Health Information Technology Advisory Committee

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

Meeting Notes | March 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 comments and feedback submitted by TF members as part of Tasks 1a, 1b, and 1c of Charge 1 of USCDI TF 2021, with a focus on items submitted by CMS. TF members discussed the suggestions and updated the TF's working documents with their recommendations, which will be presented to the HITAC at its April 15, 2021 meeting.

There were no public comments submitted by phone, but there was a robust discussion in the chat feature in Adobe Connect.

Agenda

10:30 a.m.	Call to Order/Roll Call
10:40 a.m.	Past Meeting Notes
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 10:32 a.m.

Roll Call

MEMBERS IN ATTENDANCE

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

Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin
Brett Oliver, Baptist 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 2021 MEMBER AND CMS RECOMMENDATIONS

USCDI 2021 TF members completed a review of recommendations submitted within their shared Google documents and discussed submissions. Michelle detailed recommendations submitted for review by CMS.

TOPIC: TASKS 1A, 1B, AND 1C

To provide the HITAC with recommendations, the USCDI TF 2021 worked on Tasks 1a, 1b, and 1c of Charge 1, which included:

- Evaluate data classes and elements from Version 1 of the USCDI (USCDI v1), including applicable standards version updates
- Evaluate new data classes and elements from draft USCDI Version 2 (draft 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, past meeting summaries, presentations, audio recordings, and final transcriptions are posted on the new website dedicated to the TF located at https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021
- Two shared recommendations documents were created in Google Drive for TF members to submit feedback for discussion during meetings, and they were displayed.
- The TF will continue to meet weekly on Tuesdays at the same times, and any breaks in the meeting schedule will be announced.

TOPIC: USCDI TF 2021 MEMBER RECOMMENDATIONS DOCUMENTS

Steven reminded TF members that USCDI v2 would be a more moderate update, so he asked them to be mindful of that need while making suggestions. He reviewed updates made to the USCDI TF 2021 recommendations documents, including new columns, and highlighted new comments added since the previous meeting. TF members discussed the suggestions, which included:

- USCDI TF 2021 members have suggested that if an item is already well-represented in HL7's Consolidated Clinical Document Architecture standard (C-CDA) and the HL7 FHIR® US Core Implementation Guide (US Core), it should be given special consideration for inclusion in the USCDI.

- Steven asked TF members to choose 10-12 items under Task 1c of Charge 1 that would make the biggest impact if they were brought forward into USCDI v2. The TF will not focus on Comment Level (Level 1) items now but will discuss suggestions, guiding principles, and other items during Tasks 2 and 3 of their work. If a TF member or a member of the public would like to support an item, they were encouraged by the co-chairs and Al Taylor to leave feedback on the USCDI's website for collecting public comments.

TOPIC: RECOMMENDATIONS FROM CMS

Michelle and a team from the Centers for Medicare and Medicaid Services (CMS) were in attendance to present their priority items from Tasks 1a, 1b, and 1c of the USCDI TF 2021's Charge to better align the USCDI with the needs of CMS.

- Task 1a: Michelle entered a comment on the USCDI TF 2021's internal working spreadsheet:
  - CMS recommended adding the ICD-10 Terminology data element to the Problems data class in USCDI v2. The applicable standards were noted as justification for the recommendation. This information is necessary for patient access to information and quality measures.
  - Al discussed the longstanding debate around whether Problems should include ICD-10 encoding and mapping that has been done between ICD-10 and SNOMED. ONC has propsed in Draft USCDI v2 that Encounter Diagnoses should be encoded in ICD-10 and SNOMED CT. Future versions of the USCDI and the requirements within versions will be voluntary, pending future rulemaking. Also, USCDI v2 already allows both to be used for the download/capture of the Encounter Diagnosis data element.
  - Steven spoke in support of including ICD-10 and added that there may be mapping between SNOMED and ICD-10 to meet the certification requirements for the Problems class.
  - Clem stated that there is little internal use of SNOMED in the United States and added that some large electronic health record systems (EHRs) utilize ICD-10 for the primary mapping of Problem List items. Clinicians must use ICD-10 for billing. ICD-11 is coming and promises to be better than ICD-10.
  - Leslie suggested that the use of ICD supports Concurrent Coding.
  - Mark shared that the Gravity Project's submission for a new social determinants of health (SDOH) data class also uses ICD10 for the Problems class.
  - Michelle clarified that CMS suggests that the use of ICD is required.
  - Ricky stated that small app developers may not have the capability to map between ICD and SNOMED, so ICD should be a choice, not a replacement for SNOMED.
  - Les stated that the USCDI TF 2021 should take a strong stance. ICD-10 is the pragmatic choice, but SNOMED is the idealistic choice for future global unification.
  - Hans discussed the vendor perspective and stated that each is used within the EHR for different purposes. It is practical to allow both.
  - Ken warned the USCDI TF 2021 should not change the requirements for vendors or define which purposes ICD or SNOMED should be used for within the EHR.
  - TF members discussed if SNOMED should be disallowed, and Michelle commented on behalf of CMS that the recommendation should be to allow or require ICD, in addition to SNOMED.
  - Grace posed a question about which action by the TF would most benefit the patient, and Leslie responded that making ICD coding available supports patients, as it provides transparency to billing information. The TF could consider dropping SNOMED at a future date but not now.
  - The TF agreed to suggest that ICD-10 should be allowable for coding of and consider requiring ICD-10 for this data class while continuing to allow or require the use of SNOMED for certification.
- Task 1b: Michelle/CMS submitted a recommendation:
  - Include the Encounter Time data element under the Encounter Information data class to ensure the ability to identify the start/end of encounters, including the admission and discharge date/times.

- Previously, the USCDI TF 2021 had a long discussion about this topic but did not issue a final recommendation. Steven proposed using the data and start/stop times, and TF members discussed the pros, cons, and related issues.
- Sasha described the conversation USCDI TF 2021 members had with the Electronic Health Record Association (EHRA). While start/stop times are used in CMS quality measures and are well-defined for hospital and emergency department (ED) encounters, they are not well-defined for ambulatory encounters where EHRs may collect various times. She suggested that start/stop time be used for inpatient and ED encounters, while date would be used for outpatient/ambulatory encounters.
- Jim agreed with Sasha's comments and discussed how precisely (or not) "Time" could be applied in various situations and highlighted ways it could be misapplied. Al discussed ONC's interpretation of "Time" and agreed that this element could be applied in various ways. Jim suggested making this element less granular and not required.
- Grace asked if this element would be better included under the Procedures or Surgical data classes, but Steven responded that that suggestion is out-of-scope, as it was not proposed for Task 1 of the TF's Charge. The TF could propose to work on it later.
- The TF recommendation was to include date and time (minute), at least for acute care encounters (hospital, ED), and to require encounter start/stop times for inpatient and ED encounters. There is a need to precisely specify what times constitute start and stop times for inpatient and ED encounters.
    - Dan supported the recommendation and stated that "Time" could be interpreted as a duration, which inherently has a beginning and an end. Hans agreed and suggested that "Time period" would be a better option.

- Task 1c: Michelle/CMS discussed the nuances behind their submitted recommendations:
    - Include the Encounter Location and Encounter Disposition data elements, which are under the Encounter Information data class, in USCDI v2. They were included in Level 2.
    - TF members discussed including "Encounter Location" in USCDI v2 but agreed to leave this item as Level 2, due to ambiguities identified and lack of full support across C-CDA, and to encourage the industry to work on it. Further clarification is needed. It was designated as a priority #3 for the TF.
        - This data element is a must-support in US Core but is not required in C-CDA or certification tested.
        - Clem submitted several clarification questions: "What is location? Physical setting? What about virtual care? Would this include the location of the provider and/or patient?" Sasha reiterated Clem's request for clarification.
        - Michelle responded that CMS requests location specified at the level of the setting of the service, as opposed to the physical address. This may include hospital and department, specifically ED, ICU, cath lab, etc.
            - TF members emphasized the need to clarify ambiguities around if/how patients realize that these settings are changing. Sasha explained that distinctions are made using metadata.
        - Hans explained that the data is available, adding that it is potentially helpful to identify as a future requirement to stimulate the development of guidance for a standard that does not yet include this.
    - TF members discussed including "Encounter Disposition" in USCDI v2 and agreed to include it as a requirement for Encounter Disposition for Hospital and ED encounters. The TF will signal that this should be included for long-term care facilities when possible. It was designated as a priority #1 (high) for the TF.
        - Al provided the data element submission definition in ONC's New Data Element and Class (ONDEC) Submission: "This element described the category or kind of location after discharge. For example, a patient may be discharged to home, discharged against medical advice, or expired."

        - CMS desires disposition information from skilled nursing facilities (SNF) facilities.
        - In response to Sasha's request for clarification, Al explained this is primarily relevant for disposition from hospital and long-term care facilities. ONC could narrow the specification for testing and certification to the level of inpatient vs. ED vs. ambulatory. Sasha discussed outpatient situations, like a visit to a dermatologist, in which the initial recommendation would not work. Flexibility in certification is key.
        - This is a must-support item in US Core, and C-CDA has this in the guide, but it is not yet required for inclusion.
- Task 1c: Michelle/CMS submitted a recommendation:
    - Include the Medicare Patient ID (MBI) data element under the Patient Demographics data class in USCDI v2.
    - Clem noted his support, adding it seems to be a popular item for inclusion and asked it can be added. Hans agreed that clarification is needed and discussed several points.
    - Michelle stated that CMS requires greater clarity regarding whether there should be a distinct field (for the MBI). CMS will review it and will bring information back to the TF.
- Task 1c: Michelle/CMS submitted a recommendation:
    - Include the Facility (Organization ID) data element under the Facility Level Data data class in USCDI v2.
    - Michelle explained that Provider ID was added to draft USCDI v2. However, CMS recommends adding applicable standards requirements to the data element to ensure the data are usable and expanding the data element to include facility ID (specifically including Tax Identification Number (TIN) and CMS Certification Number (CCN) (Hospital) identifiers).
    - In response to Clem's question, Michelle clarified that this is not the national provider identifier (NPI) but, rather, the facility ID. TF members discussed and clarified the differences between the uses of TIN, CCN, and NPI identifiers.
    - Sasha asked if this data element belongs with the Encounter or the Facility data classes and highlighted related tax ID and metadata considerations/complications. Michelle suggested that Encounter might be a better fit. TF members discussed the choice, stating that some encounters will not have this data associated, and Sasha suggested that the TF recommend distinct encounter data elements for TIN and CCN as organizational identifiers, as they each have different formatting requirements.
    - TF members agreed to recommend adding data elements for TIN and CCN at the Encounter data class level. These would be optional and included when available.
- Task 1c: Michelle/CMS submitted a recommendation:
    - Include the Level 2 data elements Assessments, Goals, Interventions, Outcomes, and Problems/Health Concerns, which are under the Social Determinants of Health data class, in USCDI v2.
    - Michelle highlighted the importance of SDOH to achieve greater health equity in the United States, adding that it is a priority of the new administration and a high priority for CMS. A Social Determinants of Health data class should be added to the USCDI to drive forward standard capture of this critical data. CMS specifically urges inclusion of the SDOH data class based on the work the HL7 Gravity Project has been completing (i.e., transportation/housing/food insecurity, education level).
    - TF members discussed the data elements submitted by Mark and the Gravity Project and clarified whether they were all in scope (as Level 2 submissions).

- The structural standards exist for each of these six elements in current HL7 standards. Specifically, in FHIR, (1) Assessments are Observation resources; (2) Problems/Health Concerns are Condition resources; (3) Goals are Goal resources; (4) Interventions are ServiceRequest and Procedure resources; (5) Outcomes are represented by the status on any of the previously mentioned resources or creation of new Observation resources; and (6) Consent is represented by the Consent resource. However, they are not fully profiled in US Core and are not fully supported in C-CDA.
- Additional data elements that should be considered in the future include access to the internet and/or digital devices.
- TF members did not reach a consensus, so no recommendation was issued. TF members will continue to discuss the topic next week.

Action Items

The co-chairs will collapse recommendations in the shared Google document that are duplicates/related.

As their homework, USCDI TF 2021 members will continue reviewing and submitting comments on existing items in the Recommendations Tracker and the USCDI TF 2021 Recommendations documents.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry: Good morning. Thank you for joining the USCDI Task Force today. We will be starting soon.

Sasha TerMaat: Hi, this is Sasha. I think I joined just after my name was called!

Leslie Lenert: Hi folks...this is Les, I am joined just now

Grace Cordovano: Hans & Ricky, thank you for all your efforts in populating the new column. Extremely helpful information!

Clement McDonald: this is clem. Think I missed the roll call too

Hans Buitendijk: Would like any set of eyes on the C-CDA related notes considering the multi-layers to tease out what actually is "required" in the 2015 Certification Edition Cures Update.

Grace Glennon: Can you clarify rationale for ICD-10 terminology being included for procedures (optional) but not Problems?

Leslie Lenert: I was dropped from the call

Sasha TerMaat: For clarity, yes, you do have mapping to SNOMED for diagnoses.

Daniel Vreeman: I'm in favor of the ICD recommendation

Jim Jirjis: Jim Jirjis joining late

Leslie Kelly Hall: Agree ICD10

Sasha TerMaat: I think Ken makes an important point.

Hans Buitendijk: @Ken, @Sasha: agreed.

Hans Buitendijk: I do not understand Al's statement

Ricky Bloomfield: The US Core Condition Profile value set for codes currently includes codes from SNOMED, ICD-9, and ICD-10. EHR vendors are required to support US Core by Dec. 2022.

Leslie Kelly Hall: Grace do you wan *[sic]* to add or can we go on

Grace Cordovano: Would like to comment

Ricky Bloomfield: EHR vendors must include a code within that value set - one system isn't required above another.

Hans Buitendijk: It would be important to know what the difference is between adding vs. replacing so we understand impact of our recommendations to USCDI.

Ricky Bloomfield: Here's the link if you'd like to view it on your own computers at a different size: https://docs.google.com/spreadsheets/d/1XmYjtAeGG06Si2k_zB60h9wQ2kF3beTD8rTbPiMH8P4/edit?ts=6036d83c#gid=0

Daniel Vreeman: @Michelle: Encounter Disposition is row 34

Hans Buitendijk: Suggest that the standards resolve what level of specificity is appropriate based on setting.

Denise Webb: Concur with Sasha's comments

Leslie Kelly Hall: ED also has short stay and observations stays and can add complexity

Mark Savage: To Al's point, can the provider just choose "N/A" or something like that for time? So field is completed, but an N/A value?

Leslie Kelly Hall: mark many are calculated vs entered and vary in how they are gathered

Mark Savage: Thx @Leslie

Leslie Kelly Hall: Encounter location in telehealth can be the place where the provider is or the location of the patient? It may vary by state's liscense *[sic]* requirements

Leslie Kelly Hall: To Hans point, aspirational recommendations in future should inlcude *[sic]* alignment with other standards like CORE

Ricky Bloomfield: I have to drop off now, unfortunately!

Daniel Vreeman: For better or worse, in FHIR/US Core, discharge dispostion *[sic]* is a subtype of only the "hospitalization" node http://hl7.org/fhir/r4/encounter-definitions.html#Encounter.hospitalization.dischargeDisposition

Sasha TerMaat: Generally I expect HIT supports Medicare Patient ID. One question, will Medicare Paitent ID *[sic]* be appropriate for certification of pediatric products?

Hans Buitendijk: Agreed that MBI will be there, guidance would need to be updated on US Core and C-CDA on when to include it.

Leslie Kelly Hall: agreed on medicare patient id

Sasha TerMaat: CCN = CMS Certiifcation *[sic]* Number, I believe

Denise Webb: That is correct Sasha.

Mark Savage: Agree re coverage type. Mark added a broader recommendation re health insurance information.

Sasha TerMaat: The coverage type that CMS uses in quality reporting usually requires a degree of summarization from how insurnace *[sic]* information is captured for billing. We would probably want to discuss the implications of both more.

Sheryl TUrney: Stephen if theses *[sic]* are from the gravity these should be the same 6 data elements that I requested as well

Mike Berry: We welcome comments from the public and will open up the line soon. To make a comment please call: 1-877-407-719 2(once connected, press "*1" to speak)

Steven Lane: https://www.healthit.gov/isa/uscdi-data/social-determinants-health#level-2

Sheryl TUrney: I included with my recommendation the standards references for the 6 data elements that I submitted

Sheryl TUrney: the once missing from Michelle is "consent"

Leslie Kelly Hall: consent is later in the spreadsheet

Sheryl TUrney: ok thank you

Mark Savage: Al noted that "consent" did not make it to Level 2, but all others did.

Mark Savage: *all other data elements, e.g. assessments

Denise Webb: I had to drop off the meeting

Resources

USCDI TF 2021 Website
USCDI TF 2021 – March 23, 2021 Meeting Agenda
USCDI TF 2021 – March 23, 2021 Meeting Slides
USCDI TF 2021 – March 23, 2021 Webpage
HITAC Calendar Webpage

Adjournment

Steven thanked everyone for their work at the current meeting and reviewed the timeline for the USCDI TF 2021's work before its next presentation to the HITAC at its April 15, 2021 meeting. He encouraged all TF members to attend the HITAC meeting.

The next meeting of the USCDI TF 2021 will be held on Tuesday, March 30, 2021.

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