

Health Information Technology Advisory Committee

U.S. Core Data for Interoperability Task Force 2021 Virtual Meeting

Meeting Notes | February 23, 2021, 10:30 a.m. – 12:00 p.m. ET

Executive Summary

The focus of the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF 2021) meeting was to review the new, shared USCDI TF Recommendations Tracker Google document. TF members discussed how to best submit comments to into the public record properly. **Steven Lane**, co-chair of the USCDI TF 2021, led a discussion on the proposed data classes and data element for inclusion in version 2 of the USCDI. **Leslie Kelly Hall** was named as co-chair of the TF. As their homework assignment, TF members will submit comments on the Recommendations Tracker document or as written suggestions to the co-chairs and the ONC staff lead, via email, within a week after the meeting.

There were no public comments submitted by phone and several comments submitted via the chat feature in Adobe Connect.

Agenda

10:30 a.m.	Call to Order/Roll Call
10:40 a.m.	Past Meeting Notes
10:45 a.m.	Task Force Charges
10:50 a.m.	USCDI TF Recommendations Tracker
11:00 a.m.	Tasks 1b and 1c
11:50 a.m.	TF Schedule/Next Meeting
11:55 a.m.	Public Comment
12:00 p.m.	Adjourn

Call to Order

Michael Berry, Designated Federal Officer, Office of the National Coordinator for Health I.T. (ONC), called the meeting to order at 10:30 a.m.

Roll Call

MEMBERS IN ATTENDANCE

Steven Lane, Sutter Health, Co-Chair
Ricky Bloomfield, Apple
Hans Buitendijk, Cerner
Grace Cordovano, Enlightening Results
Leslie Kelly Hall, Engaging Patient Strategy
Jim Jirjis, HCA Healthcare
Les Lenert, Medical University of South Carolina
Clem McDonald, National Library of Medicine



Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin
Brett Oliver, Baptist Health
Mark Savage, University of California, San Francisco's Center for Digital Health Innovation
Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)
Sasha TerMaat, Epic
Sheryl Turney, Anthem, Inc.
Daniel Vreeman, RTI International
Denise Webb, Indiana Hemophilia and Thrombosis Center

MEMBERS NOT IN ATTENDANCE

Ken Kawamoto, University of Utah Health
Andrew Truscott, Accenture

ONC STAFF

Michael Berry, Branch Chief, Policy Coordination, Office of Policy (ONC); Designated Federal Officer
Al Taylor, Medical Informatics Officer, Office of Technology

General Themes

TOPIC: USCDI TF RECOMMENDATIONS TRACKER

The USCDI TF 2021 Recommendations Tracker spreadsheet was created and released as a shared Google document, and TF members were encouraged to access it and submit comments in the document but may not edit the contents of the document itself. ONC and **Steven Lane** have updated the document with comments submitted from several sources, including via email by TF members, from discussions held during public USCDI TF 2021 meetings, and from comments made on the USCDI website. TF members had a robust conversation about how to enter comments into the public record using various methods, including the Recommendations Tracker document.

TOPIC: TASKS 1B AND 1C

In order to provide the HITAC with recommendations, the USCDI TF 2021 worked on Task 1b and Task 1c of Charge 1, which included:

- Evaluate new data classes and elements from Version 2 of the draft USCDI (USCDI v2), including applicable standards
- Evaluate Level 2 data classes and elements not included in Draft USCDI v2

Key Specific Points of Discussion

TOPIC: USCDI TF 2021 HOUSEKEEPING

- USCDI TF 2021 meeting materials, summaries, presentations, and final transcriptions are posted to the HITAC's website via links attached to each meeting date on the HITAC Calendar, here: <https://www.healthit.gov/topic/federal-advisory-committees/hitac-calendar>
- USCDI TF members will receive a raw transcription by email following each meeting to assist them in completing homework in between meetings
- **Steven Lane** reminded USCDI TF 2021 members of the TF's timeline and deliverables:
 - Interim comments will be submitted at the March 10, 2021, HITAC meeting. Current work must be synthesized into a final draft of recommendations by late March 2021, in order for it to be presented at the April 15, 2021, HITAC meeting.





- Between April and September 9, 2021, the TF will focus on evaluating the USCDI expansion process to provide the HITAC with recommendations and on informing ONC's priorities, including the ONC New Data Element and Class (ONDEC) Submission System, for the USCDI version 3 submission cycle.
- **Mark Savage** highlighted data elements listed in a 2018 document (Draft U.S. Core Data for Interoperability (USCDI) and Proposed Expansion Process) ONC published that were not included in version 2. **Al Taylor** explained that the document was published prior to the ONC Cures Act Final Rule rulemaking cycle and was not binding as to future USCDI content. TF members may reference the document (link in Adobe comments), but the Final Rule set the content for USCDI Version 1 and the expectations for the work of USCDI Task Forces.
- **Leslie Kelly Hall** will replace **Terry O'Malley** as the second co-chair.

TOPIC: RECOMMENDATIONS TRACKER

Steven Lane and **Al Taylor** provided an overview of the structure and contents of the document and reviewed key comments from the document, which included:

- **Leslie Kelly Hall** created a spreadsheet of suggestions to the Recommendations Tracker to be added to the spreadsheet, including comments on existing items and suggestions for new items.
- TF members and ONC staff discussed how to update the shared Google document and to best continue to share comments so that they are officially entered into the public record.
 - **Grace Cordovano** suggested the addition of a second tab to be used as a workbook space for TF members to submit comments.
 - Several TF members asked if the comments they entered into the Interoperability Standards Advisory (ISA) process as part of the public record will be added to the Recommendations Tracker document.
 - **Hans** suggested that the spreadsheet can capture a discussion in flight more easily than the ISA website and favors the worksheet despite its challenges.
 - The final approach for entering comments into the public record and tracking recommendations made by TF members will be announced. ONC staff and the co-chairs will discuss it offline.

TOPIC: DRAFT USCDI V2 NEW DATA CLASSES AND ELEMENTS

USCDI TF 2021 members submitted comments on new data classes and elements in the draft USCDI v2 and discussed topics related to reviewing and prioritizing them.

- Proposed New Data Class – Encounter Information:
 - **Hans Buitendijk** highlighted the disconnect between Encounter Diagnosis and Encounter Reason/Problem in terms of the Fast Healthcare Interoperability Resources (FHIR) standard. What are the roles of the standards, like FHIR and the U.S. Core, in relation to the USCDI? Clarification is needed in the definition for “Encounter Diagnosis” and how USCDI uses this data element.
 - **Steven Lane** stated that, as a primary care physician, he sees in-patient and ambulatory encounters with a diagnosis attached that are coded in ICD. However, there can be other coding issues and confusion on the patient-facing side.
 - **Al Taylor** shared the current definition for “Encounter Diagnosis,” as it was submitted by CMS: “To represent the primary reasons for healthcare encounter and associated diagnosis represented by a diagnostic code using SNOMED or ICD.” U.S. Core has the category “Encounter Diagnosis.”
 - **Clem McDonald** supported the question about the differences between “diagnosis” and “reason.”





- **Ricky Bloomfield** stated that the metadata for Encounter Diagnosis exists in U.S. Core, so the TF just has to determine the definition for the data element. Then, it will be supported in U.S. Core.
- Ordering/Prioritizing Data Elements and Classes:
 - **Les Lenert** proposed defining specific use cases that are supported by or require a specific data class or element and ordering the data element use cases within USCDI v2 by priority.
 - USCDI TF 2021 members expressed concerns that the number of use cases were too great or varied but agreed identifying use cases is important.
 - The TF considered **Grace Cordovano's** suggestion to identify which stakeholders are impacted by each of the 61 data elements.
 - **Al Taylor** stated that USCDI is supposed to be a patient data set that serves the majority, and the new data elements represent significant gaps from USCDI v1. TF members are supposed to discuss whether the data elements chosen for v2 are properly defined and placed, and gaps in v2 will be discussed as part of the next TF task (1c).
 - **Sheryl Turney** suggested that the TF create evaluation criteria to define the impact of a v2 proposed data element based on the number and classes of positively impacted stakeholders. Others agreed.
 - **Clem McDonald** emphasized the need for the USCDI TF 2021 to move forward on items and not get too granular in its work.
- Proposed New Care Team Members:
 - **Dan Vreeman** asked USCDI TF 2021 members to give feedback on his suggested update to the definition of this data element and shared some examples and his reasoning. TF members agreed that **Dan** could submit a new definition in writing for future review.
- New Data Class – Problems:
 - **Steven Lane** explained that he submitted the data class and elements as part of his work with the California Department of Public Health on a registry to analyze incidence and prevalence data. He determined that dates should be attached to the diagnosis.
 - **Clem McDonald** discussed issues related to the content and organization of problem lists used by providers. He supports including Date of Diagnosis according to the date first entered, but not necessarily Date of Resolution, as it is not used in all encounters. Health issues can be “resolved” in the system by being recorded as a more specific diagnosis.
 - **Steven Lane** explained that these specifications are needed in order for public health to establish the prevalence and incidence of the disease. Systems vendors have provided feedback that the Date of Resolution does not have to be an exact date. If the data is available and useful, it should be made available for exchange.
 - **Clem** and **Steven** discussed how to help providers best serve the patient by focusing on the most useful classes and elements.
 - **Steven Lane, Les Lenert, and Hans Buitendijk** discussed the definition of the Date of Diagnosis. **Hans** requested clarification. Was it meant to be the date the clinician made the diagnosis or when the patient first had the onset of symptoms? **Steven** defined it as when a clinician first establishes a diagnosis and stated that the date of onset may be reported by the patient. **Les** identified this as an example of a high priority use case for providers who maintain problem lists but added that patients have different needs/use cases.
 - **Grace Cordovano** discussed the use case of patients with chronic illness, life-altering diagnosis, emergency, and/or disability, noting that Date of Resolution is not relevant there. Incorrect documentation under Date of Resolution could potentially impact a patient’s access to disability/benefits.





- **Al Taylor** encouraged USCDI TF 2021 members to continue to discuss and recommend changes to ONC's definition of Date of Diagnosis (and any other definitions of proposed data classes and elements). A new definition could be, "The date at which the diagnosis was determined," and this does not specify if a provider or the patient made the diagnosis. He gave justification for the inclusion of the Date of Resolution.
 - **Clem** disagreed, stating that it should be removed/downgraded so it does not become a required field, potentially leading to confusion and more burden to physicians.
 - **Steven** discussed reasons for including these elements but to avoid creating fields that have not existed previously.
 - **Les Lenert** discussed complications related to health record exchanges between providers, suggesting that this work should alleviate burden, not increase it.
 - **Dan Vreeman** suggested creating a way to signal a requirement that a data element should be supported/exchanged while clarifying that it is not required to be populated.

Action Items

As their homework assignment, USCDI TF 2021 members will submit comments on the Recommendations Tracker document or as written suggestions to the co-chairs and the ONC staff lead, via email, within a week after the meeting.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Grace Cordovano, PhD, BCPA: Good morning everyone!

Mike Berry: Good morning everyone. We will be starting shortly.

Ricky Bloomfield: I'm here - waiting for phone to answer.

Sheryl Turney: i'm [*sic*] on connecting audio

Mike Berry: Thanks Ricky and Sheryl!

Brett Oliver: Apologies for joining late

Mike Berry: Thanks for joining Brett. We're just diving in.

Mark Savage: <https://www.healthit.gov/sites/default/files/draft-uscdi.pdf>

clem mcdonald: I am here, Clem

Grace Cordovano, PhD, BCPA: Could someone kindly clarify: The items that are listed in the spreadsheet are added after suggestions are made during meetings and pulled from Taskforce commentary in general?

Jim Jirjis: Jim Jirjis Joining late

Mike Berry: Welcome Jim!





Grace Cordovano, PhD, BCPA: It seems that it is possible to "Protect" a sheet or range
https://support.google.com/docs/answer/1218656?hl=en&visit_id=637496931229548380-721031711&rd=1

Mark Savage: So the spreadsheet is a public record in real time?

Grace Cordovano, PhD, BCPA: Mark, I believe it's for the Taskforce members at the moment.

Hans Buitendijk: As the spreadsheet can capture a discussion in flight more easily than the ISA website, I'd favor the worksheet despite its challenges.

Hans Buitendijk: Last week I understood that various programs need not support the standards, thus would need clarity on what to support more specifically. It would be helpful to clarify that further.

Leslie Kelly Hall: Can we get a report from staff reconciling all of the federal efforts that impact USCDI, like FHIR and CORE etc.

Les Lenert: perhaps rather than looking at data classes, we should be looking at USE CASES for prioritization--this summarizes Leslie's remarks and Clem's. It also reflects the concerns raised by CMS. Use cases require sets of vocabulary for implementation. There are of course many suggestions for individual items that reflect use cases of interest but we have to cluster things

Aaron Miri: I like the Use case idea by Les

Grace Cordovano, PhD, BCPA: I also agree with defining use cases however, as devil's advocate, which stakeholder's use cases are prioritized?

Ricky Bloomfield: I have my hand raised. The FHIR Encounter resource does have a diagnosis parameter that can handle this well. It's just not required, but will enable whatever the definition is or will be.

Hans Buitendijk: Thank you Clem!

Hans Buitendijk: Thank you Ricky for stating it more clearly.

Ricky Bloomfield: No problem - it's definitely a nuanced issue!

Mark Savage: Second what Steven said, that individual data elements serve multiple use cases. We see that often at UCSF as an academic medical center.

Ricky Bloomfield: Unfortunately I have to drop off due to another conflict.

Leslie Kelly Hall: Agree prioritization [*sic*] principles will be important

Steven Lane: I am happy to announce that ONC has named Leslie Kelly Hall as the new Co-chair for our USCDI 2021 Taskforce :-)

Aaron Miri: Yay Leslie!!!!

Mark Savage: Thank you Leslie!

Grace Cordovano, PhD, BCPA: Congratulations Leslie! Fantastic news!

Leslie Kelly Hall: Thanks everyone!

Leslie Kelly Hall: agree!





Leslie Kelly Hall: I am so sorry I have to log off early. Happy to serve and will make sure my calendar is better going forward.

Aaron Miri: All I need to run. Talk soon! Congrats again LKH

Hans Buitendijk: Can you clarify the difference between Data of Diagnosis and Date of Onset? Both were listed in Level and appear the same. Is the Date of Diagnosis meant to be when the clinician made the diagnosis or when the patient first had the diagnosis (onset)? *[sic]*

Les Lenert: do you see how this could be really confusing to a patient trying to use this data?

Les Lenert: Which use cases conflict?

Les Lenert: who can know when a diagnosis started?

Les Lenert: a date of resolution could have a number of harms if it is not correct

Les Lenert: for example, if insurers are using this data

Hans Buitendijk: If the criterion to include data would be availability in already referenced standards, then the closest we could get with Date of Diagnosis (when diagnosed) that recorded date is the closest available.

Mark Savage: However refined, these data elements should be kept in v2, IMO.

Mark Savage: (To Steven's question.)

Resources

[USCDI TF 2021 Meeting Agenda](#)

[USCDI TF 2021 Meeting Slides](#)

[USCDI TF 2021 Webpage](#)

Adjournment

Steven Lane stated that USCDI TF 2021 members will begin task 1c of Charge 1 at the next meeting, which will be held on Tuesday, March 2, 2021.

The meeting was adjourned at 11:59 a.m. E.T.

