



Meeting Notes

Health Information Technology Advisory Committee

U.S. Core Data for Interoperability Task Force

April 22 2019, 1:30 p.m. – 3:00 p.m. ET

Virtual

The April 22, 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).

Call to Order

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
Kensaku Kawamoto, Member, University of Utah Health
Steven Lane, Member, Sutter Health
Clement McDonald, Member, National Library of Medicine

MEMBERS NOT IN ATTENDANCE

Tina Esposito, Member, Advocate Aurora Health
Valerie Grey, Member, New York eHealth Collaborative
Leslie Lenert, Member, Medical University of South Carolina
Brett Oliver, Member, Baptist Health
Steve Ready, Member, Norton Healthcare
Mark Roche, Member, Centers for Medicare and Medicaid Services (CMS)
Sheryl Turney, Member, Anthem

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

Opening Remarks

Christina Caraballo welcomed the task force and asked that the task force members treat this discussion as a working session intended to make real-time changes to the content within the U.S. Core Data for Interoperability (USCDI) Task Force Draft Recommendations document.



She went on to note that a paragraph was added which discussed the overarching recommendation meant to lay a foundation for the following guiding principles: 1) identify data elements from which to build the basic foundation for interoperability and 2) avoid data elements that appear too granular for version 1.

Christina Caraballo moved on to discuss the document format highlighting that each section for a specific data element shows the Office of the National Coordinator (ONC) proposed data element followed by the decision to include, revise or omit each. She also noted the second section listed newly proposed data elements. Finally, Christina suggested the task force begin reviewing and contributing to the recommendation letter and **Terrence O'Malley** agreed.

Review HITAC Recommendations Letter

DISCUSSION

Specific Recommendations: Inclusion of New Patient Demographics Data element.

- **Terry O'Malley** suggested within the overarching recommendations section that the final sentence in the paragraph be considered the third guiding principle, and the paragraph be updated accordingly.
- **Steven Lane** suggested, with agreement from the task force, that a change be made within the third guiding principle. Specifically, recognizing the burden doesn't accurately represent the intent of balancing the burden that developers face with the potential benefits to the community.
- **Clem McDonald** suggested that the task force move on to the specific recommendations and there was broad agreement to do so.
- **Christina Caraballo** led the task force to the section 'Inclusion of New Patient Demographics Data elements' and noted that 'Address' and 'Phone Number', as suggested by ONC, were accepted by the task force with the recommendation that address follow the international address format and the phone data element treat mobile as the primary and landline as the secondary.
 - **Clem McDonald** asked what the format for international address is as it may conflict with the Fast Healthcare Interoperability Resources (FHIR) standard. **Christina Caraballo** answered that although she inquired about the format, that ONC does more research to consider the feasibility of this recommendation.
 - **Terry O'Malley** suggested that International Address is made up of Global Positioning System (GPS) coordinates.
 - **Christina Caraballo** noted that US Postal service is a viable alternative if the international address is not adopted.
- **Christina Caraballo** led the team to consider the section of the document covering additional patient demographic data elements suggested by the task force.
 - **Clem McDonald** suggested the goal when considering the address data element should be that a hospital can deliver pertinent documents to the patient. He went on to suggest a 'personal health records address.'



- **Christina Caraballo** noted that **Steven Lane** added ‘preferred destination for electronic communications’ and wondered if this might fulfill Clem’s request above. She noted that email address is a recommended data element as is a physical address.
- After discussion, ‘destination for electronic communications’ was changed to ‘destination(s) for electronic communications and Preferred Method(s) and Destination(s) of Communication. Further, the parenthetical addition of recommending that patients can choose their preferred method of communication was added.
- **Terry O’Malley** led the team through other recommended additional demographic data elements for inclusion into USCDI version 1 with broad approval of the existing language.
- **Clem McDonald** noted that he investigated the inclusion of provenance data elements with an expert from FHIR and based on that research he learned that there is an identifier within the content that can be permanent, but it shouldn’t be in provenance. He suggested they use a persistent unique identifier for the item of information, for example, a lab test, without declaring that it must be in Provenance.
 - **Terry O’Malley** clarified that each data element has a unique identifier, some being provenance (it offers organization and timestamp), but that others are a unique identifier applied to the data element, which is not provenance. Based on this, Terry went on to suggest deleting the paragraph beginning “The unique identification code applied...”
 - **Steven Lane** shared his concern that the task force not lose the notion of duplicate data items and to tie together multiple versions of the same data item.
 - There was agreement that deleting the text noted above would clarify the intention of the task force.
 - **Terry O’Malley** summarized their discussion as follows: there is an initial data identifier created at the birth of the data element, and that persists forever, and when there are changes to that data element, a new label is created showing the user who changed it, with a time stamp, linking back to the original provenance.
 - **Steven Lane** asked for clarification on the reason unique ‘identity’ was used rather than a unique ‘identifier,’ suggested switching to ‘identifier.’ **Terry O’Malley** noted that both terms were used at the Health Information Technology Advisory Committee (HITAC) and expressed an indifference to which term is used within this document. The task force agreed to, at least within this section of the document, stay consistent with a unique identifier.

Specific Recommendations: Inclusion of Clinical Notes Identifiers

- **Steven Lane** referenced the Laboratory Report Narrative which was limited in scope and after some discussion among the task force members identified ways in which the explanation could be expanded.
- **Terry O’Malley** moved on to discuss the Procedure Note noting that the task force continues to seek clarification regarding the inclusion of “Operative Notes.”



- **Terry O'Malley** continued down the document to the task force recommendation of seven additional note types. He noted that note types other than Continuity of Care Document (CCD) in the discharge summary have rarely been employed by developers and noted that the most compelling reason for that is that it allowed them to check the box on meaningful use despite possibly not being the most appropriate note type for the information that was being sent.
- Regarding the Long Term Services and Support Care Plan, **Steven Lane** mention that in a meeting with the head of Chesapeake Regional Information System for our Patients (CRISP) he learned of a care plan note they use within their health information exchange (HIE) and will report back to the task force as he learns more.
 - **Terry O'Malley** noted that the original Health Level 7 (HL7) document types, a care plan was one he was involved in building and referenced the URL as a reference within the current document.
 - **Clem McDonald** asked if that was different from the long-term services and support care plan and **Terry O'Malley** confirmed it was indeed different. He went on to describe that they're both care plan notes, but each serves a different purpose. The long-term services and support care plan is currently in-ballot.
 - **Steven Lane** suggested that for version 1, the more generic care plan should be included and **Terry O'Malley** agreed and suggested that for long term services and support the task force recommends it for a future version of USCDI and added a 'care plan' placeholder.
- **Terry O'Malley** noted that the Miscellaneous note is to include anything the task force hadn't thought of.
 - **Clem McDonald** mentioned this caused him concern as it may be used by instead of the specific ones for reasons of convenience and suggested adding a caveat to minimize its use unless required.
 - **Steven Lane** noted that there are both note types and document templates within Consolidated-Clinical Document Architecture (C-CDA) and noted that the task force shouldn't be specific to C-CDA.

Missing Data Elements within Proposed Data Classes

Care Team Members Data Class: Add Provider Demographics

- The task force discussed if the National Provider Identifier (NPI) can be used as a unique identifier and if not, what should be considered.
 - **Christina Caraballo** suggested it would be wise to move to use NPI to streamline the care team.
 - **Terry O'Malley** likened NPI to provenance.
 - Following a discussion, the task force ultimately chose to update the identifier data element to include examples such as NPI, certification, state license.

Medication Data Class: Add Additional Medication Metadata

- **Terry O'Malley** noted they wanted to know when the list was reconciled and who reconciled the list. He also noted that this is missing the indication for each medication.



- **Steven Lane** suggested that if a medication has an association and/or diagnosis, then it should be sent with it.

Missing Data Class for USCDI v1 Data Elements

- **Clem McDonald** suggested the quality measure interacts with too much that it's likely to cause issues. He noted that this was complex and the exceptions involved 50 to 200 data elements.
- **Terry O'Malley** noted that although it's complex, it is important to identify the intersection of clinical care (which is what this task force is specifying data elements for) and quality measurement. He went on to note that the more exclusions there are, the less it is a quality measure and the more it is a poll.
- **Christina Caraballo** stated that she is unsure about the language as it stands.
- **Steven Lane** supported the language and feels there are really important use cases for exchanging the data and it's important to flag and group data elements creating a standardized methodology to move the data between different stakeholders.
- **Terry O'Malley** suggested that this exists in USCDI and notes the task force isn't asking for anything new.

Lauren Richie opened the lines for public comment.

Public Comment

There was no public comment.

Comments in the Public Chat

Becky Gradl, MPH, RD: This is the specification for many of the C-CDA templates:
http://www.hl7.org/implement/standards/product_brief.cfm?product_id=492

Becky Gradl, MPH, RD: There is a Care Plan document in there

Next Steps and Adjourn

Terry O'Malley thanked the members of the task force and committed to continuing to edit the document for clarity.

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