



The Office of the National Coordinator for
Health Information Technology
Health IT Advisory Committee

U.S. Core Data for Interoperability Task Force

Christina Caraballo, Co-Chair
Terrence O'Malley, Co-Chair

March 5, 2019



Agenda

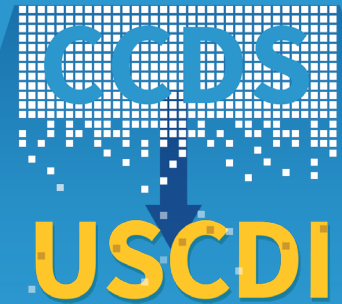
- Call to Order/Roll Call
- Task Force Kickoff
 - » Membership
 - » U.S. Core Data for Interoperability Review
 - » Task Force Phase 1 Charge – Review USCDI v1 Data Elements
 - » Work Plan
 - » Task Force Phase 2 Charge – Review and provide feedback on the USCDI Data Element Draft Promotion Model
- Discuss Patient Demographics Data Elements
- Public Comment

Membership

First Name	Last Name	Organization	Organization Type
CO-CHAIRS			
Christina	Caraballo	Audacious Inquiry	Consultant/Patient Advocacy
Terrence	O'Malley	Massachusetts General Hospital	Health & Hospital Organization
MEMBERS			
Tina	Esposito	Advocate Healthcare	Health & Hospital Organization
Valerie	Grey	New York eHealth Collaborative	Health IT Organization
Ken	Kawamoto	University of Utah Health	Health & Hospital Organization
Steven	Lane	Sutter Health	Health & Hospital Organization
Leslie	Lenert	Medical University of South Carolina	Health & Hospital Organization
Clem	McDonald	National Library of Medicine	Federal
Brett	Oliver	Baptist Health	Health & Hospital Organization
Steve	Ready	Norton Healthcare	Health & Hospital Organization
Sheryl	Turney	Anthem Blue Cross Blue Shield	Health IT Technology
ONC STAFF			
Stacy	Perchem	ONC	Federal
Adam	Wong	ONC	Federal
Johnny	Bender	ONC	Federal

The United States Core Data for Interoperability Standard

We propose 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 & 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

- **Principal 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

USCDI v1















Data Elements not highlighted are already included in the 2015 Common Clinical Data Set (CCDS).

A SET OF DATA CLASSES TO SUPPORT NATIONWIDE INTEROPERABILITY

The USCDI Version 1 (USCDI v1) is proposed as a standard (§ 170.213). It reflects the same data classes referenced by the CCDS definition and includes new required data classes and data elements, noted below.

If adopted, health IT developers will need to update their certified health IT to support the USCDI for all certification criteria affected by this change.

USCDI v1

Assessment and Plan of Treatment  Care Team Members  Clinical Notes ^{*NEW}  <ul style="list-style-type: none"> • Consultation Note • Discharge Summary Note • History & Physical • Imaging Narrative • Laboratory Report Narrative • Pathology Report Narrative • Procedure Note • Progress Note 	Laboratory  <ul style="list-style-type: none"> • Tests • Values/Results 	Provenance ^{*NEW}  <ul style="list-style-type: none"> • Author • Author Time Stamp • Author Organization
Goals  <ul style="list-style-type: none"> • Patient Goals 	Medications  <ul style="list-style-type: none"> • Medications • Medication Allergies 	Smoking Status  Unique Device Identifier(s) for a Patient's Implantable Device(s) 
Health Concerns  Immunizations 	Patient Demographics <ul style="list-style-type: none"> • First Name • Last Name • Previous Name • Middle Name (including middle initial) • Suffix • Birth Sex • Date of Birth • Race • Ethnicity • Preferred Language • Address ^{*NEW} • Phone Number ^{*NEW} 	Vital Signs  <ul style="list-style-type: none"> • Diastolic Blood Pressure • Systolic Blood Pressure • Body Height • Body Weight • Heart Rate • Respiratory rate • Body Temperature • Pulse oximetry • Inhaled oxygen concentration • Pediatric Vital Signs ^{*NEW} <ul style="list-style-type: none"> • BMI percentile per age and sex for youth 2-20 • Weight for age per length and sex • Occipital-frontal circumference for children >3 years old
	Problems  Procedures 	

The highlighted Data Elements are those for which ONC is seeking recommendations in the Phase 1 charge.

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.

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

- 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.

Work Plan – Phase 1

Meeting Date	Potential Discussion Items
February 20, 2019	<ul style="list-style-type: none">• Announce USCDI Task Force charge to HITAC
March 5, 2019	<ul style="list-style-type: none">• Kickoff Meeting for Phase 1• Discuss Patient Demographics Data Elements
March 11, 2019	<ul style="list-style-type: none">• Discuss Provenance Data Elements
Week of March 25, 2019	<ul style="list-style-type: none">• Discuss Clinical Notes
Week of April 8, 2019	<ul style="list-style-type: none">• Discuss Pediatric Vital Signs Data Elements• Draft recommendations
Week of April 22, 2019	<ul style="list-style-type: none">• Update and refine recommendations
Week of May 6, 2019	<ul style="list-style-type: none">• Finalize recommendations
May 13, 2019	<ul style="list-style-type: none">• Present recommendations to full HITAC Committee

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

Discuss Patient Demographics Elements

- 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.
- Any missing Patient Demographics Data Elements?

To make a comment please call:

Dial: 1-877-407-7192

*(once connected, press “*1” to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
“Public Comment” field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Workgroup and made part of the Public Record.



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