U.S. Core Data for Interoperability Task Force

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March 28, 2018

Agenda

- Call to Order / Roll Call (5 minutes)

- Overview of meeting (5 minutes)

- Discuss task force sub-charges (40 minutes)

- Discuss value criteria (30 minutes)

- Review topics for next week's discussion (5 minutes)

- Public comment (5 minutes)

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Overview of the Meeting: Topics and Goals

- Finalize task force sub-charges:
  - » How the USCDI would be expanded and by how much
  - » Any factors associated with the frequency with which it would be published
  - » Mechanisms/approaches to receive stakeholder feedback regarding data class priorities
- Discuss value criteria in preparation for finalization next week
- Next week's discussion:
  - » Finalize value criteria used to evaluate stage promotion
  - » Finalize technical criteria used to evaluate stage promotion

USCDI Expansion

- **Specific Charge:** How the USCDI would be expanded and by how much

- Task Force Recommendations

  » Data classes should be added to the USCDI based upon successful progression through all prior stages *(meeting all criteria)*

  » There should be no limit to the number of data classed added to the USCDI *(There should be no limitation on WHO or WHAT individual/organization can propose data classes. Any individual, any organization – public sector or private sector, commercial enterprise or not-for-profit. Even international organizations (e.g. NHS, WHO) can propose)*

  » There should be no predetermined timeline for advancement through Stage 5 *(Should there be a timeline of 1 or 2 years, or no predetermined timeline? (incentive for vendors to prioritize this work)*)

  » Progress through Stage 5 may be impacted by vendor and other stakeholder capacity and business cases

  » A data class will move to Stage 6 *as determined by the RCE, which will measure data exchange with associated standards*

  » The ratio of available data classes in Stage 5 to those that have progressed to Stage 6 in the preceding 12 months should be used to review the processes for prioritization and implementation

  » *Data classes should be available at minimum in both English and Spanish*

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USCDI Frequency of Publication

- **Specific Charge:** Any factors associated with the frequency with which it would be published.

- Task Force Recommendations

  » Publish USCDI annually with necessary details of new items added

  » Provide periodic bulletins to announce the addition of new data classes to Stage 5 USCDI as they become available

  » Provide periodic bulletins to announce the addition of new data classes to Stage 4 Candidate

  » (Rationale: give industry as long a lead time as possible)

USCDI Process for Stakeholder Feedback

- **Specific Charge:** Mechanisms/approaches to receive stakeholder feedback regarding data class priorities

- Preliminary Task Force Recommendations

  » Annual release of new USCDI followed by public comment period of at least 90 days

  » Two annual opportunities for public comment

  » Provide an open, public platform for each stage in this process

  » Record all proposed data classes in a searchable, sortable resource that facilitates interaction through review and discussion among potential stakeholders and enables public comments

  » Feedback needs during each stage TBD as we build out criteria

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Value: To Whom

- Tier 1:

  » Patients (current and future): as Individuals, as Population / Public / Community

  » Providers: Clinicians, Caregivers, Clinical support staff

- Tier 2 (everyone else):

  » Research: Academia, other R&D

  » Technology: Vendors, IT staff

  » Payment: Payers

  » The ecosystem

  » others

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Value: Evidence

- **Very convincing**

  » Data; quantitative measurements; surveys; peer-reviewed research; meta-studies; multiple case studies/pilots; multiple use cases; empirical validation of the beneficial exchange of the data element

- **Sort of convincing**

  » Single case study/pilot; single use case

- **Not convincing**

  » Anecdotes; quotes

Value: Measures for Tier 1

- For Patients

  » Quality-adjusted life years

  » Patient quality of life

  » lives/procedures impacted

  » Improvements in disease condition

  » Patient satisfaction

  » total value (magnitude/patient * # patients)

- For Providers

  » time saved

  » better decisions made

  » Simplifies workflows

Value: Measures for Tier 2

- Dollars saved for the system

- Savings, efficiency, ease of use, outcomes that matter

- Cost to implement

- Near/long-term feasibility

- Cost of sharing without structure, cost of sharing with semantics

- Change in cost of collection when implemented

- enough content in a data class to increase the value of getting it into the USCDI, but not so much that it creates an undue burden by increasing the cost of getting final approval

- promotes outcomes that matter

- promotes access to data

- Value to future workflows

- Contributes to a valued outcome

- Fills essential data need

Value: Questions

- high value to smaller number of patients, but total value is very high
  - » life/death v tiny thing for many
- benefits outweigh the costs for widespread, mandatory data collection and sharing, both in aggregate and also at the patient and provider levels individually
- benefit:cost; not negative for patients/providers

U.S. Core Data for Interoperability Task Force

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Appendix

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USCDI Task Force Membership

First Name	Last Name	Organization
Co-Chairs		
Christina	Caraballo	Get Real Health
Terry	O'Malley	Massachusetts General Hospital
Members		
Nancy	Beavin	Humana
Rich	Elmore	Allscripts
Valerie	Grey	New York eHealth Collaborative
Leslie	Hall	Healthwise
Rob	Havsay	HIMSS
Laura	Heermann-Langford	Intermountain Healthcare
Eric	Helfin	Sequoia Project
Ken	Kawamoto	University of Utah Health
Steven	Lane	Sutter Health
Clem	McDonald	National Library of Medicine
Kim	Nolen	Pfizer
Brett	Oliver	Baptist Health
Mike	Perretta	Docket
Dan	Vreeman	Regenstrief Institute, Inc

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U.S. Core Data for Interoperability (USCDI) Charge

- **Overarching Charge**: Review and provide feedback on the U.S. Core Data for Interoperability (USCDI) structure and process.

- **Specific Charge:** Provide recommendations on the following:

  - » Mechanisms/approaches to receive stakeholder feedback regarding data class priorities;

  - » The proposed categories to which data classes would be promoted and objective characteristics for promotion;

  - » How the USCDI would be expanded and by how much; and

  - » Any factors associated with the frequency with which it would be published.

General Terminology

- Stakeholder – anyone with a vested interest in the USCDI

- Candidate Status - Data class has achieved technical level such that it can be tested in production settings

- Emerging Status - Data class has been defined and its future applications demonstrated

- USCDI Status - Data class is fully ready to be implemented in real-life settings

- Normative – Parts of a standard that specify what implementers should conform to

- Provenance – describes metadata, or extra information about data, that can help answer questions such as when and who created the data.

- Data element - single item with specific definition

- Data set - a group of data elements combined by a single stakeholder to serve a specific purpose

- Data class - a group of data elements that serve one or more purposes for more than one stakeholder

- Net value - equals value minus cost where the scale can be any type of cost or value (time, money, safety, quality, burden, etc.)

- Aggregate value: the combined net value derived by all stakeholders from implementing a specific data class

Prioritization Criteria

Characteristics of the Data Class

- Important to a high priority domain

- Based on TEP, Standards body type of review, real time consensus e.g. ISA

- Ease of standardization

- Currently being collected

- Mature standards exist

- Standards exist and are in production use

- High value to many domains

- Captured within current workflows

- "Capturability"

- Viewed as a critical need by someone

- Value to future workflows

Characteristics of the Stakeholder

- Provider/Clinician

- Consumer/Individual/Family

- Payer/Insurance

- Regulator

- Contributes to a valued health outcome

- Researcher

- Public health

Characteristics of the Data Management Process

- Cost

- Availability

Characteristics of the Domain

- High volume

- High cost

- High failure rate

- Cuts across other domains/broad applicability

Characteristics of the Subject Population

- High risk

- High utilizers

- Policy Priority

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Workplan

Meeting Date	Potential Discussion Items
February 21, 2018	• ~~Discuss USCDI Task Force charge scope and feedback~~
February 28, 2018	• ~~Proposed categories to which data classes would be promoted~~
March 7, 2018	• ~~Mechanisms and approaches to receive stakeholder feedback regarding data classes and elements~~
March 14, 2018	• ~~Objective characteristics for data class promotion~~ • ~~Prepare Draft Recommendations for HITAC review~~
March 21, 2018	• ~~**Draft recommendations shared with HITAC committee**~~ • ~~Continued discussion on objective characteristics~~
March 28, 2018	• How the USCDI would be expanded and by how much
April 4, 2018	• Frequency of USCDI publication and associated factors
April 11, 2018	• Finalize recommendations
April 18, 2018	• **Present recommendations to full HITAC Committee**

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Reference Materials

- ONC draft USCDI document – "Draft U.S. Core Data for Interoperability and Proposed Expansion Process" (January 5, 2018)

- White paper by Dixie Baker, et al, "Evaluating and classifying the readiness of technology specifications for national standardization."

- Health IT Standards Committee recommendation letter incorporating Standards & Interoperability Task Force recommendations (March 26, 2015)