportunity so that every single person does not have to download, email, and create more work. Could that potentially be a more streamlined approach?

Steven Lane

Grace, I am not sure it is possible to have different controls on different tabs within a Google Doc. It is an interesting question. AI, do you still have – so, you can see there on Line 21 that I did put a test comment on a blank cell initially, and then I was able to copy that comment and then paste it into the cell itself, so that actually worked okay for me given my access. So, I think that, again, your initial proposal that people





comment on blank cells to take ownership of the cell, if you will, and then fill in the cells across the column – I still think that may work, and perhaps, Leslie, you can try that for the first few lines in your spreadsheet and we can see how that goes.

Again, I want to thank Hans for taking the time to go in and comment on a couple of the cells in Rows 15 and 16. I think that we can actually get a pretty lively discussion going within the comments attached to each of the cells, and I would invite others to hop in there and do that. I think one of the things that we want to avoid and one of the reasons that I believe ONC decided not to open this up is that we would like to identify individual data classes and data elements that we are discussing, and then keep that conversation in one place so that we do not end up having two, three, or 10 lines that are all addressing the same data element with different people's thoughts about it. We want to try to keep it together. So, please do exercise your comment capabilities, and let us see how we can make that work here over the coming weeks. Does that seem fair?

Michael Berry

Steven, with the Google Docs open, I just wanted to see if you are noticing the raised hand feature on the platform.

Steven Lane

I am sorry. They are there, yes. Let us do that. Thank you so much, Mike. Clem, you put your hand up first.

Clement McDonald

Thank you. Sorry, I could not unmute. So, I am kind of puzzled. We thought we were supposed to submit – so, I submitted a page or two of comments to you. Then, I thought we were instructed to put them in the ISA comment area, and now I think it is – we have to get some crisp marching orders. Tell us just to do it one way, but let us know which it is because I feel like I am running on a treadmill a little bit. Tell us which way to do it. Should it all be in the spreadsheet only?

Steven Lane

I really appreciate that, and I think we are finding our stride and finding our processes here. I guess I will ask Mike and AI to comment. I think we did – Terry and I initially did an outreach and encouraged people to just send us comments. Then, we learned that that was not going to be good enough and they needed to be entered into the public record. So, ONC suggested we have people put them in as comments on the ISA website. And then, we came up with this idea of the spreadsheet, so your confusion is very well placed given that we have been evolving our processes along the way.

I think at this point, as we are thinking about how to collect what will end up being the task force's formal suggestions back to ONC, I think we do want to use the spreadsheet methodology, and I know that you and your staff did some work putting together the document, and I believe – I am actually not sure whether or not you got it posted to the ISA, but I think that for individual items – and, I did put your name on at least one of these that I captured from my notes, so I think at this point, we would like you to add color commentary into the spreadsheet. Again, we may well evolve our process further similarly to what Grace suggested.

Clement McDonald





I know there is a learning phase, but I think the spreadsheet is going to be too granular. Unless you have staff that is going to organize it, I do not know how you are going to – it is going to be hard. The idea of having bigger subjects and more broad, multiple coverage of things – it might be more functional. I do not know what other people think.

Steven Lane

Well, I think you are right – go ahead, Mark.

Leslie Lenert

Is that for me, Steven?

Steven Lane

I do not know. Somebody said, “I agree.”

Leslie Lenert

That was me, Les. I agree with Clem. I always agree with Clem. Anyway...

Mark Savage

Steven, while I have misunderstood, I did put a comment in the chat. Is the spreadsheet now the public record of our comments in place of the ISA? Grace’s thought back was that it might not be, that it was just for the task force. So, perhaps you can clarify along the lines of Clem’s comment about what we are trying to do now.

Steven Lane

Al or Mike, do you want to take a stab?

Al Taylor

First of all, I think that we should discuss this at our debrief. It is a major issue, and I see everybody’s points about the confusion and sometimes the duplication of effort or the efficiency of doing this work and making these comments. I know an immediate, obvious solution does not jump out at me right now as I think about this, but your points have been well taken. Would it be – we want to be able to capture comments and specific recommendations because – we specifically wanted to capture recommendations because the product of this task force will be recommendations back to ONC, so that is why we tried to focus on that. Now, some comments can be converted into specific recommendations. Clem, your comments have all pointed to several specific recommendations that we will take into account, and we have to figure out a way to convert the comments that were inserted into the ISA in the recommendations for consideration in the task force. I do not think we have the right answer yet.

Clement McDonald

Well, if I could come back to a more mega-approach – say we take “encounter.” If these are already required by ONC to be implemented under FHIR and perhaps under CDA, why take them one piece at a time and spend so much time? We have kind of already bought the requirements, and we could spend an awful lot of time looking at the granular level. It is already specified, defined, and probably in use.

Steven Lane





Yeah, and Clem, I think you make a good point, and I think it kind of goes to what Mark was saying earlier, that there are many data elements that have standards that are well defined, as we were hearing from others. They are already used in other federal programs, such as the electronic clinical quality measures, and yet, what seems to be the case is that ONC is being much more conservative with the advancement of USCDI, really seeing it as a tool that is going to raise the floor for all certified health IT systems and for many different user communities, so I think they are, as we have said, taking a slow approach initially while many of us here on the task force could imagine seeing a much more rapid-cycle approach. We are not going to solve that here today, so I think it is good that we continue to discuss that, and I think we want to make the most of our time together to try to move things forward with the task that we have been given and anticipate that ONC will give us more guidance moving forward.

Okay, Hans, thank you for your comment about the value of the spreadsheet for capturing dialogue in a way that you really cannot in the ISA comments. I think that is really true. Okay, good. So, I would like us to move on and try to return to the task at hand, so that would be – let us go back to our slides, and let us hop to Slide 5. We will just work our way through the slides. This is the reminder of the scope of USCDI V.2 with the new items starred. This is where we have been spending our time.

AI Taylor

Steven, can I interrupt for just a second?

Steven Lane

Go ahead, AI.

AI Taylor

I am sorry, I seem to have lost the ability to return back to the main screen and unshare or stop sharing my screen.

Steven Lane

You are no longer sharing.

AI Taylor

Okay, thank you for kicking me out. That serves me way.

Steven Lane

Yeah, they are back on the slides. When this happened to me before, AI – that is why I did not want to share my screen during the meeting – I had to actually drop out of Adobe and come back in to get things to work again.

AI Taylor

That is what I am looking at doing right now. I am still on the phone, but I am going to drop and come back.

Michael Berry

Steven, I am sorry to interrupt. I just want to let you know that Sheryl Turney's hand has been up in case you are not seeing it.





Steven Lane

Yes, indeed. I am seeing it; I am just not tracking everything. That is why I need a co-chair. Sheryl, go ahead.

Sheryl Turney

It is okay, my question was addressed, and I will put my hand down, but that is all right. I have had it raised for 10 minutes, so it is fine. We are all good.

Tasks 1b and 1c (00:43:11)

Steven Lane

Okay. I should not be hired as an air traffic controller, let me tell you. Okay, so, let us go onto the next slide to remind ourselves where we are in our process. We have been looking at the new data classes and elements that were added in draft USCDI Version 2, and we have actually made some real progress, I am happy to say, on this task, and that is what we want to continue on today, acknowledging, as we have, the challenges of getting input into the process and collecting our recommendations, but I do have a degree of confidence that this is all going to work out. We are going to put together a report for HITAC, and it is going to make sense, and it is going to reflect our thinking, so let us carry on. I do not see any hands, but Mike, do holler at me if I miss any on here.

So, on the next slide, we are reminded again of the new data classes and elements that were added in draft Version 2. We have done a pretty good job discussing, I think, care team members, diagnostic imaging, and the encounter information, which we spent a fair bit of time on at our last meeting. Did people have any new ideas or specific comments they wanted to make about those three data classes that you think we have not captured in our tracker or that need some additional discussion at this point?

Hans Buitendijk

Steven, this is Hans.

Steven Lane

Yes, go ahead.

Hans Buitendijk

That is related to “encounter.” After the meeting, doing some follow-up further, I think there are still some discussions that we may not address today, but when you look at what FHIR is currently focusing on with “encounter,” it is not actually the diagnosis, but the reason, and “condition” is supporting the encounter diagnosis. So, I think there is still a little more work to be done, and I do not have an answer or suggestion right now, but about the relationship between “encounter diagnosis” and the health concern – how much do we let the standards figure that out as to which one is referenced where and what it means in more detail and what is really in the USCDI? What is the intent of the encounter diagnosis considering? Currently, that is not called out in FHIR as an area of focus. It is not that it is prohibited, but it is not called out in what everybody is looking at. So, there is still an area that I want to highlight that some discussion is going on to better understand that, but I do not have a suggestion at the moment. I did not want to give the impression that it was all closed by some in the community.

Steven Lane





So, I must say, Hans, I did not quite – I listened to all your words, but I do not quite get what you are saying.

Hans Buitendijk

There is no – go ahead, sorry.

Clement McDonald

To help out, I think there is the reason, and then there is the diagnosis, and there are problems with the timing of some of these things because the diagnosis is not necessarily set until later or afterwards, but I think it is a good question to wrestle with this a little bit more before rushing ahead. But, I also had a problem with “problems.” The date of diagnosis should work. That is one of –

Steven Lane

Actually, Clem, let us hold off on “problems” because I want to flesh out this “encounter” issue first, but we will come back to that. So, as a primary care physician who does mostly outpatient work, I think of my encounters as having diagnoses attached to them. They are the diagnoses that I document in the course of the visit, they are used for billing, and in the inpatient setting, an inpatient encounter has diagnoses that are attached to it that are, again, as you say, often established after the fact, often not by clinicians, but by encoders.

These encounters – be they ambulatory or inpatient, and the same with ambulatory surgery, et cetera – have diagnoses attached to them. They tend to be coded in ICD, and they are the encounter-associated diagnoses. That is clearly different than a reason for visit, it is clearly different than a health concern, though I know some EHR systems call the diagnosis problem list the list of health concerns on the patient-facing side, so it gets a little confusing. So, Hans, you said something about FHIR and diagnosis, and that it was not called out, and that is what I was trying to understand. Can you say more about that, since I am not a FHIR expert? If you are talking, Hans, I am not hearing you.

Hans Buitendijk

In FHIR US Core, which is one of the standards called out to support the USCDI where there are more specifics around that – going back to some of your discussion as well – I just wanted to note that the reason is highlighted by making that must-support, but the diagnosis is not. So, there were some reasons and rationale there for focusing on one versus the other that I just wanted to indicate that as a result, there is still some discussion around which one the community is focusing on, and it would help to get clarity around that on what we are trying to achieve.

In “problem,” also supported by US Core, is where the notion of encounter diagnosis is coming up as well, so I think it would behoove us to be clearer on what the intent is behind the – and the definitions of this diagnosis. Is it the diagnosis that was made during the encounter? Are we talking about a diagnosis that is the focus of the encounter? We can have a little bit more clarity around that that can inform which direction that actually needs to go when you are looking at supporting it by standards, and I think that clarity on what the intent is – is it the diagnosis that was made during the encounter, or is it the diagnosis that is the focus of the encounter? Some of those elements would help to better understand that next step that USCDI is going to roll into.

Michael Berry





Hans, can I address that? Do you mind if I address, that, Steven? Hans, I just wanted to – when we look at – if there is an issue with our data element, I recommend that we go back to the submission and look at what the definition is, and if that definition is insufficient, then perhaps a recommendation could be to improve that definition, but the definition for “encounter diagnosis” currently – and, this was submitted by CMS – is to represent the primary reason for healthcare encounter and associated diagnoses represented by a diagnosis code using either SNOMED or ICD-10. That is the current definition of “encounter diagnosis.”

How FHIR currently represents it is not necessarily germane because when things are going to require some modification to US Core or to CCDA, then that is work to be done by those entities, but with respect to how FHIR could or does represent encounter diagnosis, even though you are right that the encounter resource does not have “diagnosis,” it has “reason,” but the condition profile for US Core does have a category of encounter diagnosis for it, so that could be how US Core already does represent encounter diagnosis. But, how US Core does it is not as germane to this discussion as whether or not the data element as proposed is appropriate, accurate, and sufficient.

Hans Buitendijk

I appreciate that feedback, and just to make sure as we go through, it needs to stem, indeed, from a clear USCDI, so I appreciate the comment that you made, and the reason why I was raising it is because there was some question of how it was related, but you helped clarify.

Steven Lane

Clem, go ahead, and then, Ricky, we will bring you on.

Clement McDonald

So, I am talking more about the encounter diagnosis, and I support what I think I heard Steven saying, that we have had this thing for 40 years. We have to stick it in – we have to write it down before we leap, and I would banish all those other things from my world if I possibly could. All it will do is make confusion. Physicians have a hard enough time finishing up the visit right now. It has always been there and it will always be there because you cannot get paid if it is not there, and we should not screw with it. That is the message to you, Hans.

Steven Lane

Well, that is very clear. Thank you, Clem. Ricky?

Ricky Bloomfield

Hi, thanks. I just wanted to make a comment that the diagnosis piece of metadata here – it is included within US Core, and I think it will handle whatever we decide we want the definition to be, so I think the issue is not as much with how FHIR represents it, it really comes down to what we want the encounter diagnosis to mean, and then, whenever we come up with what we decide that means, it looks like US Core can handle it just fine. There is an option there to include diagnosis, you can include as many as you want, you can rank them, you can tie it to a condition resource, you can define what the specific use of that encounter is intended to mean, such as admission billing or discharge – I think all the pieces are there for us to do it, we just need to decide what we want it to mean.

Hans Buitendijk





And, that is what I was trying to clarify as well. Thank you.

Ricky Bloomfield

Okay, great.

Steven Lane

Thank you. Hands are not up, but there has been some lively discussion in the chat. Do any task force members want to put voice to their comments? Les, I am thinking about you in particular.

Leslie Lenert

Sure. I will just say that I am having trouble envisioning what the significance and the correctness of any specific data element is apart from the use cases of that element, and of course, the diversity of people we have on this call raises how important that is. Moreover, I think we all want USCDI to actually do things the day after it is implemented. So, one vision of how to organize this and prioritize things might be to say, “Well, what is our highest-priority use case? What is our second-highest-priority use case? Are the data elements necessary and sufficiently defined for those use cases and what things need to be further addressed?”

Steven Lane

I think that could be a useful approach. My only concern is that there are so many use cases, and USCDI is kind of a tool that has been put out there that different rules look at, be it information blocking, CMS requirements on payers, et cetera. So, I do not know that we can see. Each of us has a perspective – a patient perspective, a provider perspective, a payer perspective, et cetera. I do not know that as a task force, we could necessarily come up with a prioritized list of use cases, except based on how loud each of our voices is.

Leslie Lenert

Well, okay, so we do not do that. Then, what you do is look at – all of us make comments from the perspective of our own prioritized list of use cases without that being transparent, and I never really understand what Leslie is saying or Mark is saying because I do not really understand why they are saying what they are doing. I just know that we have to fix everything at the same time for everybody, and what I can tell you is that that is not possible.

Steven Lane

Valid feedback. I think one of the things that Al tried to get at as he constructed the spreadsheet was identifying the task force stakeholder group, which I think gets a little bit of what you are saying about the perspective, but I would encourage us as we go forward to capture as much as possible in our commentary what use cases we are driving at because clearly, the need of a consumer to know what conditions were addressed during our encounter is very different than the needs of CMS to manage quality reporting or for providers to get paid. So, you are right, the use cases are critically important, and we should try to identify them wherever we can. Okay, we have quite a few hands up. I am still trying to collect ideas around care team members, diagnostic imaging, and encounter information, and then I do want to shift to problems, but getting through these five hands will take us a while. So, Grace, go ahead.

Grace Cordovano





I am just trying to better understand – I understand there are different stakeholders involved. There are 61 data elements. Is it possible at a high level to quickly go through and flag which stakeholder each one is applicable to get an understanding of where this draft V.2 lies to benefit or with respect to use cases? Does that make sense?

Steven Lane

Well, I think it makes sense, but I think it would be very difficult. There are a lot of stakeholders that are probably not represented here. We could take a swag at it. I am not sure what value that would bring to our process. I think USCDI is a data-centric process as opposed to a stakeholder- or use-case-centric process, but it clearly needs to be informed, so I am curious what others think, especially those at ONC, who might need to support such a list.

Al Taylor

I think that the best way to describe the content of this draft V.2 – the delta between V.1 and V.2 – is more about what the gaps are in the current USCDI. USCDI is supposed to be a patient data set, and we defined the original set under Version 1, and then we went back and looked at all of the submissions through the lens of looking at this patient data set. Anybody who has looked at a patient record can see where there is stuff missing if there is stuff missing based on what we know about what should be in the record for a given particular purpose. If it is for an inpatient for a surgery, there are certain things that you have to see, and if it is for something else, there are other things that you have to see, but looking at USCDI in general, trying to serve the majority of people – it is certainly not going to be able to serve everybody with everything, but where are the gaps?

So, I think the new data elements are significant gaps in USCDI Version 1. There were concepts and data elements that just were not there. There was not provider information, there was not encounter information, and there was not this diagnostic imaging data class as well. And so, with Task 1B, we are looking right now to see if the data elements that were picked to fill some of those gaps are appropriate. Are they appropriately defined? Are they appropriately assigned standards? Those are the sorts of questions. Finding the other gaps that are there is more in Task 1C, but the questions for these data elements are whether they fill an existing gap and whether they add enough color to the patient data set to be valuable.

Steven Lane

Thank you, Al. Sheryl?

Sheryl Turney

So, I was thinking that in the spirit of transparency, we might want to consider creating what our consideration list in terms of how we prioritize because several people have now brought up the question of what it is we are going to use to evaluate the data, and I agree that it is very data-centric, but in the spirit of transparency, maybe we can define some criteria that we will use to evaluate what we are going to put forward and why we are going to recommend it, and I think that may be very helpful for people to understand the process we went through and how we arrived at that list that we are putting forward.

One of those items that I think has come out of at least what I have heard so far today is maybe not a stakeholder list per se, but the impact that would be furthered or improved based on the number of stakeholders that would be positively impacted by having that data shared and part of the USCDI Version





2 because there are definitely things that we can look at where including them might be helpful to a physician or a physician that is referring someone to another physician, but there are other items that will be helpful to only to the physician, but also to payers and to other stakeholders within the realm that may have a wider impact. So, how do you make the decision on which item is the one we are going to recommend? I think at least some consideration should be had to that.

Steven Lane

I think that is a great suggestion, Sheryl. Thank you for that. I think that we can hopefully capture some of that information in comments on the spreadsheet as we go forward to capture that justification. Leslie, you had your hand up, but you dropped it. I was going to take that opportunity to announce that ONC has determined that you, Leslie, are going to get to co-chair this task force along with me, so, welcome and congratulations. We are very excited to have your consumer/patient-centric voice in that role, so, good luck with that.

Leslie Kelly Hall

Thank you, Steven. I appreciate the leap of faith you guys have in me, and as always, it is fun work and a great contribution. Thank you very much.

Steven Lane

With that, you are going to get editing rights to the spreadsheet, so, watch out, everybody. So, Clem, your hand is back up.

Clement McDonald

I just wanted to be more positive. I have been on these committees for the whole duration, and I have not seen that dissection done of fine-grained things of who, what, and why makes much difference, nor any feasible time to do it. In addition, we can and do get to agree. It is kind of a vote. That is the way we do a lot of things in democracies, and I do not think there is much else we can do in the minimal amount of time we have. Think of how slow we are going already. So, we would not want to slow it down more, and I am more optimistic than some others have been.

Steven Lane

We appreciate your optimism, Clem. Also – sorry? Okay. Clem, I also want to tell you that we are going to be giving your assistant commenting rights on the spreadsheet to facilitate your input into the process, so that will be forthcoming.

Clement McDonald

Thank you.

Steven Lane

All right. Dan, we have not heard your voice yet. Go ahead.

Daniel Vreeman

Hi, thanks, Steven. My comment was about the care team member item and the proposed addition of the care team member role on the spreadsheet. Are you ready to move to that?





Steven Lane

Sure, please do.

Daniel Vreeman

I wanted to ask – I am glad this is attributed to me, which is wonderful. I would like to ask for some clarification. I realized that the current Level 2 care team member role data element has a description that says “A specified set of roles, locations, and specialty services that a person may perform in the provision of care for a patient,” and I believe that is either lifted from or directly related to a structure in FHIR called “practitioner roles.” However, that particular structure is primarily used to associate a provider to an organization.

There is a different data element, a different piece, a different structure in FHIR’s representation of “care team,” which I believe is what we were talking about – basically, the association of a person and their participation linked up to another person, who would be the patient in this case. So, I just wanted to get clarity, and I can make a proposed refinement to that prescription or definition, but I wanted to get consensus from the group that what we were talking about was the linkage – whether it is a provider or a family member – to a person who is the patient versus the association between a provider and the kinds of services they could provide in an organization.

Steven Lane

I think you make a very good point, and suspect that you may have identified an opportunity here for us to refine that definition. So, this is why we wanted you on this task force, because you go deep into these weeds, and if you would help formulate –

Daniel Vreeman

I cannot help it.

Steven Lane

We love you. Formulate a suggestion, and we can come back to that next time, okay, Dan?

Daniel Vreeman

Sounds good.

Steven Lane

Okay, we have about 15 minutes before public comment, and I would like to now dive into starting the discussion of problems, again acknowledging that I was the person who submitted both date of diagnosis and date of resolution, so I will try not to take the comments too personally. Just to be fair, those suggestions came out of work that I was doing with the California Department of Public Health on a registry where they were trying to figure out incidence and prevalence data and realized that without these dates attached to diagnoses, there was really no way for them to do that. That was the genesis of these suggestions. So, Clem, earlier, you wanted to start in problems. Do you want to set us off?

Clement McDonald

Yeah. You probably know this too, but problem lists are really a problem. There is little discipline about cleaning them, except in institutions where providers have their personal problem list, which tends to solve





it, but then that creates other problems because what really is the problem list? I think the date of diagnosis is a no-brainer because people put it in, the computer knows when they put it in, and then it is in, so it is almost there, but we are usually flooded – in my environment, we had a problem list, and then a dermatologist added problems, and then we always had, like, snow flurries of problems. They all were just slightly different names for the same thing.

So, that is another kind of issue, and do you really – no one is organizing this, and it is a lot of labor, but I think the date of diagnosis is perfect. The date of resolution is tougher because no one is cleaning them out, and I do not know if you are going to get them to because it is additional burden and time that is kind of missing. So, I would not push too hard on date of resolution. It is okay to have it there, but if people have to put it in, they are going to be struggling because they do not really know when that skin rash cleared up when they are seeing the patient in primary care.

Steven Lane

Clem, I totally agree with your comments, and again, as a physician, I am somebody who loves his problem lists. I spend my evenings and weekends cleaning and maintaining my problem lists, and it is true that most of us understand these concepts, that a problem gets diagnosed at a given point in time, it may be based on a lab test, it may be based on the second iteration of a lab test, it may be based on a pathology result or an imaging finding, or just a clinical diagnosis, but most diagnoses are established at some point in time, and if you are going to figure out what the prevalence and incidence of a disease is, you need to know at what point – or, at least the prevalence – you need to know at what point in time this diagnosis was established.

Similarly, many diagnoses do resolve at a given point in time. You take out the tumor, or the patient gets over the condition, or something else happens. It is true that not every diagnosis or problem will have a discrete date of diagnosis or resolution, so these really pretty much would need to be entered using fuzzy logic at the data level that I have heard from the major EHR vendors is something that they can manage. And, as you said, I think this goes to the issue of whether every data element in USCDI is a requirement. Does every health IT system need to support it, or can it be supported only by those systems where it is relevant to what is going on, and then, if you have the data, then it should be available for exchange? So, thank you for those comments, and I think that I tried to capture some of that in my submissions, but I think that if there is an opportunity to clarify any of that, let us get that captured in our spreadsheet.

Clement McDonald

There is one more little tricky problem with resolution because people come – you know all this, Steve. They come in with chest pain, and they decide it is angina, and then they just decide it is regular coronary artery disease. So, those problems may all still live, and there is not an automatic way to remove one or call it a resolution when it is not really resolved, it just morphed into a more specific problem. So, I just want to highlight that it is hard, there is no simple solution, but I want to firmly support the date of first entered. We should be able to get something out of that.

Steven Lane

Well, I would argue, Clem, that date of entry and date of diagnosis are not the same thing, that I will often enter a diagnosis either as a problem list diagnosis or as an encounter diagnosis, and it was actually diagnosed at some date in the past, so while many systems and use cases have had to settle for date of





entry as a proxy for date of diagnosis, that would be the exact reason why this was requested, was because it is not – it is only a fair proxy.

Clement McDonald

I accept that. I just worry about – we have got – I have just had a meeting with some physicians who I have practiced with for a long time, and they actually quit practice because they only had 10 minutes per patient, but that is the problem. Time is squished down, and you might spend whole nights and weekends – you do, Steve – completing this, but it is not realistic. We have to find stuff that can work. I agree with what you said about date of diagnosis and agree we can get it in because that is an issue. Someone is saying it and there is a chance for them to do something then. The resolution is trickier. It is not wrong to have it in there, but if we make physicians do one more thing, they are going to be going over the wall.

Steven Lane

And, Hans, you made a good point that date of diagnosis is intended to be when a clinician established the diagnosis as opposed to date of onset, which could typically be something that is determined by the patient – “I started having this chest pain three weeks ago, then I came in, and it was identified and diagnosed to be something.” Again, the idea here – we overwhelmed Les – is to simply make these fields available in certified health IT systems so that for those situations where it is appropriate to enter them, there is a place to do that because today, there is no place to put in a date of diagnosis or resolution.

Hans Buitendijk

And, if I may, the terminology has gotten a little confusing because the date of diagnosis in the description of the proposals captures the date the patient first has the diagnosis. The way you described it is that it is the date a patient was first diagnosed by a clinician, which may not be the same date the patient had that diagnosis effectively, so that is why I think the terminology needs to be a little clearer which one it really is because then it starts to sound a lot like the date of onset as well. So, which one are we really talking about here? When you use the term “date diagnosed,” it sounded clearer as to what the intent was. So, it would be helpful to clarify a little bit more if it is the date diagnosed that the clinician observed that that is the diagnosis or if it is the estimated time of when that diagnosis probably started from an onset perspective. It went back and forth a little in the conversation.

Steven Lane

It is a good point. Again, my intent – and what I was trying to channel for the public health team that was requesting this – was that it was the date that it was diagnosed by a clinician. Les, do you want to jump in?

Leslie Lenert

I was just going to say that as you can see, we are working through the use case of a physician maintaining a problem list when he’s getting updates to that problem list from other physicians or healthcare providers caring for the patient, which is a high-priority use case, but it gets to be pretty complicated when you look at how the data that you are generating from this use case would impact the patient using the list. Now, the detail that you have there that you need for managing your problem list probably confuses the hell out of the person who is trying to figure out what is going on with their health.

Steven Lane





I think that is a really good point – conflicting use cases or use cases that potentially have different needs. Other thoughts about the problems?

Grace Cordovano

Yes, I would like to jump in.

Steven Lane

Go ahead, Grace.

Grace Cordovano

My concern is from the patient and care partner perspective on date of resolution. When you are looking at something more acute, often, you would need a patient-reported outcome or going by the word of what the patient says – “The rash resolved itself on X day.” I do not see broad applicability in the context of using date of resolution prioritizing it. In the context of chronic illness, life-altering, life-limiting conditions and diagnoses, rare disease, and disability, there is no resolution because it is a lifelong condition. What jumps out at me with this situation is if this is documented, where it might have a significant impact is on a patient filing for disability benefits where a date of resolution would perhaps mean a transition to functionality and no longer qualifying for benefits.

Steven Lane

Good point. Before I bring you on, Hans, I just wanted to ask AI to jump in. AI has been central to these items making it into draft V.2, and I know he has opinions about their utility. Do you want to comment, AI?

AI Taylor

Yeah. First of all, I think I have said this before in various venues. I think ONC’s definition of “date of diagnosis” is not good. I am going to say that, okay? As a provider, the date of diagnosis is when any provider who is credentialed to make a diagnosis makes the diagnosis. So, first, diagnosis, and the diagnosis is something that comes from a provider. So, I think a better definition is the date at which the diagnosis was determined, whether it is by a provider or a patient through self-diagnosis, but it is when the diagnosis is first established.

And, to the extent that you can determine a date of resolution, the date of resolution is when it is no longer an issue or no longer a problem, and sometimes it is not solved, and so, it is a chronic condition, and so, there is no date of resolution on a chronic condition, and that is fine, but when there is something that is resolved, whether it is a disability, a diagnosis, or a condition, then it could be an approximate date, but there should be a date where we are able to say that this is no longer a problem. So, as I said before, my suggestion is a recommendation around a better definition of “diagnosis.” We are working on improving “diagnosis,” and a lot of the data element definitions need to be improved, and we are working on that, and that is one of the things that we will do over the course of the next couple months, is work through those.

Steven Lane

Okay. I do not see hands up. Other comments on the problems, the data class, and the two proposed data elements? Does anybody feel that these should be removed specifically from draft V.2 – not presupposing that that would make space to add other things in, but just independently, does anybody think these are a bad idea?





Clement McDonald

Well, when I see this with 55 problem, who the heck is going to make these assertions? I would be half inclined to either remove or down – declare that they recognize that this will not be filled in a lot because there is going to end up being a requirement as it evolves, and people will just stuff something in to get it to shut down. So, I really continue to worry about “date of resolution” for all those different reasons.

Steven Lane

That is a really good point, and I think the discussion earlier about how we manage and do not manage the problem list is important because as you suggested earlier, there is a date something is added to the problem list, there may be a date that it is modified on the problem list, and maybe a date that it is resolved from or deleted from the problem list. I do not believe any of those should be confused with the date of resolution, which is really not about the problem list so much as it is about the problem, and I think that is what we are trying to get at here, is creating these fields that have never really existed before. All we have had is date of entry, date of resolution, or deletion because there are situations – as in the case of reporting to a Parkinson’s disease registry – where it really does matter when a diagnosis was established. Al, I like your comment that we may be looking to advance or refine the definition so that it is not simply an appropriately licensed clinician that made the diagnosis, but there are going to be some diagnoses that can be made by an individual.

Clement McDonald

The definition you are making will require a review of the chart, which is not always available, or not all of the charts are always available, so I think it is really hard, and that is why the problem lists are messy, and just declaring it is not going to make it easy or feasible. So, I would be okay with this, but with some caveats recognizing that this is not easy like rolling out of bed. To really do it right, it is going to require substantial investment, more physician time, more personnel time, and better records, and I do not think we are going to get there quickly.

Steven Lane

Thank you, Clem. It is time for public – Les –

Leslie Lenert

And, what if I disagree? Of course, I never disagree with Clem, but what if I disagree on the diagnosis that Clem came up with? If I am a provider, I do not want to see that from my records, incorporated from my records, or I need to redact it from it, or I want to comment...

Clement McDonald

Right, right.

Leslie Lenert

This is pretty complicated when you think about the health information exchange between providers based on these entities. You can always say, “This was in my records at this time,” and that is fair enough, but then, if it comes and is forced into my records on a problem list, I do not know what I am going to say about it.





Steven Lane

Thank you, Les. We are going to hold there and go to public comment.

Public Comment (01:25:00)

Michael Berry

Thank you, Steven. Operator, could we please open up the public comment line?

Operator

Yes. If you would like to make a comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 to remove your line from the queue, and for participants using speaker equipment, it may be necessary to pick up your handset before pressing *. One moment while we poll for comments. There are no comments at this time.

Steven Lane

Okay, thank you so much, and again, for those of you who are members of the public who have joined us today, we do want to encourage you to feel free to put voice to your comments and/or enter them in the public chat. Dan Vreeman, your hand has been up for a little bit.

Daniel Vreeman

Thanks, Steven. Building on what Clem said, I think it might be helpful to suggest a principled way that we can signal for given data elements that it is not meant to imply that it is required in all instances, meaning we want to declare support for it and we want systems to be able to exchange it when they have it, but this idea that having it listed there means that always, every time, it must be populated is a common challenge, and we probably do not want to go there for all of these. So, as a group, we might think about how we might signal such a requirement.

Steven Lane

I think you are spot on there, Dan, and again, it goes back to one of the very first comments that was made, and I think we have it captured in Row 4 of our spreadsheet. Hans raised it initially, but others have mentioned the clarification that not all systems – well, whether or not all systems must support every data element, but then, you are right, this is a slightly different issue, which is to say if a data element is supported, is it required to be populated? I think the answer is intuitively no. I always think about the pediatric head circumference. I am not going to populate a pediatric head circumference on an elderly person in a long-term care facility. It is just not going to happen. So, we already know that not all elements can or should be populated in every situation.

So, that brings us to the end of our time together. Thank you, everyone, again, for your participation. The homework is going to be similar to last week. Leslie had to leave us, but as the new co-chair, she will hopefully join us shortly in a debrief, and we will send out a formalized homework assignment, but we really do want to collect your feedback on these issues that we have discussed, specifically related to the new data classes and elements that have been proposed for Version 2. I think we will revisit these again next time, and then hopefully be able to move on to our Task 1C, looking at Level 2 data classes and elements that were not included in draft V.2 and which I am sure will lead to more lively discussion. So, thank you all for your participation, and we will see you next week.





Michael Berry
Thanks, Steven.

Al Taylor
Thank you. Bye.

Adjourn (01:28:54)

