



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

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

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May 13, 2019



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

Task Force Members

First Name	Last Name	Organization	Organization Type
CO-CHAIRS			
Christina	Caraballo	Audacious Inquiry	Consultant/Patient Advocacy
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MEMBERS			
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Valerie	Grey	New York eHealth Collaborative	Health IT Organization
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ONC STAFF			
Stacy	Perchem	ONC	Federal
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Johnny	Bender	ONC	Federal

USCDI Task Force Guiding Principles and Scope

- The primary focus of the Task Force (TF) in Phase 1 is to provide recommendations regarding proposed or missing Data Elements in USCDI v1.
- The TF did not consider how the proposed Data Elements could be incorporated into current or future record systems or provide recommendations regarding how that might occur.
- Unless otherwise indicated, each of the TF recommendations apply to USCDI v1.
- The TF cites different transport standards as examples; however, the recommendations are agnostic regarding transport.
- The TF assumes that all USCDI data elements will be tightly specified and semantically interoperable.

Patient Demographics: Use Cases

Patient demographics supports:

- Patient matching
- Identity verification
- Clinical care

Patient Demographics: Recommendation 1

- **ONC proposed the following new Patient Demographic data elements to be included in USCDI v1:**
 - » Address
 - » Phone Number
- **Recommendation 1. Accept Address in USCDI v1 as proposed by ONC with the following additions:**
 - » **Recommendation 1a.** Include both “Current Address” and Previous Address”.
 - » **Recommendation 1b.** Encourage the use of the USPS standardized addresses and recommend ONC request access for healthcare organizations to use the USPS standardized address for capture in clinical systems via APIs
 - » **Recommendation 1c.** Explore the feasibility of using and/or supporting an international address standard.

Patient Demographics: Recommendations 2-4

- **Recommendation 2. Accept Phone Number in USCDI v1 as proposed by ONC with the following additions:**
 - » **Recommendation 2a.** Include designations for both Mobile Number(s) and Landline Number(s)
 - » **Recommendation 2b.** Include a designation indicating whether each phone number is only associated with the patient or of another party
 - » **Recommendation 2c.** Designation for each number as to whether the patient has approved leaving a confidential message.

The USCDI TF recommends that ONC include the following data elements in USCDI v1:

- **Recommendation 3. Include destination(s) for electronic communications (e.g. email addresses)**
- **Recommendation 4. Include contact information for the individual(s) with authority to consent to treatment and data use.**

Patient Demographics: Recommendations 5-7

- **Recommendation 5. Include last four digits of the Social Security Number.**
- **Recommendation 6. Include optional identifiers such as identification numbers issued by State or Federal government.**
- **Recommendation 7. Include Self-reported gender identity.**

Provenance: Use Cases

Data Provenance supports:

- Establishing trust in data source
- Deduplication of data elements
- Data element versioning

Provenance: Recommendations 8-9

- **ONC proposed the following new Provenance data element to be included in USCDI v1:**
 - » Author Organization
 - » Author
 - » Author's Time Stamp
- **Recommendation 8. Accept Author Organization in USCDI v1 as proposed by ONC**
- **Recommendation 9. Accept Author in USCDI v1 as proposed by ONC with the following additions:**
 - » **Recommendation 9a.** ONC should require the identity of the Author for certain data classes where the Author is straightforward and important.
 - » **Recommendation 9b.** Use Author's Organization for data classes other than Clinical Notes and Medication Prescriptions.

Provenance: Recommendations 10-12

- **Recommendation 10. Amend “Author’s Time Stamp” as proposed by ONC in for USCDI v1 to “Time Stamp”.** Time stamp should be implemented locally. Each system can apply its own standards for Time Stamp in order to assert provenance.

The USCDI TF recommends that ONC should consider including the following data elements in USCDI v1:

- **Recommendation 11. Include a unique Organization identity if an adequate candidate is identified**
- **Recommendation 12. Include a designation to indicate when the patient is the author of the data**

Clinical Notes: Use Cases

Clinical Notes supports:

- Improving sorting of incoming notes
- Improved communication across the care continuum

Clinical Notes: ONC Proposed Data Elements

- **ONC proposed the following new Clinical Notes data elements to be included in USCDI v1:**
 - » Consultation Note
 - » Discharge Summary Note
 - » History and Physical
 - » Imaging Narrative
 - » Laboratory Report Narrative
 - » Pathology Report Narrative
 - » Procedure Note
 - » Progress Note

Clinical Notes: Recommendations 13-16

- **Recommendation 13. Accept the following Clinical Notes in USCDI v1 as proposed by ONC**
 - » Consultation Note
 - » Discharge Summary Note
 - » History and Physical
 - » Procedure Note
 - » Progress Note
- **Recommendation 14. Amend “Imaging Narrative” as proposed by ONC in for USCDI v1 to “Diagnostic Imaging Report”.**
- **Recommendation 15. Omit the Laboratory Report Narrative as proposed by ONC in USCDI v1.** We believe this note is duplicative of the Laboratory Results data class.
- **Recommendation 16. Omit the Pathology Report Narrative as proposed by ONC in USCDI v1.** We believe this note is duplicative of the Pathology Report data class.

Clinical Notes: Recommendations 17-22

The USCDI TF recommends that ONC include the following data elements in Clinical Notes USCDI v1:

- **Recommendation 17. Include a Continuity of Care Document.**
- **Recommendation 18. Include an Operative Note.**
- **Recommendation 19. Include Miscellaneous Note in USCDI v1**
- **Recommendation 20. Include Transfer Summary Note as optional in USCDI v1.**
- **Recommendation 21. Include Advance Care Planning Note as optional in USCDI v1**
- **Recommendation 22. Add Advanced Care Plan Note as optional in USCDI v1**

Clinical Notes: Recommendations 23-24

The USCDI TF recommends including the following Clinical Notes in future iterations of USCDI:

- **Recommendation 23. Include Referral Note**
- **Recommendation 24. Include Long Term Services and Supports Care Plan Note.**

Pediatric Vital Signs: Use Cases

Pediatric Vital Signs support:

- » Exchange of vital sign measurements
- » Exchange of calculated values derived from vital sign measurements

Pediatric Vital Signs: Recommendation 25

- **ONC proposed the following new Pediatric Vital Signs data elements to be included in USCDI v1:**
 - » BMI percentile per age and sex for youth 2-20,
 - » Weight for length percentile for age and sex for youth 2-20
 - » Occipitofrontal circumference under 3 years old
- **Recommendation 25. Accept BMI percentile per age and sex for youth 2-20 in USCDI v1 as proposed by ONC with the following additions:**
 - » **Recommendation 25a.** Require this data element if the IT system already stores it. Require that weight, age and sex are shared for all patients so recipient systems can perform their own calculations
 - » **Recommendation 25b.** Require the storage of this data element regardless of format whenever provided to the patient/guardian

Pediatric Vital Signs: Recommendations 26-27

- **Recommendation 26. Accept Weight for age per length and sex in USCDI v1 as proposed by ONC with the following additions:**
 - » **Recommendation 26a.** Amend data element to “Weight for length percentile by age and sex for youth 2-20”.
 - » **Recommendation 26b.** Require this data element if the IT system already stores it. Require that weight, age and sex are shared for all patients so recipient systems can perform their own calculations
 - » **Recommendation 26c.** Require the storage of this data element regardless of format whenever provided to the patient/guardian
- **Recommendation 27. Accept Occipitofrontal circumference under 3 years old in USCDI v1 as proposed by ONC**

Missing Data Elements: Recommendations 28-30

- **Recommendation 28. Add provider demographic data elements to the Care Team Members Data Class in USCDI v1**
 - » **Recommendation 28a.** Include Name
 - » **Recommendation 28b.** Include Contact information
 - » **Recommendation 28c.** Include Identifier (e.g., NPI, certification, state license)
- **Recommendation 29. Add Indication and/or associated diagnosis for each medication in USCDI v1 Medications Data Class.**
- **Recommendation 30. Include a designation and address entry standard for individuals experiencing homelessness, including displaced persons and refugees**

Additional Issues: Recommendations 31-32

- **Recommendation 31. Begin the process to develop a Quality Measures Data Class**
- » **Recommendation 32. Begin the process to assign a unique and persistent identity for each Data Element and develop a governance structure to oversee its use.**



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Appendix



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@HSONC



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.

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 	Laboratory  <ul style="list-style-type: none"> • Tests • Values/Results 	Provenance *NEW  <ul style="list-style-type: none"> • Author • Author Time Stamp • Author Organization
Care Team Members 	Medications  <ul style="list-style-type: none"> • Medications • Medication Allergies 	Smoking Status 
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 	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 	Unique Device Identifier(s) for a Patient's Implantable Device(s) 
Goals  <ul style="list-style-type: none"> • Patient Goals 	<ul style="list-style-type: none"> • 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
Health Concerns 	Problems 	<ul style="list-style-type: none"> • 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
Immunizations 	Procedures 