Meeting Notes

Health Information Technology Advisory Committee
U.S. Core Data for Interoperability Task Force
April 15, 2019, 1:30 p.m. – 3:00 p.m. ET
Virtual

The April 15, 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 and conducted roll call.

Roll Call

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

MEMBERS NOT IN ATTENDANCE

Kensaku Kawamoto, Member, University of Utah Health
Leslie Lenert, Member, Medical University of South Carolina
Brett Oliver, Member, Baptist Health
Mark Roche, Member, Centers for Medicare and Medicaid Services (CMS)

ONC STAFF

Johnny Bender, ONC SME
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/Roll Call

Lauren Richie turned the meeting over Terry O'Malley, co-chair.

Opening Remarks

Terry O'Malley welcomed members of the task force, noted the recent productive Health Information Technology Advisory Committee (HITAC) meeting and reviewed the goals of the current meeting. The

main goal of the current meeting is to review the feedback and comments generated during the April 10, 2019 HITAC meeting and edit the U.S. Core Data for Interoperability (USCDI) Task Force slides, which will become the basis for the transmittal letter which must be approved during the next USCDI Task Force meeting.

Discuss Feedback from HITAC Presentation

Terry O'Malley reviewed the arrangement of the slide deck, which is grouped into the following five sections: Patient Demographics, Provenance Clinical Notes, Pediatric Vital Signs and Other. He further noted that within each category, the task force has listed their questions pertaining to that section for the HITAC to consider, and have captured any comments the HITAC may have shared.

Patient Demographics: Feedback from the HITAC Slide

- **Andrew Truscott's** comment would be moved to 'Other'
- **Clem McDonald's** comment will be moved to 'Provenance'
- **Arien Malec's** comment will be moved to 'Pediatric Vital Signs'

Patient Demographics: Additional Recommendations Slide

- **Terry O'Malley** noted that **Steve Posnack** provided some feedback on the 'Add preferred e-mail address,' but as there was no HITAC consensus, it will be left as-is for now.
- **Terry O'Malley** noted that **Steven Lane** brought up an interesting issue regarding "Pediatric Demographics." Terry summarized Steven's point in the following way: Steven asked if there is a more general use case than pediatric demographics and explained that nuance exists within consent-authority. For instance, consent-authority may no longer be an issue in cases of emancipated minors. Similarly, later in life, consent-authority can become an issue for adults with dementia. **Terry O'Malley** asked the members of the task force if they want to broaden the Pediatric Demographics category to include anyone who does not have consent-authority, regardless of age.
    - **Tina Esposito** agreed that this was an excellent point but suggested that clarity and context be provided on the intent or bigger picture.
    - **Steve Ready** agreed that this section should be broadened.
    - **Terry O'Malley** closed the discussion on this topic by agreeing to add context and broaden it, so that it is less pediatric-focused.
- **Terry O'Malley** discussed removing Direct Address from the list of vetted identifiers (IDs) as it is a non-vetted ID and asked if the task force wants to keep this in the list or add elsewhere.
    - **Clem McDonald** suggested that direct address as a preferred push delivery method and the task force agreed to consider adding "preferred communication method" in demographics and consider the difference between secure versus insecure communication methods.
    - **Tina Esposito** suggested staying focused on the data elements and including direct address with an email address within the Address row.

Patient Demographics: Discussion of Recommendations Slide

- **Terry O'Malley** noted that the slide will be edited with a bulleted set of recommendations and the title of the slide changed to 'Patient Demographics: Recommendations.' He further notes this information will be placed in two formats: the slide deck and a transmittal letter that will be voted on as a task force.

Provenance: Feedback from the HITAC slide

- **Terry O'Malley** walked through the HITAC feedback and focused on Stephen Lane's comment which read "Clarify source organization versus author, and original author versus the last touch.
    - **Steve Ready** asked if legal considerations needed to be discussed regarding what needs to be discoverable in the case of harm.
    - **Terry O'Malley** answered that this level of granularity might be handled sometime in the future, but currently, the task force should focus as simply as possible in an effective way.

Provenance: Data Element Recommendations slide

- **Terry O'Malley** walked through the data element recommendations and suggested data element 'authors timestamp' and 'author's organization' be changed to 'Organization timestamp' and 'Organization.' In this instance, 'Organization' means the organization within which that data element was generated.
    - **Clem McDonald** suggested 'timestamp' be changed to 'release date and time,' and the task force agreed to make this update.

- **Terry O'Malley** asked if the task force should change 'Organization' to 'Organization by National Provider Identifier (NPI).'
    - **Sheryl Turney** responded that this suggestion works for provider organizations but about other types of organizations, those without an NPI number. The standard that goes in there is for another group to figure out; this task force should focus on what the data element should be.

Provenance: Additional Recommendations slide

- **Terry O'Malley** noted that the 'Author' would be scrapped and 'Author Organization' would be changed to simply 'Organization.' The USCDI Taskforce Recommendation was also removed.

- **Terry O'Malley** asks that instead of 'instance' or 'observation' the task force uses 'data element.'
    - **Christina Caraballo** suggested that the task force stay aligned with the ONC definition and highlight definitions as an issue for future discussions and the task force agreed. Christina confirmed ONC has defined the terms data class and data elements.

Provenance: Discussion of Recommendations slide

- **Clem McDonald** suggested not mentioning the 'what' as it's already known within the data package. The task force agrees to rewrite the second bullet for clarity.

- **Terry O'Malley** suggested removing the third and fourth bullets.

- **Terry O'Malley** suggested relocating the fifth bullet, and the task force agrees to consider where at another time

- **Terry O'Malley** and **Clem McDonald** agreed to defer a decision to Health Level Seven International (HL7) regarding the sixth bullet, which references a metadata field.

Clinical Notes: Feedback from the HITAC slide

Terry O'Malley reviewed the feedback provided by HITAC.

- **Terry O'Malley** discussed the feedback that centered on the fact that there are note types in the consolidated- clinical document architecture (C-CDA), but they aren't often being used. After discussion, the task force agreed that if a note is created that conforms to the HL7 note types, then it is required that it be labeled and sent as that type. This will encourage systems to label notes and thus will benefit the receiving system.
    - **Clem McDonald** made the point that the task force wants to ensure a note can move from a source to a receiving system.

Clinical Notes: Discussion of Recommendations slide

- **Terry O'Malley** reviewed the slide.

- **Terry O'Malley** suggested removing the sub-bullet "Among these, the Transfer Summary Note is a better structure…"

- The task force agreed to add a note to the slide mandating that senders need to label a note, and receivers must import.

- **Clem McDonald** suggested adding a comment to the slide saying that it shouldn't be challenging to take in another note type because it has a different code associated with it.

- After discussion, the task force agreed to put medication metadata in 'Other,' in addition to 'Medication Viewed.'

Pediatric Vital Signs: Questions for the HITAC slide

- The task force discussed underlying data versus calculated values. There was broad agreement to keep the focus for now to a high level (i.e., if you display it, save it and send it), and address getting more granular at a later time. Making a clinical decision based on the information was too complicated at this juncture.

Pediatric Vital Signs: Feedback from the HITAC slide

- There was agreement that 'length' and 'height' shouldn't be two different fields. However, body position may need to be an additional field.

Pediatric Vital Signs: Additional Recommendations slide

- The task force will rewrite this slide with updates noted previously

Additional Data Element Recommendations slide

- **Terry O'Malley** asked the task force, regarding 'Provider Demographics,' if additional changes to the description are needed.
    - After a lengthy discussion amongst **Terry O'Malley**, **Clem McDonald,** and **Steven Lane**, there was consensus to remove 'Role,' 'Specialty/Training' and 'Expand in future to include active areas of responsibility.'

- **Steven Lane** shared his goal of standardizing data for purposes of sharing bidirectionally from provider to payers.
- **Terry O'Malley** asked, regarding the discussion about the standardized query response template for electronic clinical quality measures (eCQM), if there are ways in which the task force can make the statement stronger.
    - After much discussion, the task force agrees to build on Quality Reporting Document Architecture (QRDA) and that subject matter experts should be brought in to educate USCDI on QRDA.

Lauren Richie moved to open the comment line.

Public Comment

- **Robert McClure with MD Partners** – noted his work with the creation of a process for a new observation that would accompany a current observation such as height/weight percentage. The new observation, known as 'associated observation,' would have a set of proposed Logical Observation Identifiers Names and Codes (LOINC) answers which would enumerate the known set of charts or data sets available on the Centers for Disease Control and Prevention (CDC) site. This would allow an individual to send the information to identify what it is a percent based on in comparison of which data set.
    - There was a consensus among the task force that this was a good idea.

Comments in the Public Chat

Sheryl Turney: I am on the line waiting to be let in

Lauren Richie: thanks Sheryl

Sheryl Turney: in

Valerie Grey: I'm on.. its Val

Lauren Richie: thanks Val

Robert McClure MD: FYI: After the last meeting I met with LOINC to come up with an approach to create a new observation for the type of data set used to define "a chart" that the growth and weight % assessment is using. This is proposed as an "associated observation" that would be availble for use when recording one of the existing growth or BMI % observations. So this observation would have as answers, the known set of “charts” like the existing CDC ones. I expect this to be released by LOINC in a near future version.

Robert McClure MD: This new observation is proposed to be called “Chart/dataset the % observation is derived from”

Seth Blumenthal: Homeless is a state in the broader category of housing stability and quality

Rita Torkzadeh: In making recommendations around Patient Demographics please consider the research on elements and standards that have shown to effect patient matching.

- The Pew Charitable Trusts funded Indiana University to test whether formatting demographic fields and using standards improves match rates.
- The published results indicate the use of standards for certain demographic data, most notably address, can make a difference. Specifically, a 2-3 percent increases in matching accuracy was observed with standardizing address according to the U.S. Postal Service format (USPS).
- Standardizing last name alongside address to CAQH showed further improvement in match rates.

Seth Blumenthal: The UCSF SIREN GRAVITY project plans a focus on housing stability and quality along with several other areas. They have analyzed the existing standards work here recommend searching the spreadsheet available at the following link for "homeless" and similar terms to see relevant predicate work.

Seth Blumenthal: https://sirenetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors

Rita Torkzadeh: The research on effect of data standardization on patient matching is published by JAMIA here:https://academic.oup.com/jamia/article-abstract/26/5/447/5372371?redirectedFrom=fulltext

Rita Torkzadeh: With regards to provenance what if the creator of data is independent of an organization or a device?

Robert McClure MD: NPI can be either a person or an organization. Two different types of NPI that look similar

Seth Blumenthal: The HL7 FHIR U.S. Core Implementation Guide includes the Practitioner profile, which requires data elements "identifier" (NPI preferred) and name.

Seth Blumenthal: https://build.fhir.org/ig/HL7/US-Core-R4/StructureDefinition-us-core-practitioner.html

Steven Lane: I had a patient no show, so I am here momentarily.

Seth Blumenthal: HL7 may have other places where they define this, but back to the question of what to call data classes and elements, the documentation as to what a FHIR resource is may be instructive

Seth Blumenthal: http://www.hl7.org/fhir/overview.html

Rita Torkzadeh: Is there a reason why non HIPAA scenarious are not considered for provenance (e.g. mobile devices, patients, etc. as data generators)?

Seth Blumenthal: another way of saying class/element is category/concept. and concepts can form value sets and also be bound to terminologies. ex: category - housing security & quality. one of many concepts that could be defined within this category is "homelessness".

Rita Torkzadeh: Unfortunately I have another meeting at 230p and won't be able to make verbal comments on top of the ones I provided earlier.

Seth Blumenthal: see this Quality Payment Program page for info on how HL7 FHIR defines quality measures in alignment with the HL7 Clinical Quality Language (CQL) standard

Seth Blumenthal: https://ecqi.healthit.gov/cds/ecqm-harmonization

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Seth Blumenthal: sorry for the duplicate post. page about the CQL standard: https://ecqi.healthit.gov/cql-clinical-quality-language

Robert McClure MD: Check my comment early on - adding a new observation to LOINC for this

Robert McClure MD: I assume what you are proposing is not met by an existing quality measure summary exchange - a QRDA cat 3?

Robert McClure MD: Again, I assume you are not suggisting sending actual PIHI, but a summary? If so, that could be a QRDA cat 3

Robert McClure MD: di-identified is different than no PIHI

John Bender: https://ecqi.healthit.gov/qrda-quality-reporting-document-architecture

Robert McClure MD: I would definitely start here

John Bender: https://www.healthit.gov/test-method/clinical-quality-measures-cqms-record-and-export

Robert McClure MD: You need to figure out what you want to accomplish, then see if QRDA meets the needs

John Bender: ONC requires certified health IT to conform to (c)(1) -> (c)(4)

Robert McClure MD: It is how every reporting entity must report to CMS on program quality metrics

Robert McClure MD: yes!

Robert McClure MD: you need to decide what your goals are beyond what CMS has that led to QRDA

Next Steps and Adjourn

Terry O'Malley reviewed the following next steps: 1. the transmittal letter will include the task force's intention to build on what exists rather than propose something new. 2. He notes that for Phase 2, the task force will focus on the data class advancement process.

Lauren Richie adjourned the meeting at 3:00 p.m. ET