Meeting Notes

Health Information Technology Advisory Committee
U.S. Core Data for Interoperability Task Force
April 01, 2019, 1:30 p.m. – 3:00 p.m. ET
Virtual

The April 01, 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 1:30 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 Task Force.

Roll Call

Christina Caraballo, Co-Chair, Audacious Inquiry
Terrence O'Malley, Co-Chair, Massachusetts General Hospital
Tina Esposito, Member, Advocate Aurora Health
Kensaku Kawamoto, Member, University of Utah Health
Steven Lane, Member, Sutter Health
Sheryl Turney, Member, Anthem

MEMBERS NOT IN ATTENDANCE

Valerie Grey, Member, New York eHealth Collaborative
Leslie Lenert, Member, Medical University of South Carolina
Clement McDonald, Member, National Library of Medicine
Brett Oliver, Member, Baptist Health
Steve L. Ready, Norton Healthcare

ONC STAFF

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

Call to Order/Roll Call

Lauren Richie conducted roll call, called the meeting to order, and turned the meeting over to the Christina Caraballo, co-chair.

Opening Remarks

Christina Caraballo reviewed the agenda. She noted that the next meeting will be on Friday, April 5 working to present recommendations at the HITAC meeting on April 10.

Discuss Pediatric Vital Sign Data Elements

Christina Caraballo reviewed the pediatric vital sign data elements in the Notice of Proposed Rulemaking (NPRM).

ONC has proposed the following Pediatric Vital Sign Data Elements to be included in USCDI v1

- BMI percentile per age and sex for youth 2-20
- Weight for age per length and sex
- Occipital-frontal circumference < 3 years old
- ONC requests comment on the inclusion of these three data elements in USCDI v1.

Steven Lane shared that he thought these were appropriate as a good first step to help move things forward. He thought percentiles for the blood pressure could be an additional element, but he feels comfortable with these items as the first pediatric addition.

Terry O'Malley questioned blood pressure.

- **Steven Lane** commented that blood pressure is required already, he assumed that this would also be required (along with other vital signs) going forward.

Steven Lane noted that the only item that is a vital sign is the occipital-frontal circumference. The other items are calculated values based on other vital signs (e.g., BMI). He suggested a language change for weight for age per length and sex to the following: Weight for length percentile by age and sex for youth 2-20

Terry O'Malley suggested listing the vital signs under the pediatric banner that are already required in USCDI, including the occipital-frontal circumference.

Steven Lane commented that sending the calculation can help create value for the pediatric community.

Terry O'Malley asked if there are calculated variables that are helpful.

- **Steven Lane** commented that the only new data element being proposed is head circumference. Optionally there is potential value for stakeholders to receive percentile data from vital sign data along with the calculation model used.

The group's final consensus was to recommend the following:

- Raw weight
- Raw length
- Calculate a weight for length (ratio), BMI (ratio), these are derived vital signs

- If the system derives these, they should be sent
- If the system calculates and stores percentile data, the system should send these, along with the reference set

Discuss Feedback from Clinical Notes Data Element Homework

Terry O'Malley shared additional items for potential inclusion. He questioned if there were notes or templates that could fit into a different category?

Steven Lane commented that note type is different from a C-CDA document template. There are different kinds of notes that clinicians would write. If a standard is not referenced, then it will be challenging to incorporate into USCDI or should we push to HL7 and have them incorporate upstream?

Additional Note Types

Terry O'Malley shared the following note types in the Google document.

Reconciled Medication List (As of …) Note: Based on the Pharmacist eCare Plan (http://www.ncpa.co/pdf/2016ce/health-information-exchange.pdf). Although usually included in the discharge summary note, the medication list should be a separate stand-alone note because it has value separate from the other information contained in a discharge summary or transfer summary note, particularly in less clinically oriented settings that do not require more detailed clinical information.

- **Terry O'Malley** thought is valuable, and there is a standard available
- **Steven Lane** questioned if this is the appropriate group to identify inclusion.

Advance Care Plan Note: specifies the individual's current preferences for end of life care based on the HL7 Patient Authored Note. Similar to the medication list, an Advanced Care Plan note specifying the individual's goals and preferences has value in multiple sites that may have little use for more the more detailed clinical information found in a Discharge Summary or Transfer Summary Note. As originally proposed in HL7 by Lisa Nelson, this note type relies on patient generated data and provides a template for patient generated observations

- When there is a standard defined, this should be elevated.

Quality Metrics Standard Query and Response Note: [Future category - is this the right place?]. The holy grail of quality reporting is to integrate quality measurement into clinical flow so that the presence of information essential to good clinical care is used as a quality measure. A standard Query/Response note used by all service providers would enable quality measurement across an entire episode of care involving multiple sites, teams and providers.

- The group felt that this should be elevated at some point in the future, but may not be ready currently
- **Steven Lane** commented that it will be helpful for systems to calculate metrics and share them, but the use of note types may not be appropriate

Long Term Services and Supports (LTSS) and Home and Community Based Services (HCBS) Care Plan Note: Based on the S&I Framework project, eLTSS. There are no currently accepted standards for an LTSS

note although an IG is about to be balloted. Inclusion of these service providers into interoperable exchange opens the possibility to report non-clinical home-based observations of function, cognition, medication use, and changes in status.

- The group agreed that once standards are defined this should be elevated.
- This will help with social determinants of health
- Social services are primary strategy to reduce total cost of care

Public Comment

There was no public comment.

Comments in the public chat

Robert McClure MD: I am concerned that by including calculated data you MUST accurately also identify the base data used to determine the reference
Robert McClure MD: So, while I am not opposed to the inclusion of these calculated numbers, it substantially complicates the exchange data
Robert McClure MD: By complicates, I suggest that including these would require a standard way to identify what "chart" reference is used and it raises the possibility that the receiver would not know how to interpret that standard used to determine % actually sent.
Robert McClure MD: Again, I want to encourage you all to expect any exchange of a "percentile" data item that is based on a standard comparison, that you also must require exchange of an identifier for the reference standard
Robert McClure MD: I think you should also make comment on what goes into a future version and note how close (next version or later).
Christina Caraballo: Thanks, Dr. McClure! We are going to focus on the USCDI Promotion Model in phase 2 of this TF. We agree with you and think in two buckets - what can we do today and what's next?"

Next Steps and Adjourn

Terry O'Malley and Christina Caraballo identified the discussion items for the next call

- Review provenance and demographics recommendations
- Consider risks that might be involved with the pediatric vital sign recommendations.
    - Discuss whether there are potential complications that will arise with percentiles

The next meeting will be on Friday, April 5 at 1:00 p.m. ET. **Lauren Richie** adjourned the meeting at 3:00 p.m. ET