Health Information Technology Advisory Committee
Interoperability Standards Workgroup Virtual Meeting

Meeting Notes | May 17, 2022, 10:30 a.m. – 12:00 p.m. ET

Executive Summary
The focus of the Interoperability Standards Workgroup (IS WG) meeting was to work on Charge 2, which is due to the HITAC by June 16, 2022. The WG received a short presentation on the history of the ISA and reviewed draft recommendations to the HITAC.

There were no public comments submitted verbally, but there was a robust discussion held via the chat feature in Zoom Webinar.

Agenda
10:30 a.m.      Call to Order/Roll Call
10:35 a.m.      Co-Chair Remarks
10:40 a.m.      History of ISA
10:55 a.m.      Review of Recommendations
11:55 a.m.      Public Comment
12:00 p.m.      Adjourn

Call to Order
Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:30 a.m. and welcomed members and the public to the meeting of the IS WG.

Roll Call
MEMBERS IN ATTENDANCE
Steven Lane, Sutter Health, Co-Chair
Arien Malec, Change Healthcare, Co-Chair
Kelly Aldrich, Vanderbilt University School of Nursing
Hans Buitendijk, Cerner
Christina Caraballo, HIMSS
Grace Cordovano, Enlightening Results
Steven (Ike) Eichner, Texas Department of State Health Services
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Sanjeev Tandon, Centers of Disease Control and Prevention (Attending on behalf of Adi Gundlapalli)
Jim Jirjis, HCA Healthcare
John Kilbourne, Department of Veterans Health Affairs
Hung S. Luu, Children’s Health
David McCallie, Individual
Clem McDonald, National Library of Medicine
Mark Savage, Savage & Savage LLC
Abby Sears, OCHIN
MEMBERS NOT IN ATTENDANCE
Thomas Cantilina, Department of Defense
Kensaku (Ken) Kawamoto, University of Utah Health
Leslie (Les) Lenert, Medical University of South Carolina
Michelle Schreiber, Centers for Medicare & Medicaid Services (CMS)
Ram Sriram, National Institute of Standards and Technology

ONC STAFF
Mike Berry, Designated Federal Officer
Andrew Hayden, Standards Advisory Lead, Standards Division
Chris Muir, Director, Standards Division

Key Specific Points of Discussion

TOPIC: CO-CHAIR REMARKS
Steven Lane and Arien Malec, IS WG co-chairs, welcomed everyone. Steven reviewed the WG’s plan of work and agenda for the meeting. Arien noted that this was the 18th meeting of the IS WG and thanked members for their hard work. He reminded WG members that the draft recommendations should be finalized prior to the WG’s presentation to the HITAC at its June 16 meeting. Steven welcomed members of the public and invited them to submit commentary during the public comment period.

TOPIC: WORKGROUP WORK PLAN
Steven briefly reviewed the charges of the IS WG, which included:

- Overarching charge: Review and provide recommendations on the Draft United States Core Data for Interoperability Version 3 (USCDI v3) and other interoperability standards
- Specific charges:
  - Phase 1: Completed on April 13, 2022, following a presentation to the HITAC and approval by voice vote:
    - Evaluate draft Version 3 of the USCDI and provide HITAC with recommendations for:
      - 1a - New data classes and elements from Draft USCDI v3
      - 1b - Level 2 data classes and elements not included in Draft USCDI v3
  - Phase 2: Due June 16, 2022:
    - Identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications.

TOPIC: HISTORY OF ISA
Andrew Hayden, Standards Advisory Lead, ONC Standards Division, presented an overview of the history and structure of the Interoperability Standards Advisory (ISA) and referred WG members to the History of ISA presentation slides. He reviewed the agenda for his presentation, noting that he would cover an overview of the ISA, its historical background and evolution, and the current structure of the ISA. He defined the ISA, explained how it is used and by whom, and described the ongoing process used to update it consistently throughout the year via the ISA website and in ONC’s static Reference Edition, which is published yearly; all information was detailed in the presentation slides. He reviewed key milestones in the historical and structural evolution of the ISA from its inception in 2015 until the present (2022).

Andrew provided a high-level overview of the ISA structure, which was detailed in the presentation slides, and
described a sample ISA Interoperability Need. Structural considerations attached to the sample interoperability need to include the type (standard, emerging standard), standard/implementation specification, standards process maturity, implementation maturity, adoption level, whether it is federally required, cost, test tool availability, limitations/dependencies/preconditions for consideration, and the applicable security patterns for consideration.

Andrew described how the website tags and content under the ISA Specialty Care and Settings tab are currently being improved, and he explained that the social determinants of health (SDOH) tag was added to this part of the website in March 2021. He directed WG members to the list of PDFs containing the ISA Publications (known as “Reference Editions”) from 2015-2022 and recent ISA updates. These were included on the ISA website. He briefly reviewed the ISA timeline and comment submission process and stated that comments are not open for the ISA web-based version. Instructions on the comment process were included in the presentation slides.

Steven thanked Andrew for his presentation, noting the differences between the two charges of the IS WG’s, including reviewing updates to and making recommendations around the United States Core Data for Interoperability (USCDI) and the ISA. He invited WG members to submit feedback.

DISCUSSION:

- In response to a comment in the public chat from David, Steven explained that the WG would prepare recommendations around the lack of a use case section in the ISA.
- Arien commented that the USCDI is under the ISA structurally, so the WG is within its charge to recommend closer ties between them.
- Kelly thanked Andrew for the presentation and asked how the adoption rating is determined.
  - Andrew responded that ONC reviews and makes the determination and will reach out to the ISA commenter for additional clarification when needed.
- Hans clarified that the intent of the ISA is not to judge what is best for a particular use case but to explain what is available. Andrew agreed that there was an evolution away from attaching value judgments to standards.
  - Chris Muir commented that ONC’s initial plan was to determine which standards were best, but then they began to list all available standards with the individual attributes included to guide entities in choosing which standards to use.
  - Arien briefly described the history of standards maturity and described a whitepaper that was published to outline a framework for standards maturity and standards readiness. He shared a link to the whitepaper in the public chat in Zoom.
- Mark asked if a standard must meet a certain minimum level of requirements or if anything can be included in the ISA.
  - Andrew explained that consultations are held on a case-by-case basis to review the different IGs and standards that are submitted. ONC will determine if they are in-scope or not. Chris commented that they try to err on the side of inclusivity as long as the IGs and standards are directly related to healthcare.
  - Steven highlighted Hans’ comments in the chat around ways to clarify how the maturity and adoption sourcing work. The WG will share additional recommendations to update the structure of the ISA, and Christina is organizing them. The co-chairs thanked Hans for his offer to assist Christina. WG members discussed how best to update the working documents by topic.
- David commented that an “interoperability need” could antedate any particular standard and explained that there may be a use case that is recognized as a new need (does not have a standard). Therefore, important use cases should be tracked so they can be used to drive the emergence of standards.
  - Arien agreed and pointed to the example use cases of price transparency and patient right to correction under HIPAA. Accelerators are working on these use cases, but there are no
associated standards or IGs yet. David stated that there could be sub-domains missing clear IGs within broader interoperability use cases.

**TOPIC: REVIEW OF RECOMMENDATIONS**

The co-chairs displayed the IS WG’s working Google document containing the WG’s recommendations, and Steven described how a new column had been added to indicate ONC’s identified priorities, for which they are particularly interested in receiving feedback. Another column indicated the current WG priority rankings based on members’ input, and Steven invited WG members who have not shared their rankings.

The co-chairs invited IS WG members to describe the draft recommendations they submitted, including related observations, recommendations, and policy levers. The ISA recommendation topics included:

- SDOH Standards: Gravity Standards (submitted by Mark Savage)
- ISA Optimization: Expand ISA to Incorporate Information in USCDI Submission Form (submitted by Christina Caraballo)
- ISA Optimization: Add Data Classes and Elements in USCDI to ISA and Include Most Current Published and Emerging Standards with References to Associated IGs, Profiles, etc. (submitted by Christina Caraballo)
- Electronic Case Reporting (eCR) Standards (submitted by Steven Lane)
- Care Plans/Chronic Disease Management (submitted by Mark Savage, in collaboration with Grace Cordovano and Abby Sears)

**DISCUSSION:**

- Mark discussed the recommendations he submitted, which tracked to the recommendations shared by the Gravity Project during their presentation to the IS WG at a previous meeting. He invited WG members to share questions and comments.
  - Arien voiced his support for Mark’s recommendations and suggested that the work the WG completed under its Charge 1 and work on the USCDI to track the value set for Assessments might be good content for the ISA Vocabulary/Code Set/Terminology section. Mark agreed and noted that this recommendation was only meant to reflect the work done by the Gravity Project (not meant to be exclusive). Arien responded that there was no structural place in the ISA for this information currently.
  - David supported Mark’s recommendations as a step in the right direction but suggested that priorities should be cross-referenced to use cases as interoperability needs within the ISA instead of use cases being listed under priorities. This structural change would allow the ISA to capture and reflect shifting priorities over time. Steven noted his agreement. Hans commented that he also supports this approach and suggested drafting language into a recommendation. Grace recommended using the language “use cases” instead of “priorities/high priority use cases.” WG members discussed the wording and the notion that, though use cases would continue to be tracked by the ISA, priorities would change over time. David suggested cross-referencing current priorities (by the administration, the HITAC, etc.) would help to separate concerns, and John agreed that rankings/priorities were important, even if they change over time. Clem suggested that the WG create a new name, and Arien asked members to consider proposals for a new name during offline work prior to the next meeting. Also, the WG may ask ONC to create a view of the ISA that is organized by interoperability need or specialty. Hans cautioned against mixing higher-level views of the ISA by topic with the need to recognize priority use cases. Ike commented that different groups have competing priorities, noting the example of COVID-19 developments by public health. If the word “priority” is used, the ISA should state whose priority it is.
  - Steven invited WG members to review the draft policy levers, which will be included within the WG’s recommendations to the HITAC. Ike commented that the CMS-1771-P; FY 2023 Proposed Inpatient Prospective Payment Systems (IPPS) Rule ties in as another
component. He stated that there are several references that shift not only the technical requirement but the environment for using them on a functional basis.

- Christina reviewed the recommendations she submitted around optimizing the structure of the ISA and described her method of combining other WG members’ comments and recommendations into hers. She explained how the recommendations would bring greater clarity to the ISA and invited WG members to share questions and comments.
  - Steven suggested an amendment to Christina's suggestion to consider whether the recommendation to ONC be modified to assure that the ISA reflects all USCDI elements, only once/as they get to Level 2. He stated that it could be feasible to add items at lower levels (Level 1, the Comment Level), though they might not have standards or IGs associated with them. Christina responded the USCDI evaluation process is for national exchange, so something may not be evaluated at a Level 2, though it is very important for a certain subset of stakeholders. She stated that this is why she removed the specific mention of Level 2 and suggested that the WG could recommend that ONC encourage that important items that do not affect national exchange be submitted to and tracked in the ISA instead of the USCDI.
  - Hans commented that the source should also be included in terms of ISA optimization.
  - Steven reviewed the recommendations, including policy levers, he submitted around Electronic Case Reporting (eCR) standards and added that Arien also contributed. He described the process he used to create these recommendations and invited WG members to share feedback.
    - Hans voiced his agreement with the recommendations. He noted that there is a public health reporting section within the ISA and requested clarification on Steven’s recommendation that the ISA include a separate Public Health Reporting section, distinct from eCR, to reference IGs related to reporting other than eCR. Steven suggested that public health reporting-related standards were scattered throughout the ISA, including some that were tagged on the eCR section. Arien commented that the items were already addressed within the ISA, and he and Hans discussed where related items were listed and why. Steven’s third recommendation was removed.
  - Ike commented that there should be greater coordination with national organizations beyond public health state, local, and territorial partners. He listed several partners that could be called out, and Arien commented that the list was long. WG members discussed and updated the wording.
    - The WG agreed to finalize the recommendations.
- Steven reviewed the recommendations, including policy levers, he submitted around Care Plans/Chronic Disease Management and explained that he worked with Abby and Grace to craft them. He highlighted several observations, including links to existing terminology and work underway with various stakeholder groups. He invited WG members to share feedback.
  - David thanked the WG members for their work and discussed difficulties around building dynamic, coordinated care plans. Mark pointed to the link he shared in the observations section to the FAST Ecosystem Use Case Tiger Team’s work on Shared Care Planning. David described similar work he did on a shared care wiki in the past and the challenges that his team encountered.
  - Hans explained that a care plan section already exists in the ISA and asked if there is a use case that provides greater content. Mark explained that much of the content in the ISA is about the episodic plan of care and that the term “care plan” gets used interchangeably. This recommendation is meant to highlight the importance of a dynamic, longitudinal care
plan, and it would eventually be linked. Hans commented that if there are two different aspects to care plan in the ISA, clarity is needed. Mark commented that language from the observations section could be added to the recommendations. Arien commented that the cross-cutting use case could be coordination of care, including bidirectional referrals, multiple settings of care, and other needs. Mark responded that this area is broader and includes patient goals, and Hans suggested that a more holistic view of the use case of care coordination is necessary.

- Mark agreed to update the first recommendation based on feedback from the WG and continue discussion at the next meeting.

Action Items and Next Steps

Homework for the May 24, 2022, IS WG Meeting:

- Review the ISA Topics / recommendations spreadsheet. Refine the entries and edit recommendations based on presentations given at the WG meetings. If entering new content, please label with your name. Please document policy levers at ONC's disposal or where ONC might partner with other agencies.
- Write specific recommendations in a format that emphasizes action that can be taken by ONC, i.e., "we recommend ONC..."
- Update your entries in the Rankings spreadsheet (1=High, 2=Medium, 3=Lower) as needed to help prioritize the WG’s discussion.
- Focus your work on items ranked as higher priority so that the WG can address those first.
- WG ISA Topics Worksheet: Observations, Recommendations, and Policy Levers
  - Note that a new column has been added to the Topics Worksheet identifying the topics that ONC has specifically asked the WG to address.

Please note, the following WG members will present next week:

- Topic: HIPAA Right to Request Corrections, Presenter: Grace Cordovano, Item #12
- Topic: ISA Optimization, Presenter: Christina Caraballo, Item #18
- Topic: Care Plans/Chronic Disease Management, Presenter: Mark Savage, Item #1
- Topic: Vulcan - HL7 FHIR Accelerator Supporting Clinical Translational Research IGs, Presenters: Hans Buitendijk and David McCallie, Item #13
- Topic: Laboratory recommendations, Presenter: Arien Malek and Steven Lane

Public Comment

QUESTIONS AND COMMENTS RECEIVED VERBALLY

There were no public comments received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the Interoperability Standards Workgroup! We will be starting shortly.

David McCallie: We use the term “use case” in our discussions, but I don't see that term referenced here. Is an “interoperability need” the same as a “use case”?

Clem McDonald: I am on line Clem


Brett Andriesen: There is also an FAQ on the adoption level piece here: https://www.healthit.gov/isa/faqs
Hans Buitendijk: It would be helpful that for maturity and adoption source information is included to understand justification for the rating.

Christina Caraballo: i'm having issues with my laptop. leaving and coming back.

Arien Malec: @Hans -- would be useful to draft comments in the spreadsheet.

Hans Buitendijk: ISA does include "emerging" standards.

David McCallie: Seems like an "interoperability need" could antedate any particular standard

Jim Jirjis: Jim Jirjis Joining late

Hans Buitendijk: @Mark: Do you have a link to the "Specialty Care and Settings" section in ISA?

Hans Buitendijk: +1 David

Mark Savage: [https://www.healthit.gov/isa/tagged-content/social-determinants-health](https://www.healthit.gov/isa/tagged-content/social-determinants-health)

Grace Cordovano: Recommend simply renaming to "Use Cases"

Arien Malec: I'll draft a recommendation for the value set recommendation.

Grace Cordovano: Thanks for clarifying David, agreed!

Mark Savage: Believe "priority" is a legacy of our charge for phase 2, but not needed.

Grace Cordovano: Mark makes a great point, it is language that is stemming from our WG specific charge.

Arien Malec: The structural issue is that not all use cases will be surfaced via that section.

John Kilbourne: The idea of "view" makes a lot of sense to me

David McCallie: Pretty soon we’ll need an “algorithm” to call our attention to the current hot topic 😊

Hans Buitendijk: Filters by characteristic sets?

Steven Lane: Consider whether the recommendation to ONC be modified to assure that the ISA reflects all USCDI elements once/as they get to Level 2.

David McCallie: Another pedantic point - the term "SDO" might not be broad enough? There are "profiling" bodies that cross over multiple standards (e.g IHE) so maybe “SDOs and profiling entities" or something like that?

Arien Malec: Just going down the rabbit hole of looking at the ISA sections on vocabulary and realize how duplicative it is with the USCDI.

Arien Malec: @David -- agree with the edit.

Hans Buitendijk: @Arian: I would expect ISA Vocabulary to be larger than USCDI.

David McCallie: Cross referencing to USCDI makes sense. The role of USCDI is quite different, since it has regulatory links, whereas ISA broadly does not
Hans Buitendijk: +1 on Grace filter suggestion!

Hans Buitendijk: https://www.healthit.gov/isa/section/public-health-reporting

Steven Lane: Reminder to members of the public to raise your hand if you would like to provide verbal public comment.

Clem McDonald: I agree with David's concerns. It could consume all primary provider's ime [sic]

Steven Lane: https://www.healthit.gov/isa/section/care-plan

Arien Malec: Maybe the cross cutting use case is coordination [sic] of care?

Steven Lane: https://www.healthit.gov/isa/sharing-patient-care-plans-multiple-clinical-contexts

David McCallie: @Arien +1

Grace Cordovano: Patient safety, patient engagement, shared accountability, patient education, continuity of care, etc many contributing facets here, not just care coordination.

Arien Malec: "Longitudinal continuity of care"? either.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL
There were no public comments received via email.

Resources
IS WG Webpage
IS WG – May 17, 2022 Meeting Webpage
IS WG – May 17, 2022 Meeting Agenda
IS WG – May 17, 2022 Meeting Slides
HITAC Calendar Webpage

Meeting Schedule and Adjournment
Steven and Arien thanked the presenters and everyone for their participation, summarized key achievements from the current meeting, and shared a list of upcoming IS WG meetings. Steven invited WG members to craft missing recommendations around the items in the WG’s topics worksheet.

The next meeting of the IS WG will be held on May 24, 2022.

The meeting was adjourned at 12:01 p.m. E.T.