

Lisa Nelson's Comments on USCDI V4
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1. Clinical Notes data class needs to include Encounter Summaries and Patient Summaries

Clinical Notes
Narrative patient data relevant to the context identified by note types.

- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

Along the way, something got lost in translations for this data class. The Consolidation CDA standard defines Clinical Note Templates for the document types named in the Clinical Notes Data Class. It needs to be clarified that this data class covers support for Clinical Notes including support for “note activity” as well as wholly formed encounter summaries which are Clinical Notes of these types. Specifically, the Clinical Notes data class needs to call out Clinical Notes, Clinical Note Encounter Documents, and Patient Summary Documents. Patient Summary Documents are also known as Continuity of Care Documents (CCDs) they are a type of Clinical Note which covers a span of time which may cover multiple encounters.

2. Patient Summary and Plan data class needs to be renamed to Patient Assessment and Plan

Patient Summary and Plan
Conclusions and working assumptions that will guide treatment of the patient, and recommendations for future treatment.

Assessment and Plan of Treatment

The Patient Summary and Plan data class should clarify that this data class covers Patient Assessment, and Plan of Treatment information. Using the words “Patient Summary” is confusing because a “Patient Summary” is a type of Clinical Note Document that summarizes the patient’s medical history over a span of time.