Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Meeting Notes

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC)

May 18, 2022, 10:00 a.m. – 12:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Steve Posnack, the Deputy National Coordinator for Health IT, welcomed everyone to the May 18, 2022, virtual meeting of the HITAC and provided an overview of ONC's recent program updates. The co-chairs of the HITAC, **Denise Webb** and **Aaron Miri**, welcomed members, reviewed the meeting agenda, and presented the minutes from the April 13, 2022, HITAC meeting, which were approved by voice vote. On behalf of the Interoperability Standards Workgroup (IS WG), **Steven Lane** presented an update on its Phase 2 work. HITAC members received an update on TEFCA and a presentation on the CMS Quality Initiative and ONC USCDI+ Quality Domain. No public comments were submitted by phone during the meeting. There was a robust discussion in the public meeting chat via Zoom.

AGENDA

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Welcome Remarks
10:15 a.m.	Opening Remarks, Review of Agenda, and Approval of April 13, 2022 Meeting Minutes
10:20 a.m.	Interoperability Standards Workgroup Update
10:45 a.m.	TEFCA Update
11:45 a.m.	CMS Quality Initiative and ONC USCDI+ Quality Domain
12:15 p.m.	Public Comment
12:30 p.m.	Final Remarks and Adjourn

CALL TO ORDER/ ROLL CALL

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the May 18, 2022, meeting to order at 10:02 a.m.

ROLL CALL

Aaron Miri, Baptist Health, Co-Chair
Denise Webb, Individual, Co-Chair
Medell Briggs-Malonson, UCLA Health
Hans Buitendijk, Cerner
Steven (Ike) Eichner, Texas Department of State Health Services
Lisa Frey, St. Elizabeth Healthcare
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Steven Hester, Norton Healthcare
Jim Jirjis, HCA Healthcare
John Kansky, Indiana Health Information Exchange
Steven Lane, Sutter Health
Leslie Lenert, Medical University of South Carolina
Hung S. Luu, Children's Health
Clem McDonald, National Library of Medicine
Aaron Neinstein, UCSF Health
Eliel Oliveira, Dell Medical School, University of Texas at Austin
Brett Oliver, Baptist Health
Raj Ratwani, MedStar Health
Abby Sears, OCHIN
Alexis Snyder, Individual
Fillipe Southerland, Yardi Systems, Inc.
Sheryl Turney, Anthem, Inc.

HITAC MEMBERS NOT IN ATTENDANCE

Cynthia A. Fisher, PatientRightsAdvocate.org
Valerie Grey, New York eHealth Collaborative
Kensaku Kawamoto, University of Utah Health
Arien Malec, Change Healthcare
James Pantelas, Individual

FEDERAL REPRESENTATIVES

Thomas Cantilina, Military Health System, Department of Defense (DoD) *(Absent)*
Sanjeev Tandon, Centers for Disease Control and Prevention (CDC) *(Standing in for Adi V. Gundlapalli)*
Ram Iyer, Food and Drug Administration (FDA) *(Absent)*
Meredith Josephs, Federal Electronic Health Record Modernization (FEHRM) Office
Jonathan Nebeker, Department of Veterans Affairs
Michelle Schreiber, Centers for Medicare and Medicaid Services
Ram Sriram, National Institute of Standards and Technology *(Absent)*

ONC STAFF

Steve Posnack, Deputy National Coordinator for Health Information Technology
Elise Sweeney Anthony, Executive Director, Office of Policy
Avinash Shanbhag, Executive Director, Office of Technology
Mike Berry, Designated Federal Officer
Ryan Argentieri, Deputy Director, Office of Technology

PRESENTERS

Mariann Yeager, The Sequoia Project
Zoe Barber, The Sequoia Project
Chantal Worzala, Alazro Consulting
Joel Andress, Centers for Medicare and Medicaid Services
Kyle Cobb, Office of the National Coordinator for Health Information Technology

WELCOME REMARKS

Steve Posnack the Deputy National Coordinator for Health IT, welcomed everyone and provided an overview of ONC's recent program updates, including:

- He welcomed a new member of the HITAC, **Meredith Josephs**, MD, Chief Medical Informatics Officer with the FEHRM. She will be serving as its representative.
- He thanked the presenters and attendees of the ONC Annual Meeting, who focused on the topics of health information technology (health IT), health equity, public health, patient access, and electronic health information exchange. The recorded sessions and presentation materials are available at https://www.healthit.gov/news/events/2022-onc-virtual-annual-meeting.
- Public Service Recognition Week was held May 1 through 7, 2022, and ONC celebrated its 18th birthday on April 27, 2022.
- The ONC Buzz Blog has published several articles recently, including:
    - The STAR Health Information Exchange (HIE) Program Shines (Larry Jessup; Laverne Perlie; Daisy Moossa and Terah Tessier | May 10, 2022)
    - Introducing Leidos as a new ONC-Authorized Testing Laboratory (ONC-ATL) (Asara Clark | May 11, 2022)
    - Building the Public Health Informatics Workforce of the Future (Sherilyn Pruitt and Maggie Wanis | May 17, 2022)

- Marching Forward: The Path to Operationalize TEFCA (Elise Sweeney Anthony; Liz Palena Hall and Mariann Yeager, CEO, The Sequoia Project (the TEFCA Recognized Coordinating Entity) | May 16, 2022)

- The next HITAC meeting will be held on June 16, 2022.

OPENING REMARKS, REVIEW OF AGENDA, AND APPROVAL OF APRIL 13, 2022, MEETING MINUTES

Aaron Miri and **Denise Webb**, HITAC co-chairs, welcomed all members and presenters. **Denise** thanked Steve and the team from ONC for the excellent ONC Annual Meeting presentations. **Denise** and **Aaron** welcomed **Dr. Meredith Josephs**, the new member of the HITAC, and **Aaron** reviewed the agenda for the meeting.

Aaron invited members to examine the minutes from the April 13, 2022, meeting of the HITAC and called for a motion to approve the minutes. The motion was made by **Medell Briggs-Malonson** and was seconded by **Sheryl Turney.**

The HITAC approved the April 13, 2022, meeting minutes by voice vote. No members opposed or abstained.

INTEROPERABILITY STANDARDS WORKGROUP UPDATE

Steven Lane, co-chair of the Interoperability Standards Workgroup (IS WG), presented an update on their Phase 2 work, which is due to the HITAC on June 16, 2022. The IS WG was chartered to replace the work of the prior United States Core Data for Interoperability Task Force 2021 (USCDI TF 2021) and the Interoperability Standards Priorities Task Force 2021 (ISP TF 2021). **Steven** presented an overview of the IS WG's membership, charges, methods/phased work approach, meeting schedule, deliverable due dates, and the HITAC Priority Uses of Health IT, all of which were detailed in the IS WG presentation slides. He thanked the WG's members for their engagement and contributions.

The charges included:

- Overarching charge: Review and provide recommendations on the Draft USCDI Version 3 and other interoperability standards
- Specific charges:
    - Due to the HITAC by April 13, 2022:
        - Evaluate Draft USCDI v3 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
    - 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.

Steven described the areas of focus for this iteration of the WG and HITAC priority uses of health IT: the use of technologies that support public health, privacy and security, interoperability, and patient access. Then, he shared a list of high priority topics on which ONC requested WG recommendations. These included:

- Lab Orders and Results
- Social Determinants of Health (SDOH) Standards

- Patient Access/Portals related standards (including patient corrections)
- Electronic Case Reporting (eCR)
- Proposed Interoperability Standards Advisory (ISA) system enhancements

Steven described the work completed by the IS WG following its kick-off meeting on January 25, 2022, and he highlighted the subject matter expert (SME) presentations and feedback that informed the WG's work and recommendations. The SME presentations and presenters were detailed in the IS WG presentation slides. **Steven** thanked ONC for their support of the IS WG, members for their dedication and input, and the SMEs for sharing their expertise. **Denise** invited HITAC members to share comments or questions. No questions or comments were submitted, but **Steven** explained that a robust discussion would likely occur at the next HITAC meeting, following the presentation of the IS WG's recommendations.

TEFCA UPDATE

Mariann Yeager, CEO, The Sequoia Project, Recognized Coordinating Entity (RCE) Lead, **Zoe Barber**, Policy Director, The Sequoia Project, and **Chantal Worzala**, Principal, Alazro Consulting presented an update on the RCE's progress on operationalizing the Trusted Exchange Framework and Common Agreement (TEFCA).

Chantal thanked the RCE's partners at ONC for their assistance on policy issues and referred meeting attendees to the recently released Buzz Blog post, Marching Forward: The Path to Operationalize TEFCA, which **Steve** mentioned earlier. She described the general disclaimers, the nature of the RCE's cooperative agreement with ONC, and the agenda.

Mariann provided context for how exchange will work under TEFCA and discussed the roles and connections between ONC, The Sequoia Project (selected as the RCE in August 2019), and Qualified Health Information Networks (QHINs). She explained that there are seven components that underpin TEFCA, including the Trusted Exchange Framework, the Common Agreement, Standard Operating Procedures (SOPs), the QHIN Technical Framework, QHIN Onboarding, Metrics, and the Governing Approach. She provided an overview of the timeline to operationalize TEFCA, which was included in the presentation slides. She described the RCE's work since 2019 and noted that it has accelerated over the past three years and will continue to do so through 2023.

Mariann reviewed the SOP status and release schedule and described key achievements that were previously completed and the seven draft SOPs that have been released thus far this year. They also published an updated SOP related to QHIN security requirements to protect TEFCA information. She stated that they are seeking feedback on the three most recently published draft SOPs. A list of the TEFCA SOP release schedule and work plan was included in the presentation slides, and she noted which SOPs were necessary prior to the launch. She explained that stakeholders recently provided feedback that more implementation-level details were needed to support payment and healthcare operations, so the RCE has determined that there are two additional exchange purpose implementation standardized operating procedures that need to be specified. She stated that government leadership will help to accelerate private sector market work on the way to support payment and health through operations.

Zoe described the purpose of the draft SOP Types of Entities That Can Be a Participant/Subparticipant in TEFCA. She stated that the current list of entities that are permitted to be a Participant/Subparticipants as authorized by the Common Agreement, though additional types of exchange purposes could be included in the future. She provided an overview of the QHIN application process, including pre-application activities, the presentation of the written QHIN designation, the eligibility determination, QHIN onboarding, and the addition of the QHIN to the directory. She outlined the draft QHIN application and defined the QHIN eligibility requirements, all of which were detailed in the presentation slides.

Chantal and **Zoe** discussed the draft Onboarding & Designation SOP and the steps in the onboarding process. **Chantal** explained that the draft SOP identifies the process and specific requirements for Onboarding and Designation, including demonstrating satisfaction of the QHIN Eligibility Criteria, the review and disposition of all QHIN applications, and the testing process. She invited attendees to share feedback on the timelines laid out for the various steps in the process. She presented the updated SOP: QHIN Security Requirements for the Protection of TEFCA Information – Rev 1 (with initial QHIN Cybersecurity Certification List), which was released in January 2022. She reviewed the procedure and the purpose of the SOP, which is to identify specific requirements that QHINs must follow to protect the security of TEFCA Information and provide specific information about the Cybersecurity Council. **Chantal** explained that the updated SOP contained a list of approved third-party cybersecurity certifications and the annual technical requirements.

Mariann announced that the TEFCA SOP Release Schedule is now available and added that SOPs and resources will provide more implementation details to help potential QHINs, Participants, and Subparticipants make decisions regarding how they will leverage the network of TEFCA-compliant QHINs to meet their organizational goals. She stated that the RCE looks forward to engaging with stakeholders to inform the development of the SOPs, including by receiving feedback on the RCE monthly calls. More information will be shared about the upcoming plans for Fast Healthcare Interoperability Resources (FHIR) standards pilots in alignment with the FHIR Roadmap for TEFCA Exchange. The RCE is excited about the broad interest and engagement among stakeholders in TEFCA and looks forward to continuing to engage through upcoming educational webinars and outreach events. She directed meeting attendees to the additional educational resources in the presentation slides and the Appendix: Additional Information for SOP: QHIN Security for the Protection of TEFCA Information Rev. 1 (updated as of May 2022). She announced that the RCE planned to hold a webinar on May 25, 2022, to share additional details.

Discussion:

- **Denise Webb** thanked the presenters and highlighted the links and additional materials they shared.
- **Steven Lane** thanked the presenters and shared that he serves as the Chair of the Carequality Steering Committee and was the previous Chair of The Sequoia Project. He explained that TEFCA builds on the vision that was first put forward in 2009 with the HITECH Act to establish a nationwide health information exchange infrastructure. He described the history of the work that led to this point but added that the framework for nationwide interoperability is still voluntary. It will require ongoing collaboration across the public and private sectors and multiple federal agencies, and that widespread participation is necessary to build the case for TEFCA adoption and to realize its potential benefits. He stated that CMS, as the largest healthcare payer in the country, has asked for public feedback on advancing TEFCA participation through its many programs. This will be critical to the success of TEFCA.
- **Jim Jirjis** asked about the reason an HIE or other entity might want to become a QHIN instead of connecting to a QHIN (as a Participant or Subparticipant) and inquired about the number and types of organizations that have inquired about potentially becoming a QHIN.

- **Mariann** responded that different groups have expressed interest in becoming a QHIN and because the onboarding and designation SOP lays out the operational and governance expectations, the groups that already have these competencies as part of their business will find that seeking QHIN status is not as difficult. There is interest in supporting use cases beyond treatment-based exchange, like payment, healthcare operations, and a single, consistent nationwide approach to support public health use cases. She described the evaluations that groups must go through to determine if they should seek to become a QHIN and explained that the RCE will work collaboratively to support those that have done their due diligence and have applied.
- **Denise** stated that some state-level HIEs will offer individual access services and noted that some are requiring that participants within their statewide exchange provide individual access services to any of their providers' patients that are participating. Then, they can get their data that is held in the state exchange. She asked who **Mariann** envisions as the types of entities (outside of HIEs) that might want to offer individual access services as a QHIN. She asked if it was true that anybody that is an eligible participant must comply with the HIPAA requirements, even if they are not a covered entity.
- **Mariann** explained that every QHIN must support all the exchange purposes and added that there are an additional set of requirements and expectations for those that provide an individual with the capability to request and gather their health information. She described how, while most QHINs (including Participants and Subparticipants) are likely subject to HIPAA, there are healthcare providers that do not participate in administrative transactions or individual access service providers who may not be subject to HIPAA. However, stakeholders have provided feedback that there is interest in the private sector for setting a bar for compliance that is consistent for all actors. The RCE will release additional SOPs around individual access services and will address these issues at that time.
- **Denise** commented that these other entities might not want to be a QHIN but asked would they then be an eligible Participant or Subparticipant.
- **Mariann** confirmed that their roles would likely be as a Participant or Subparticipant**.**
- **Denise** stated that she has received feedback from chief information officers from healthcare entities that they are concerned about how expectations of privacy and security would be addressed in terms of the individual access services if the commercial entities which provide them are not subject to HIPAA.
- Mariann stated that vetting procedures for app providers will be put in place. There will be specific expectations around identity proofing and privacy security notices, so there will be accountability in governance.

CMS QUALITY INITIATIVE AND ONC USCDI+ QUALITY DOMAIN

Joel Andress, Electronic Health Record (EHR) Technical Advisor, CMS, and **Kyle Cobb,** Tools and Testing Branch Chief, ONC, presented on CMS Quality Initiatives and ONC's United States Core Data for Interoperability Plus (USCDI+) Quality Domain. **Kyle** explained that they have been working on the project for the past year and have been sharing their work with several groups recently. She described the learning objectives, which were outlined in their presentation slides.

Joel described how a learning health system (LHS) uses data to drive health care and shared a graphic representing digital quality measurement in the learning health system. It depicted how the work of HL7 Workgroups, expectations for the underlying infrastructure and data, digital quality measurements (evidence, knowledge, data, and action), and the interplay between these factors results in high quality care for patients. He stated that digital quality measurements were long seen as an add-on but emphasized that they should now be seen as a byproduct of the provision of care and input into understanding how care is provided. He explained that ONC and CMS are committed to data standardization and have been working to build out commonly accepted standards for data formatting and for data elements that are required across use cases. They are working to ensure that the data elements are compatible for all needs.
Kyle and **Joel** shared an overview of the work ONC and CMS are undertaking to support data standardization, detailed in the presentation slides. They explained that the USCDI+ program was launched to facilitate harmonization across federal use cases and data sets to reduce data silos. This work will move from quality measurement to other areas in the future. They shared why ONC and CMS have undertaken this work around data standardization and the establishment of a learning health system, and several examples were included in the presentation slides. They discussed why the Fast Healthcare Interoperability Resources (FHIR) standard was chosen, noting that it reduces burden, simplifies data mapping, improves alignment, and promotes interoperability.

Joel presented an overview of CMS' Work on Federal data standards, including the evolution of quality measures and the journey from paper to digital. He described the path from traditional/paper quality measures to Electronic Clinical Quality Measures (eCQMs) and Digital Quality Measures (dQMs). He stated that CMS has set the ambitious and critical goal of transitioning to digital quality measurement aimed at contributing to a LHS to optimize patient safety, outcomes, and experience. He described how dQMs are defined and how they will leverage advances in advancing dQM via a strategic roadmap. He explained that they want to query the source data as much as possible to have insight into the data elements used and the work that is done. Knowing about the data elements used is critical to building the infrastructure for an interoperable system across use cases. He discussed the areas of engagement that were identified in the strategic roadmap to advance dQM, which were detailed in the presentation slides. He described the current state, including key limitations, versus the future state and presented their recommendations to reduce collection burden with structured, standardized data.

Michelle Schreiber commented on how her CMS team's work focuses on this topic and emphasized that it will be difficult to get interoperable data until there are clear national strategies for several issues, including patient identification, data sets, data types, definitions, how they will be used in the USCDI, by the Gravity Project, etc. She explained how the use case of quality measurement is good because it is universally used in healthcare and addressed how additional recommendations will connect this work to the appropriate use criteria (AUC) program. She described the future state vision, in which CMS will only develop quality measures that include data that has been standardized through the USCDI or the USCDI+ process, and CMS to transition to using only digital quality measure by the end of the decade.

Kyle described why they chose not to use the USCDI and explained that while the core principles of the USCDI were appealing to CMS, it was not broad enough to support the transition to the new dQM. She explained that the current state is that there are data sets that needed harmonization beyond what the USCDI could support, so ONC has launched a new initiative call USCDI+, which was announced in October 2021 in a Health IT Buzz Blog post. USCDI+ is a service that ONC provides to federal partners who have a need to establish, harmonize, and advance the use of interoperable datasets that extend beyond the core data in the USCDI to meet agency-specific programmatic requirements. USCDI+ allows ONC to better serve federal partners, assure that extensions build from the same core USCDI foundation, and create the opportunity for aligning similar data needs across agency programs. USCDI+ for Quality Measurement and Public Health are beginning with CMS and CDC Partners. She described the USCDI+ external engagement are partnerships and highlighted key takeaway lessons and challenges.

Joel thanked the HITAC for the opportunity to present, invited members to share feedback, and explained that CMS will continue to share updates and key learnings with the broader community in the future.

Discussion:

- **Aaron Miri** thanked the presenters. He stated that many EHR vendors in the ambulatory, long-term care, and non-acute sectors have not adopted FHIR or do not have it available for customers. He encouraged CMS to note that not everyone has a modernized electronic record or the funding/opportunities to update their current paper-based systems.
- **Medell Briggs-Malonson** thanked the presenters and asked them to consider the voices and experiences of quality patient safety and health IT teams, noting that high-level plans are not always directly interpreted down to everyday work in healthcare facilities. She supported the work Joel mentioned around identifying the right data elements needed to be more interoperable and efficient but to remember that different facilities have significantly different understandings of how these elements pertain to quality of care, patient safety indicators, health equity analytics, and social/structural drivers of health. She cautioned them that they must consider how to transition from current quality measures into eCQMs so that the people who are doing the work are included as changes are implemented.
    - **Aaron** thanked her for her comments, noting that caregivers outside of the hospital (home health, spouses, etc.) would also have to collect these data measures.
- **Steven Lane** addressed comments made in the public chat via Zoom that questioned separating the USCDI and USCDI+. He explained that the USCDI is meant to be a floor that applies across the industry for multiple stakeholders and use cases, and USCDI+ is meant to bring together federal agencies to identify unique needs that do not apply as broadly. He asked for clarification on how EHR vendors and providers would need to build systems and processes to collect all the data to meet the requirements of both the USCDI and USCDI+.
    - **Kyle Cobb** explained that USCDI+ increments on what is the base existing functionality required for certified health IT modules right now (USCDI Version 1).
    - **Steven** invited CMS to be part of the HITAC's Interoperability Standards Workgroup (IS WG) to collaborate on this effort. He explained that the HITAC, through its workgroups and task forces, has spent a lot of time working with the ONC team to evolve the understanding of USCDI and how to move it forward, so the more everyone can collaborate in this effort, the better. He inquired about opportunities to leverage the evolving TEFCA as a tool in support of dQMs and their reporting and exchange.
    - **Michelle Schreiber** commented on the importance of TEFCA, as it gives a holistic picture of the data when care is received in multiple locations and is not fully coordinated. She supports the use of TEFCA as a tool.
    - **Aaron Neinstein** shared concerns about creating a potentially duplicative/parallel process with the USCDI+ and encouraged the HITAC to think about using it as an opportunity to add to USCDI standards, pushing them further. If there are distinct use cases that require a separate set of standards, a process of exclusion should be used to avoid creating future confusion around where people will bring suggestions for new data standards.
    - **Hans Buitendijk** supported **Aaron Neinstein's** comments and emphasized the importance of burden reduction, alignment of data, and consistent reuse of data, so there is only one consistent view of the USCDI.

- **Ryan Argentieri** responded on behalf of ONC to questions about the USCDI+ work. She explained that SDOH and health equity are reoccurring themes, and ONC would like a place to share related findings. ONC does not want to create redundant or duplicative work but has received feedback from downstream public health users of data about the most important data elements and how they are currently exchanged and interpreted. ONC has not yet held listening sessions on the quality domain and looks forward to engaging SMEs and incorporating feedback.
- **Kyle Cobb** commented that the USCDI and USCDI+ will have the same core USCDI base, and the governance for all the USCDI+ use cases and USCDI will be the same. There will be continuity between them, with the applicable implementation guides (IGs) for each use case.
- **Michelle Schreiber** commented that CMS was aware that the stakeholders with less developed EHR systems were left out of the original Meaningful Use funding. They would focus on the hospital space first and work on the timing of including the other stakeholders, keeping health equity in mind when analyzing the data.
- **Steven Eichner** thanked everyone for their work and for the presentation. He emphasized the need to engage public health at every level early in the USCDI+ process. Also, he encouraged the USCDI+ team to engage healthcare providers to develop a framework that works for all parties.
- **Clem McDonald** commented on how stakeholders could escape from standards and asked for more information about what would not be included in USCDI+. He inquired if the data are already being collected or if burden would be added for primary care physicians.
- **Steven Lane** asked if CMS is considering making a quality report card or scores available to individuals so that they can see their own care gaps from a holistic view, not just from the perspective of their patient portal at a single or multiple health systems. He suggested that the same FHIR standard and patient access opportunities could be leveraged.

  Michelle Schreiber responded that one of the goals of CMS is to transparently provide information about quality to consumers so that they can make the best-informed care choices. They do that now through Care Compare, where CMS shows quality data for most facilities, and they also have the STAR Ranking programs. She described other programs CMS has undertaken and emphasized their commitment to ensuring that patients have data about their care and care quality.

  - **Aaron Miri** agreed that the STAR program provides useful information to patients.
- **Steve Posnack** thanked everyone for the dialog and comments in the public chat. He emphasized the USCDI+ goals of care coordination and helping people converge and collaborate in new ways. He stated that as data elements are referenced across different programs and different components, USCDI+ activity can be used to resolve differences, focus attention, and flow things from different activities/parallel processes into USCDI. The ultimate goal is to keep building and raising the floor for USCDI. He discussed the policy and engagement efforts necessary to get data elements submitted and explained how ONC is working with CMS to get stakeholders involved in the process of identifying common data elements for the USCDI. He described efforts to coordinate with public health, the CDC, and others, noting ONC's appreciation for the comments shared and topics raised during the discussion. He encouraged more feedback on how to encourage different communities to converge around data elements and to submit comments in the USCDI+ process.

- **Steven Eichner** suggested that the USCDI and USCDI+ could converge to have the health elements at the person level included in the USCDI. Then, the USCDI+ could describe use cases for that data. He described the example use case of public health reporting. He noted his concerns around the potential to duplicate data elements in the USCDI and USCDI+ and asked how they would distinguish what belongs in each.
- **Joel Andress** commented that the difference in the scope that is currently planned for USCDI and the scope of information that is needed by CMS is large and only expands when the needs of other stakeholders are included. He stated that the CDC has an extensive set of data elements that they are interested in pursuing, so part of the reason that the idea of USCDI+ came along was to build out standards that were not limited by the scope that had been defined for the USCDI. He explained that there will be one definition for each data element, and it will live within a specific body or space of it; they do not intend to develop multiple definitions to fit within different places as they exist. He discussed how they evaluated and identified where data elements were located (e.g., within USCDI, US CORE, or QI Core) and that ONC has discussed standardization efforts.
- **Aaron Miri** agreed with Joel's comments and encouraged the team to ensure that dates for enforcement align between providers and developers to avoid creating confusion in the ecosystem.
- **Kyle Cobb** thanked everyone who shared feedback on the differences between USCDI and USCDI+. She discussed the challenges the team has faced and invited everyone to continue to submit feedback on how to keep provider burden at a minimum and to support use cases like quality or public health. She stated that they would use governance to figure out the balance between the two.
- **Aaron Miri** thanked everyone for their input in the robust conversation and asked that Meaningful Use terminology be left in the past. He encouraged everyone to embrace a digital future and a new normal to ensure equitable care for everyone.

PUBLIC COMMENT

Mike Berry opened the meeting for public comment and reminded attendees that written comments could be submitted at ONC-HITAC@accelsolutionsllc.com.

Questions and Comments Received via Telephone

There were no public comments received via telephone.

Questions and Comments Received via Zoom Webinar Chat

Michael Berry: Welcome to the May 2022 HITAC meeting. We will be starting soon.

Aaron Miri: Happy birthday ONC!!! 18th birthday!!!

Sheryl Turney: Great work Stephen

Mike Berry (ONC): Today's HITAC meeting materials can be found on the HITAC calendar: https://www.healthit.gov/hitac/events/health-it-advisory-committee-45

Chantal Worzala: RCE resources are available at: https://rce.sequoiaproject.org/tefca-and-rce-resources/

Sanjeev Tandon: Will the May 25th webinar be open to public or all interested stakeholders. Any registration link, if available.....please share. Thanks.

Chantal Worzala: The webinar is open to all. You can register here: https://rce.sequoiaproject.org/community-engagement/

Tami Lefeber: Would that include a PBM?

Hans Buitendijk: Is the objective to query the source data directly using standards-based APIs, or using standards-based APIs to submit the aggregate measure data?

Aaron Miri: How will this intersect with the mandatory CMS Appropriate Use Criteria that goes into effect jan 2023? How are those measures captured into DQM's and similarly?

Aaron Miri: Note: a major impediment that is causing slow adoption / data mapping / clinical workflow optimization is the lack of a national strategy/approach to a unique patient identifier across data sets and data types

Aaron Miri: Until then, we will always be forced to live within a margin of error which in my personal opinion is simply unacceptable

Medell K. Briggs-Malonson: What support and/or data element definitions will be given to the frontline quality/patient safety practitioners and IT teams within healthcare facilities? There are many lessons learned from the transition from manual abstraction to eCQMs that can be applied to the new DQMs.

Aaron Miri: Agreed Dr. Briggs-Malonson

Denise Webb: Patient matching continues to be a huge barrier in achieving these digital quality measurement goals

Abby Sears: How is CMS and the ONC working in concert to help facilitate the work on behalf of the providers in the Country. It seems to me the priorities of ONC and CMS need to be aligned or the public finds themselves in the middle of the requirements that being expected to meet by CMS but without the tools and infrastructure to get there.

Abby Sears: + one on Aaron on the unique identifier

Abby Sears: I understand that presenting here today will help educate HITAC but I think there needs to be more than this to align this work.

Aaron Miri: Encouraging to CMS partnering with other agencies to try to find a good common middleground *[sic]* that incorporates enough data types do be robustly adopted. Suggestion - health equity must be a paramount and stated objective of this from CMS. The more we can highlight the unacceptable inequitable delivery of care, the faster we can start addressing the sad realities and ensure every single individual has a right to the right care at the right place at the right time.

Abby Sears: Agree completely that we need to see the social determinants of health as a priority within these DQMs

Medell K. Briggs-Malonson: @Aaron, could not agree more. It is a clearly stated priority for administration and healthcare throughout the country.

Aaron Neinstein: The creation of a “USCDI+” might prove confusing and complex for providers and care delivery organizations who need to implement and comply. Why not just leverage USCDI and further build out USCDI to meet these additional needs? If certain data elements are needed for exchange for different use cases, then let’s build USCDI to support those use cases, vs developing a parallel track / workaround.

Hans Buitendijk: @Aaron: having a singular USCDI with views for different purposes would indeed seem to simplify.

Donna Doneski: @Aaron - Thank you for acknowledging LTPAC, BH et al that have yet to receive federal funding to adopt/use health IT.

Clem McDonald: Most of them potentially digital variables that are important to quality are also important to public health and routine care and pradtices. *[sic]* So I worry the USCDI +will fragment and divert the focus in UCCCI. I can only guess that USCDI+ might focus on content within narrative reports , but they are not immediately accessible to digital mechanisms

Hans Buitendijk: +1 Clem. In the end we need a consistent definition of all EHI. The same data may be relevant in multiple USCDI+ data sets/views that we have to keep consistent, lest we increase burden..

Hans Buitendijk: If we keep that one single set with multiple views in mind rather than multiple parallel data sets, we might have a better opportunity to minimize burden and friction across the full EHI data set.

Donna Doneski: If USCDI+ is focused on federal partners/agencies, does it serve as a means for harmonizing the specific data elements that federal programs require – data elements that could be specified in USCDI?

Steven Lane: USCDI+ should be managed as an addition to USCDI core. There should be no duplication or divergence in technical or operational standards employed.

Steven Lane: I imagine that data classes and elements thatare *[sic]* included in USCDI+ might, in some cases "graduate" to be added to USCDI core if/when appropriate.

Joel Andress: Yes, Steven, we considered that may be possible

Aaron Neinstein: Thank you Ryan. From a practical standpoint, if a stakeholder wants to propose and advocate for a new data element to become standard, which workgroup do they go talk to? Do they go to the Interoperability Standards WG, or to this USCDI+ WG? Do they now have to go to both?

Steven Lane: @AaronN, I would hope that the submission process for new/needed data elements will be identical and that we will be able to lean on ONC, in their wisdom, to route new elements to the relevant teams for consideration, with collaboration when appropriate.

Joel Andress: Steven, I think the USCDI process has demonstrated that there won't always be agreement on where a class or element belongs, and as a consequence, we'll need a path for resolving it

Donna Doneski: @Michelle Schreiber – Thank you for your clarification re: sameness of “directionality” and differences in terms of timing for those excluded from HITECH.

Clem McDonald: thank you Steve

Alexis Snyder: NQF's care coordination committee to identify best practices to leverage EHR sourced mesures to imorove *[sic]* care communication adn *[sic]* coordination is currently working on recommendations on how to use the EHR to measure and deliver quality information

Aaron Neinstein: Thank you Steve P. This is a fantastic opportunity to strengthen USCDI. I hope that as data elements float to the top, those get pushed to USCDI.

Leslie Lenert: I think it is always desirable for use cases to drive standards. I think USCDI does not focus on specific use cases enough in its priorities. eQM should be a priority.

Aaron Neinstein: Agree wholeheartedly with Leslie's comments. What better opportunity to strengthen USCDI? Solid use cases that push USCDI further. Let's take advantage.

Steven Lane: Our Interoperability Standards Workgroup will be recommending a more specific identification of Interoperability Use Cases in the ISA, with appropriate mapping of these use cases to the various standards that support them. Independently we will recommend that ONC and others identify priorities amongst these use cases to drive focus and support for advancement of the relevant standards, IGs and policies.

Steven Lane: Patient access is but one of many use cases driving the advancement of USCDI Core. With the coming expansion of the scope of Information Blocking prohibitions, the role of USCDI in patient access becomes LESS important.

Joel Andress: Dates of requirements have been an issue for us, not only with the version of standards, but at the program level as well. We have defined pathways for rulemaking to propagate the standards requirements in these programs, but frequently, there is a disconnect between when the vendors see the requirements, and when the providers become aware of them. This has had significant implications where actions like data aggregation need to take place with the providers after the vendors deliver it.

Aaron Neinstein: +1 to Steven's comment. It would be unfortunate if USCDI becomes linked only to eHI for Patient Access. Let's use additional use cases to bolster, strengthen, and expand USCDI. Not create separate standards for separate use cases.

Questions and Comments Received via Email

No public comment items were submitted via email.

FINAL REMARKS

Mike Berry reminded members that the next meeting of the HITAC will be held on June 16, 2022. All materials and testimony from today's meeting would be made available at https://www.healthit.gov/hitac/events/health-it-advisory-committee-45.

Denise and **Aaron** thanked everyone for their participation and discussion. Denise commented that she is looking forward to hearing the IS WG's future presentation of their recommendations to the HITAC. Aaron thanked ONC and CMS for listening to real-world stories from providers and health systems and encouraged everyone to continue to share feedback that positively enhances rulemaking. He directed CMS and HITAC members to the HITAC Annual Reports, which are produced every year according to a mandate by law from Congress. Themes in recent Annual Reports have included patient matching and other topics discussed at the current meeting.

ADJOURN

The meeting was adjourned at 12:10 p.m. ET.