The Office of the National Coordinator for Health Information Technology

Health IT Advisory Committee

U.S. Core Data for Interoperability Task Force Draft Recommendations to the HITAC

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

April 5, 2019

Agenda

- Call to Order/Roll Call
- Opening Remarks and Workgroup Schedule
- Review HITAC Recommendations and Slide Presentation
- Public Comment
- Next Steps and Adjourn

Agenda [April 10 HITAC meeting]

- USCDI Task Force Members
- USCDI Task Force Phase 1 Charge
- Phase 1 Draft Recommendations
- Phase 1 Work Plan
- Questions

Task Force Members

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

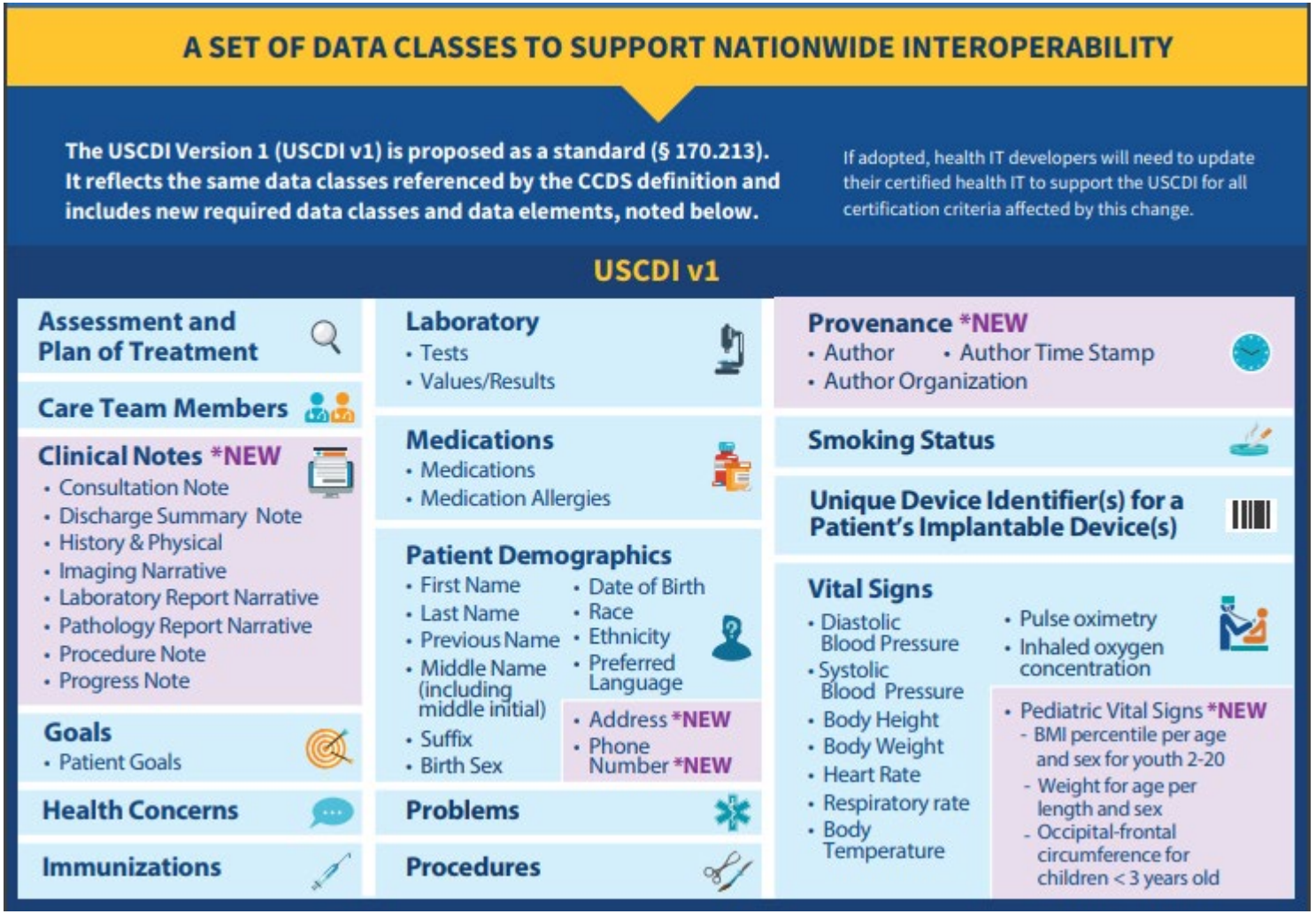
Task Force Phase 1 Charge

- **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 New Patient Demographics Data Elements
  - » Inclusion of Provenance Data Elements
  - » Inclusion of Clinical Notes Data Elements
  - » Inclusion of Pediatric Vital Signs Data Elements
  - » Missing Data Elements within Proposed Data Classes

USCDI v1

Data Elements in blue are already included in the 2015 Common Clinical Data Set (CCDS).

Data Elements in pink are those for which ONC seeks recommendations in the Phase 1 charge.



General Principles

- Be parsimonious with recommendations for new elements
- Divide recommendation into two groups:
  - Those that can be implemented using current CEHRT functionality
  - Those that will require new functionality or programming
- Each section is organized as follows:
  - Slide 1: Displays ONC recommendations with TF response
  - Slide 2: Additional TF recommendations
  - Slide 3: Justification and discussion of proposed recommendations
  - Slide 4: Questions for the HITAC

Patient Demographics: Data Element Recommendations

ONC Proposed Data Element	USCDI Task Force Recommendations
Address	• Use standardized format and content for Address - See AHIMA, USPS, Association for Healthcare Documentation Integrity, and current requirements for CEHRTs for applicable standards
Phone Number	• Use mobile phone number as primary • Landline as secondary

Patient Demographics: Additional Recommendations

ONC Proposed Data Element	USCDI Task Force Recommendations
Address	• Add a designation for individuals experiencing homelessness including displaced persons and refugees. Bring to USCDI once standards exist • Add preferred e-mail address
Other	• Add a section for "Pediatric Demographics": - Contact information for individual(s) with consent authority - Multiple addresses for parents, school, guardian - Contact information for Children's Services Case Manager • Consider adding optional identifiers such as: - Last four digits of SSN - Vetted IDs such as: State driver's license, State issued ID, Passport number, Military ID - Direct address

Patient Demographics: Discussion of Recommendations

- Two principal use cases: Patient Matching and Clinical Care.
- Standard address including past addresses is a reasonable addition.
- Mobile phone number is one of the most stable patient identifier
- Future iterations of USCDI should consider biometrics but they cannot be
- supported at this time.
- A Pediatric demographic set recognizes an immediate need of service providers to provide clinical care.

Patient Demographics: Questions for the HITAC

- Are there other priority use cases that should be addressed in addition to Patient Matching and Clinical Care?
- How should we assess benefit and burden of proposed changes?
- Is it reasonable to require currently available CEHRT to be “turned on” if it can accommodate a recommendation?

Provenance: Data Element Recommendations

ONC Proposed Data Element	USCDI Task Force Recommendations
Author	• Use “Source” in place of “Author”
Author’s Time Stamp	• Use “Source” Time Stamp
Author’s Organization	• Use “Source” Organization to include name and location

Provenance: Additional Recommendations

ONC Proposed Data Element	USCDI Taskforce Recommendations
Author Author Organization	• Specify a permitted "Source Type" for each data type. (e.g., For lab data: site and entity. For a Procedure Note: the performing clinician) • Consider more granular descriptions in later iterations to include role of the data source within the organization and setting (e.g., Vital signs collected at home vs pharmacy vs clinic vs hospital by MD vs RN vs Aide)
Other	• Implement a standardized metadata template for data element identification to include: - Data type using standardized nomenclature - Source ID - Source Time Stamp • Require the Source to indicate whether the data and its provenance tag are rendered in a standardized code or in a local code set to indicate whether it is computable

Provenance: Discussion of Recommendations

- We chose “Source” instead of “Author” because it is more general.
  - All authors are sources, but not all sources are authors
  - Sources can include machines, data aggregators
  - A specific author may be difficult to identify and be less informative than the identification of the source site.
- We propose to use Provenance to create a unique and persistent identification for each data element
- This will require standardized taxonomies for data types and source types which are of sufficient granularity to create a unique identifier.
- Subsequent template versions can be expanded as needed to include other data attributes

Provenance: Questions for the HITAC

- Is a unique identifier necessary for each data element?
- Should provenance be used to track a data element across multiple sites or is it sufficient to establish provenance between the current sender and receiver?
- Does the proposed standardized metadata template adequately address provenance?

Clinical Notes: Data Element Recommendations

ONC Proposed Data Element	USCDI Task Force Recommendations
Consultation Note	• Adopt
Discharge Summary Note	• Adopt
History & Physical	• Adopt
Imaging Narrative	• Adopt
Laboratory Report Narrative	• Adopt
Pathology Report Narrative	• Adopt
Procedure Note	• Adopt
Progress Note	• Adopt

Clinical Notes: Additional Recommendations

ONC Proposed Data Element	USCDI Task Force Recommendations
Other	• Amend “Data Element” to “Note” or “Document”

Clinical Notes: Discussion of Recommendations

- Standardized HL7 Note and Document types omitted from original list.
- New note types which reflect the clinical and communication needs of clinicians and service providers who are not hospital based or in ambulatory care practices. Their needs are not well represented by the original list.
  - Advance Care Planning and Reconciled Medication List are valuable as separate notes even though they might be included in other HL7 documents.
  - The Long Term Services and Supports Care Plan is currently in ballot at HL7. It will provide the communication bridge between medical and supportive services.
  - The Transfer Summary Note is a better structure for assuring continuity of care than the Discharge Summary which a regulatory requirement.

Clinical Notes: Questions for the HITAC

- Does the addition of standardized HL7 notes add undue burden?

Pediatric Vital Signs: Data Element Recommendations

ONC Proposed Data Element	USCDI Taskforce Recommendations
BMI percentile per age and sex for youth 2-20	• Omit. • Do not require sharing of values that are calculated from core data. Provide the core data instead.
Weight for age per length and sex	• Omit. • Amend data element to read “Weight for length percentile by age and sex for youth 2-20”. • Do not require sharing of values that are calculated from core data. Provide the core data instead.
Occipital-frontal circumference < 3 years old	• Adopt

Pediatric Vital Signs: Additional Recommendations

ONC Proposed Data Element	USCDI Taskforce Recommendations
Other	• Add “length” to the pediatric vital signs as a complement to “height”
	• Explicitly declare that the current USCDI Vital Signs apply to all age groups

Pediatric Vital Signs: Discussion of Recommendations

- There was a divergence of opinion regarding the requirement to calculate and then share important pediatric measures such as percentiles, BMI.
- One group held that by providing the raw data (height, weight, length, etc.) the receiving system could calculate these values in a way that is consistent with their usual practice thereby avoiding the exchange of data that might be calculated using different nomograms and data sets.
- The other group felt that there would be value especially for patients and parents to have this information because they are unlikely to have the functionality to calculate and trend these data.
- The compromise was to encourage sites that already calculate and store this information to share it with the other vital signs.

Pediatric Vital Signs: Questions for the HITAC

- On the question of whether to provide raw data and expect the receiver to perform a calculation, or to have the sender perform the calculation and send the result, what does the HITAC prefer?

Additional Data Element Recommendations

USDCI Taskforce Recommendations	
• Provider Demographics (under Care Team in current draft)	• Name • Role in the care of the patient • Specialty/Training • Contact Information • Identifier - NPI • Expand in future to include active areas of responsibility
• Medicaid mandated pediatric measurements	• Hearing screen by 3 months • Developmental assessments at 9, 18 and 36 months • Vision screening by 3-4 years
• Consideration given to creating a standard quality query/response template for eCQMs	• Query contains metric specifications (numerator, denominator, exclusions, data elements) • Response via a structured template • Goal is to measure quality metrics in the background

Discussion of Additional Recommendations

- Provider demographics are an important component of the Care Plan and enable the assignment of specific care plan responsibilities to a specific provider.
- Additional Pediatric measures which are part of Medicaid required reporting. Creates the platform for automated reporting and supports good clinical care.
- Quality measurement is its own category. Given its importance as a lever to improve clinical care, USCDI could help create a platform for quality measurement by implementing standardized query/response documents.

Additional Recommendations: Questions for the HITAC

Are there additional comments on:

- Provider demographics
- Required pediatric assessments
- Quality reporting standard

Thank you.

Work Plan – Phase 1

Meeting Date	Potential Discussion Items
~~February 20, 2019~~	~~• HITAC – Announce USCDI Task Force charge~~
~~March 5, 2019~~	~~• Kickoff Meeting for Phase 1~~ ~~• Discuss Patient Demographics Data Elements~~
~~March 11, 2019~~	~~• Discuss Provenance Data Elements~~
~~March 19, 2019~~	~~• HITAC – Present progress on draft recommendations~~
~~March 25, 2019~~	~~• Discuss Clinical Notes~~
~~April 1, 2019~~	~~• Discuss Pediatric Vital Signs Data Elements~~ ~~• Draft recommendations~~
April 5, 2019	• Update and refine recommendations
April 10, 2019	• HITAC – Present draft recommendations
April 15, 2019	• Finalize recommendations
April 25, 2019	• HITAC – Present final recommendations

Public Comment

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.

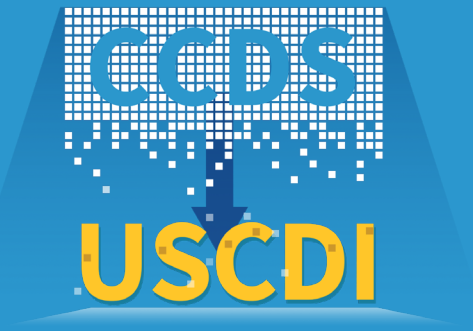
Meeting Adjourned

Appendix

- USCDI Fact Sheet

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.