



## Meeting Notes

### Health Information Technology Advisory Committee

#### U.S. Core Data for Interoperability Task Force

March 5, 2019, 12:00 p.m. – 1:30 p.m. ET

Virtual

The March 5, 2019, meeting of the U.S. Core Data for Interoperability Task Force (USCDITF) of the Health IT Advisory Committee (HITAC) was called to order at 12:02 p.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

**Lauren Richie** welcomed everyone to the United States Core Data for Interoperability Standard (USCDI) Task Force. She reminded everyone that this is the second iteration of this Task Force with a slightly modified membership. The USCDITF will be commenting on the [21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program](#) notice of proposed rulemaking (NPRM). This iteration of the USCDITF will have an updated charge and scope.

**Lauren Richie** conducted roll.

### Roll Call

**Christina Caraballo, Co-Chair**, Audacious Inquiry  
**Terrence O'Malley, Co-Chair**, Massachusetts General Hospital  
Tina Esposito, Member, Advocate Health Care  
Valerie Grey, Member, New York eHealth Collaborative  
Steven Lane, member, Sutter Health  
Clement McDonald, Member, National Library of Medicine  
Steve L. Ready, Norton Healthcare  
Brett Oliver, Baptist Health  
Sheryl Turney, Member, Anthem

### MEMBERS NOT IN ATTENDANCE

Kensaku Kawamoto, Member, University of Utah Health  
Leslie Lenert, Member, Medical University of South Carolina

### ONC STAFF

Cassandra Hadley, HITAC Back Up/Support  
Stacey Perchem, ONC U.S. Core Data for Interoperability Task Force Lead  
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer  
Adam Wong, ONC U.S. Core Data for Interoperability Task Force Backup/Support

### Call to Order



**Lauren Richie** turned the meeting over to the co-chairs.

## Welcome and Introductions

Christina Caraballo reviewed the agenda. The USCDITF will review the membership, the charge for the Task Force, and then conduct a deeper dive into patient demographics.

## Overview of Membership and Review of USCDI

**Christina Caraballo** reviewed the membership and noted that the Task Force is made up of all HITAC members. Subject matter experts will be asked to present at upcoming meetings, as appropriate. She went on to review background information related to the USCDI.

- As noted in the NPRM, ONC proposes to:
  - Replace the “Common Clinical Data Set” (CCDS) definition with the “United States Core Data for Interoperability” (USCDI) standard beginning with USCDI Version 1 (v1) in § 170.213. This will increase the minimum baseline of data classes that must be commonly available for interoperable exchange.
- USCDI reflects the same data classes referenced by the CCDS definition and includes new required data classes and data elements:
  - Provenance
  - Clinical notes
  - Pediatric Vital Signs
  - Address and phone number
- If adopted in a final rule, health IT developers would be required to update their certified health IT to support the USCDI v1 for all certification criteria affected by this proposed change.
- USCDI Standard Annual Update Schedule
  - ONC intends to establish and follow a predictable, transparent, and collaborative process to expand the USCDI, including providing stakeholders with the opportunity to comment on the USCDI’s expansion.

## Phase 1 Charge and Workplan

### PRINCIPLE CHARGE FOR PHASE 1

- **Principle Charge for Phase 1:** Review the newly specified Data Elements proposed in the USCDI v1
- **Specific Charge:** Provide recommendations on the following:
  - Inclusion of Provenance Data Elements
  - Inclusion of Clinical Notes Data Elements
  - Inclusion of Pediatric Vital Signs Data Elements
  - Inclusion of Address and Phone Number Data Elements
  - Missing Data Elements within Proposed Data Classes

**Terry O’Malley** noted that the USCDITF is limited to the identified categories (to those noted above), new categories cannot be added. Within each of these categories, any new data elements recommended need



to be a logical extension of elements within that data class. There are limits to what the USCDITF can recommend.

**Christina Caraballo** reviewed the items that will be discussed as part of Phase 1.

- ONC is seeking recommendations for Phase 1 on the following:
  - Provenance
  - Clinical notes
  - Pediatric Vital Signs
  - Address and phone number

**Clem McDonald** commented that there is a USCDIv1 document that has more detail posted on the ONC website and recommended that the USCDITF use that for discussion.

- **Christina Caraballo** commented that she would follow-up with ONC.

## Provenance

- ONC has proposed the following Provenance Data Elements to be included in USCDI v1:
  - Author
  - Author's Time Stamp
  - Author's Organization
- ONC requests comment on the inclusion of these three data elements in USCDI v1.

**Sheryl Turney** shared that she was not clear if these attributes are going to be added for a single reference or multiple references. When the Task Force gets to this discussion, this will be important.

**Terry O'Malley** noted that a deeper discussion will be had around these items. Members will be asked to provide their feedback in a shared Google document; more details will be discussed as the Task Force goes forward.

## Clinical Notes

- ONC has proposed the following Clinical Notes Data Elements to be included in USCDI v1:
  - Consultation Note
  - Discharge Summary Note
  - History & Physical
  - Imaging Narrative
  - Laboratory Report Narrative
  - Pathology Report Narrative » Procedure Note » Progress Note
- ONC requests comment on the inclusion of these eight data elements in USCDI v1.

## Pediatric Vital Signs

- ONC has proposed the following Pediatric Vital Signs Data Elements to be included in USCDI v1:
  - BMI percentile per age and sex for youth 2-20
  - Weights for age per length and sex
  - Occipital-frontal circumference for children >3 years old
- ONC requests comment on the inclusion of these three data elements in USCDI v1.



## Patient Demographics - Address and Phone Number

- ONC has proposed the following Patient Demographics Data Elements to be included in USCDI v1
  - Address
  - Phone Number
- ONC requests comment on the inclusion of these two data elements in USCDI v1.

## WORKPLAN

**Christina Caraballo** reviewed the timeline, noting that today's discussion will be about patient demographics. The USCDITF will capture today's discussion and then follow-up with a shared Google document where members can add additional information that may not have been captured during today's call.

The topics will be discussed in the following order:

- March 11 - Provenance
- Week of March 25 - Clinical notes
- Week of April 8 - Pediatric vital signs data elements
- Week of April 22 - Update and refine recommendations
- Week of May 6 - Finalize recommendations
- May 13 – Co-chairs present recommendations to the HITAC

After the May 13 meeting, the USCDITF will move on to Phase 2 of the charge.

## PHASE 2 CHARGE

- **Principal Charge:** Review and provide feedback on the USCDI Data Element Draft Promotion Model
- **Specific Charge:** Provide recommendations on the following:
  - Promotion Model Lifecycle for Submitted Data Elements
  - Data Element Submission Information
  - Data Element Promotion Criteria

**Christina Caraballo** noted that a lot of this work will be what the group was working on during the last iteration of the Task Force.

**Steven Lane** commented that he appreciated the timeline, but he had some initial thoughts that he would like to share.

## OVERARCHING COMMENTS

**Terry O'Malley** brought up the shared document and asked the USCDITF members to share any initial thoughts.

## Data Provenance

**Steven Lane** commented that the following items need to be fleshed out:

- Multiple time stamps on a piece of data or document
- Multiple versions of a piece of data or a document as if may change over time



- Reference identification to connect multiple versions
- Digital signatures and blockchain
  - The idea of needing to manage a piece of data to be sure it has not been tampered with
- All these items have been discussed as elements of provenance

**Clem McDonald** noted that there is activity underway that should be leveraged. A unique identification is needed for data elements. He concurred with Steven Lane's comments as well.

**Tina Esposito** commented that when thinking about provenance, there is a need to use newfound technologies to understand who has touched the record and what has been added. It is important to establish and set-up for emerging technology to be leveraged in the future. This should be true for patient demographics as well.

**Terry O'Malley** asked if someone could share the work that David McCallie from Cerner did around provenance.

- Steven Lane committed to following up on this.

## Clinical Notes

**Steven Lane** commented that clinical notes listed the different notes as data elements which don't make sense linguistically, those are note types.

## Pediatric Vital Signs

**Steven Lane** shared that there may be a typo from ONC related to pediatric vital signs. Head circumference should be for less than three years old. This needs to be updated on ONC documents.

- **Matt Rahn, ONC** shared that head circumference was a typo and ONC has been working to update wherever possible.

## PATIENT DEMOGRAPHICS

**Terry O'Malley** walked through the framework established in the shared Google document.

**Steven Lane** shared that he likes starting with the problem. He also noted that subject matter experts could help with patient matching and provide statistical analysis.

**Valerie Grey** questioned when asking about address and phone number, what are the specifics around it? She wondered if the specific details matter.

- **Terry O'Malley** shared that there was recent AHIMA article published that he would share.

**Clem McDonald** suggested having a patient destination where patient data could be sent, such as an email or cell phone number.

**Steven Lane** suggested a destined destination and preferred means of communication.

Research was listed as a suggested problem; **Steven Lane** questioned what this meant.

- **Terry O'Malley** clarified that the problem is related to de-identification and limited data sets which impact research.



- **Steven Lane** suggested that this should be how demographics support research.

**Unknown (did not announce self)**, questioned population health analytics.

- Terry O'Malley clarified that this could potentially be a means to reach out to patients. Could social media be a personal identifier?

**Christina Caraballo** reminded the Task Force that they need to think about what is feasible to include. What standards exist to support?

**Steven Lane** suggested focusing on the data elements within each data class that have already been included in this USCDiv1. He recommended a parking lot for items that may be needed within the data class for the future (e.g., nickname). He also noted that suffix needs to be defined. There needs to be a list of what is acceptable for each data class. He suggested there needs to be a deeper level of detail.

**Terry O'Malley** reminded the USCDITF that the goal for this group is to review address, phone number, and whatever else the Task Force decides is appropriate.

**Tina Esposito** suggested adding a statement, such as every effort should be taken to use existing data standards to ensure consistency in the capture of data elements. Where a standard does not exist, it should propel a workgroup to develop a standard for the element.

**Steven Lane** shared that in California there is work being done to standardize address for individuals who are homeless.

The USCDITF aggregated the following list of proposed new data elements:

- Biometrics: placeholder
- Personal identification number (e.g., driver license number, passports)
- Patient designated destination
- Email
- Direct address
- Nickname
- Suffix
- Medicare ID
- Last four of SSN

**Sheryl Turney** shared that driver license helps support the notion of patient matching.

The USCDITF's discussion around patient demographics resulted in the following grid.

Problems to be addressed	Comments
1. Patient Matching	<p>SME is needed</p> <p>New elements short-term:</p> <ul style="list-style-type: none"> <li>• Last 4 SSN</li> <li>• Driver license or publicly issued id number</li> <li>• Email</li> <li>• Direct address</li> </ul>



	<p>Future new elements:</p> <ul style="list-style-type: none"> <li>• Medicare ID</li> <li>• Biometrics: placeholder</li> <li>• Patient designated destination</li> <li>• Preferred means of communication</li> </ul> <p>Verification by the patient</p> <ul style="list-style-type: none"> <li>• Field to acknowledge verification (by whom and when)</li> </ul> <p>Pediatric</p> <ul style="list-style-type: none"> <li>• School address</li> <li>• Alternative address (not work/home)</li> <li>• Multiple parent addresses</li> <li>• Multiple phone numbers</li> </ul>
2. Public health reporting	Address to zip code level GPS data?
3. Population health analytics	Social media tag?
4. Research	De-identification, limited data sets How do demographics support research?
5. Patient Identification	Who am I?

The USCDITF moved on to provenance.

## PROVENANCE

- ONC has proposed the following Provenance Data Elements to be included in USCDI v1:
  - Author
  - Author's Time Stamp
  - Author's Organization

The USCDI suggested the following could be an author:

- A human
- An institution
- A device within a department within an institution
- Multiple authors

**Clem McDonald** shared that the problem to be addressed is that in the clinical document architecture (CDA) world you can get the same information from multiple sources and are not able to sort them out which causes problems. It is important to know the starting point of a result. There is no unique identity in CDA.

**Steven Lane** commented that depending on the date element, the notion of author changes.

**Clem McDonald** shared that the space is too vague.



**Sheryl Turney** commented that she was thinking about this differently. She questioned what the capabilities are within electronic health record (HER) systems to discern authors. She was looking at this from a sending and receiving standpoint. As a payer, she would want to know where the data is coming from (e.g., provider or the lab). She recommended identifying the problem being solved.

**Steven Lane** recommended solving both problems. The institution, as well as the provider.

**Sheryl Turney** will want to know what was verified by a person versus a machine. She recommended breaking out into categories.

**Terry O'Malley** suggested the following user groups:

- Payer
- Provider
- Patient
- Public health
- Researchers

**Clem McDonald** suggested specifying an identifier such as the national provider identifier (NPI). Anyone who bills to Medicare needs to have one.

**Unknown** suggested that an identifier across all settings is needed. This could potentially be an NPI?

New data elements that have general utility:

- Unique identifier
- Provider and patient registries

Terry O'Malley questioned what stamp on the data is useful?

- When data is modified, does it get a new id?
  - Need original id to tie versions together
  - Supplemental id when an update is made
  - The group noted that an SME is needed for this discussion.
  - Senders need to stamp the data, certifying where the data came from.
  - The receiver needs to know where the data came from.

**Steven Lane** commented that time can be an issue with daylight savings, for example.

**Lauren Richie** noted that the meeting was at time and asked to continue the discussion during the next meeting.

## Public Comment

There were no public comments.

## Comments in the public chat





**Sheryl Turney:** I agree with that comment

**Tina Esposito:** Every effort should be taken to use existing data standards to ensure consistency in the capture of data elements. Where a standard does not exist, it should propel a workgroup to develop a standard for the element.

**Rita Torkzadeh:** The Pew Charitable Trusts worked with Indiana to evaluate using US Postal Service format for address and found improvements with patient matching.

**Christina Caraballo:** Thanks, Rita! Noted.

**Brett Oliver, MD:** Rita - is there a document or link to that work?

**Christina Caraballo:** I have it and can have ONC send it to the group.

**Rita Torkzadeh:** Pew published the patient matching report last fall which discusses all the research done around patient matching including standardization of demographic data:  
<https://www.pewtrusts.org/en/research-and-analysis/reports/2018/10/02/enhanced-patient-matching-critical-to-achieving-full-promise-of-digital-health-records>. There will be a more formal manuscript published in JAMIA soon focused on demographic data standardization:

**Serafina Versaggi, Dept. of VA/JP Systems:** That's common whenever a new appt is made, etc.

**Rita Torkzadeh:** Suggest looking at what was done under ONC's Standards and Interoperability Framework Initiative focused on data provenance.

**Jason Glanville:** Suggestion to include an origin code for provenance to understand originator vs interoperable sharing. This is an existing pattern within NCPDP pharmacy claims to identify prescription origin type (mail, fax, eRX), internal copy, and interpharmacy transfer.

**Rita Torkzadeh:** HL7 also has published guides on data provenance

**Rita Torkzadeh:** In addition to sender and receiver any intermediary changes may need to be noted for provenance

**Rita Torkzadeh:** Will the GAO report on patient matching will be reviewed by the taskforce?

**Chris Baumgartner:** Can we get a copy of the final scoring for prioritization of topics discussed at the start of the call?

## Next Steps and Adjourn

**Terry O'Malley** noted that he would share the AHIMA article and drafts of the items discussed. Members were asked to comment on the documents, making sure not to delete, but to add items noting their name.

**Lauren Richie** adjourned the meeting at 1:30 p.m. ET