

# USCDI Task Force 2021

## Phase 3 – Recommendations on ONC Priorities for USCDI Version 3 Submission Cycle

Steven Lane, Chair

September 9, 2021

# Task Force Recommendations and Report

- Membership
- Background
- Charges
- Review of Phase 1 & 2 Recommendations
- Phase 3 Recommendations
- Other TF Considerations



# Task Force Roster

Name	Organization
Leslie Kelly Hall (Co-Chair)	Engaging Patient Strategy
Steven Lane (Co-Chair)	Sutter Health
Ricky Bloomfield	Apple
Hans Buitendijk	Cerner
Grace Cordovano	Enlightening Results
Jim Jirjis	HCA Healthcare
Ken Kawamoto	University of Utah Health
John Kilbourne	VA
Leslie Lenert	Medical University of South Carolina
Clement McDonald	National Library of Medicine

Name	Organization
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin
Brett Oliver	Baptist Health
Mark Savage	Savage Consulting
Michelle Schreiber	CMS
Abby Sears	OCHIN
Sasha TerMaat	Epic
Andrew Truscott	Accenture
Sheryl Turney	Anthem, Inc.
Daniel Vreeman	RTI International
Denise Webb	Indiana Hemophilia and Thrombosis Center

# Task Force Charge

## Overarching charge:

Review and provide recommendations on the Draft USCDI Version 2 content and process

## Specific charges:

### 1 Evaluate Draft USCDI v2 and provide HITAC with recommendations for:

1a - Data classes and elements from USCDI v1 including applicable standards version updates

1b - New data classes and elements from Draft USCDI v2 including applicable standards

1c - Level 2 data classes and elements not included in Draft USCDI v2

### 2 Evaluate the USCDI expansion process and provide HITAC with recommendations for:

2a- ONDEC submission system improvements

2b - Evaluation criteria and process used to assign levels to submitted data classes and elements

2c - Prioritization process used by ONC to select new data classes and elements for Draft USCDI v2

### 3 Recommend ONC priorities for USCDI version 3 submission cycle

Due

**Delivered**

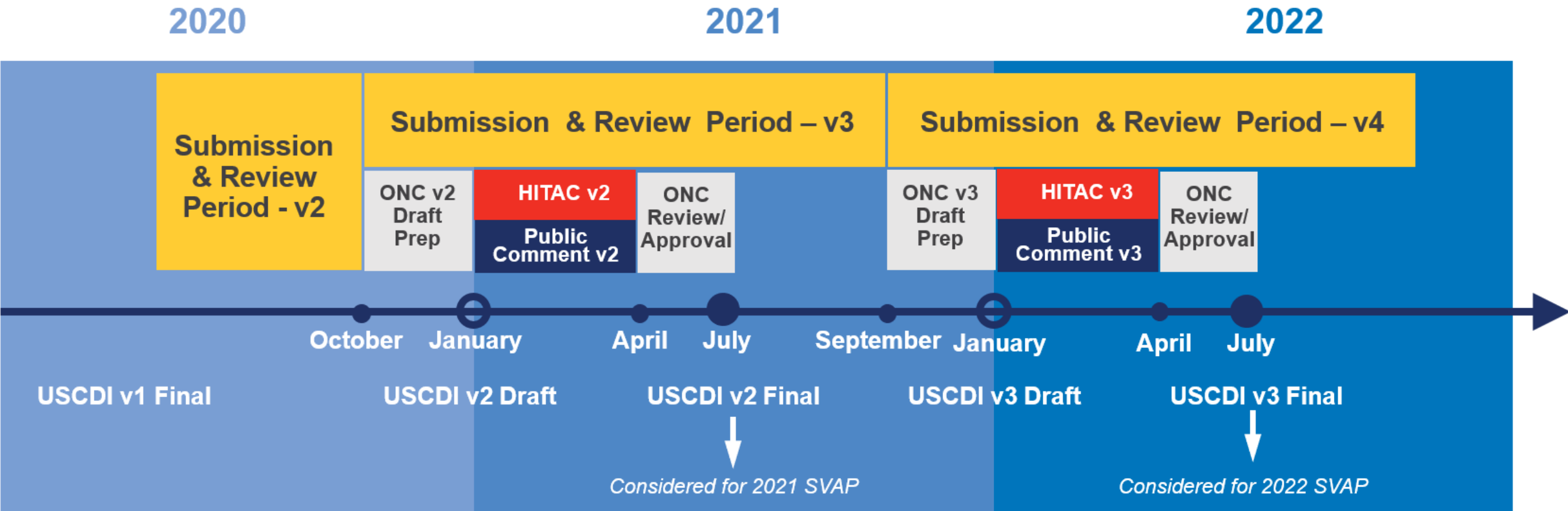
**April 15, 2021**

**Delivered**

**June 9, 2021**

**September 9, 2021**

# USCDI Version Update Process



<b>Allergies and Intolerances</b> <ul style="list-style-type: none"> <li>• Substance (Medication)</li> <li>• Substance (Drug Class)</li> <li>• Reaction</li> </ul>	<b>Clinical Tests</b> <ul style="list-style-type: none"> <li>• Clinical Test</li> <li>• Clinical Test Result/Report</li> </ul>	<b>Laboratory</b> <ul style="list-style-type: none"> <li>• Tests</li> <li>• Values/Results</li> </ul>	<b>Problems</b> <ul style="list-style-type: none"> <li>• Problems</li> <li>• SDOH Problems/Health Concerns</li> <li>• Date of Diagnosis</li> <li>• Date of Resolution</li> </ul>	<b>Unique Device Identifier(s) for a Patient's Implantable Device(s)</b> <ul style="list-style-type: none"> <li>• Unique Device Identifier(s) for a Patient's Implantable Device(s)</li> </ul>
<b>Assessment and Plan of Treatment</b> <ul style="list-style-type: none"> <li>• Assessment and Plan of Treatment</li> <li>• SDOH Assessment</li> </ul>	<b>Diagnostic Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic Imaging Test</li> <li>• Diagnostic Imaging Report</li> </ul>	<b>Medications</b> <ul style="list-style-type: none"> <li>• Medications</li> </ul>	<b>Procedures</b> <ul style="list-style-type: none"> <li>• Procedures</li> <li>• SDOH Interventions</li> </ul>	<b>Vital Signs</b> <ul style="list-style-type: none"> <li>• Diastolic Blood Pressure</li> <li>• Systolic Blood Pressure</li> <li>• Body Height</li> <li>• Body Weight</li> <li>• Heart Rate</li> <li>• Respiratory Rate</li> <li>• Body Temperature</li> <li>• Pulse Oximetry</li> <li>• Inhaled Oxygen Concentration</li> <li>• BMI Percentile (2-20 Years)</li> <li>• Weight-for-length Percentile (Birth-36 Months)</li> <li>• Occipital-frontal Head Circumference Percentile (Birth-36 Months)</li> </ul>
<b>Care Team Member(s)</b> <ul style="list-style-type: none"> <li>• Care Team Member Name</li> <li>• Care Team Members Identifier</li> <li>• Care Team Members Role</li> <li>• Care Team Members Location</li> <li>• Care Team Members Telecom</li> </ul>	<b>Encounter Information</b> <ul style="list-style-type: none"> <li>• Encounter Type</li> <li>• Encounter Diagnosis</li> <li>• Encounter Time</li> <li>• Encounter Location</li> <li>• Encounter Disposition</li> </ul>	<b>Patient Demographics</b> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Previous Name</li> <li>• Middle Name (Incl. Middle Initial)</li> <li>• Suffix</li> <li>• Sex (Assigned at Birth)</li> <li>• Sexual Orientation</li> <li>• Gender Identity</li> <li>• Date of Birth</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Preferred Language</li> <li>• Current Address</li> <li>• Previous Address</li> <li>• Phone Number</li> <li>• Phone Number Type</li> <li>• Email Address</li> </ul>	<b>Provenance</b> <ul style="list-style-type: none"> <li>• Author Time Stamp</li> <li>• Author Organization</li> </ul>	
<b>Clinical Notes</b> <ul style="list-style-type: none"> <li>• Consultation Note</li> <li>• Discharge Summary Note</li> <li>• History &amp; Physical</li> <li>• Procedure Note</li> <li>• Progress Note</li> </ul>	<b>Goals</b> <ul style="list-style-type: none"> <li>• Patient Goals</li> <li>• SDOH Goals</li> </ul>		<b>Smoking Status</b> <ul style="list-style-type: none"> <li>• Smoking Status</li> </ul>	
	<b>Health Concerns</b> <ul style="list-style-type: none"> <li>• Health Concerns</li> </ul> <b>Immunizations</b> <ul style="list-style-type: none"> <li>• Immunizations</li> </ul>			



# Review of Phase 1 & 2 Recommendations

# Review of Phase 1 Recommendations

- Add selected data classes and elements to v2
  - Social Determinants of Health
  - Sexual Orientation, Gender Identity
  - Care Team Members
  - Encounter Information
- Clarify definitions and scope of data elements
  - Assessment and Plan of Treatment
  - Diagnostic Imaging
  - Diagnostic Studies
- Remove Laboratory, Pathology and Diagnostic Imaging Narrative data elements
- Coordinate with HL7 to update implementation guides





# Review of Phase 2 Recommendations

- ONDEC Submission System Improvements
  - Usability and Accessibility
  - Broaden potential contributors
    - Patients
    - Patient advocates
    - Public Health professionals
- Promote awareness and development of high priority data elements
  - Accelerate maturity and inclusion in future USCDI versions
- Ease Leveling Criteria to promote high impact data elements for narrow use cases
- Add Prioritization Criteria to advance health and health data equity, public health, and other use cases

# Phase 3 Recommendations

- High Priority Use Cases and Stakeholder Groups
- High Priority Data Classes and Elements
- USCDI Advancement Process

# Phase 3 Recommendations - High Priority Use Cases and Stakeholder Groups

## Phase 3 Focus

- The focus of the 2021 USCDI TF in its Phase 3 work was to make specific recommendations on ONC priorities for the USCDI version 3 submission cycle, focusing on how best to implement ONC's new priorities for selecting data elements for inclusion in the draft of USCDI version 3. These new prioritization criteria include mitigating health and healthcare disparities, addressing the needs of underserved stakeholders, and addressing public health reporting, investigation, and emergency responses.

### Version 3 Areas of Focus

As part of our effort to advance equity and support for underserved communities, ONC will consider the following focus areas for priority inclusion in USCDI v3

1. Mitigating health and healthcare inequities and disparities.
2. Addressing the needs of underserved communities.
3. Addressing public health reporting, investigation, and emergency response.

- [https://www.healthit.gov/sites/default/files/page/2021-07/Standards\\_Bulletin\\_2021-3.pdf#page=7](https://www.healthit.gov/sites/default/files/page/2021-07/Standards_Bulletin_2021-3.pdf#page=7)



# Phase 3 Recommendations - High Priority Use Cases and Stakeholder Groups

## USCDI-TF-2021-Phase 3\_Recommendation 01

**ONC should prioritize and encourage the advancement of data elements/classes that support high priority use cases**



# High Priority Use Cases and Stakeholder Groups

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## Patient Access

Value-based care delivery

Cost and efficiency improvements including avoiding duplicative services

Shared care planning

Telehealth and remote care

Patient generated health data (PGHD), including patient reported outcomes (PROs) and device data

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## Patient safety

Disaster preparedness and pandemic response

Population Health

Precision Medicine

Research

Digital Quality Measures

Registries

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# Phase 3 Recommendations - High Priority Use Cases and Stakeholder Groups

## USCDI-TF-2021-Phase 3\_Recommendation 02

**ONC should assign staff champions to focus on and support the USCDI-related needs of the following stakeholders and use cases**

- Patients and caregivers
- Public health, registries, and pandemic-related interoperability
- Minority use cases

# Phase 3 Recommendations - High Priority Data Classes and Elements





# Phase 3 Recommendations - High Priority Data Classes and Elements

## USCDI-TF-2021-Phase 3\_Recommendation 03

**ONC should prioritize and encourage the advancement of the following high priority data elements**

- Advance Directives
  - Durable Power of Attorney for Healthcare (DPAHC)
  - Physician's/Medical Orders for Life Sustaining Treatment (POLST/MOLST)
- Functional Status/disability
- Cognitive Status
- Pregnancy Status
- Health Insurance Information
- DICOM Image Files

# Phase 3 Recommendations - High Priority Data Classes and Elements

## USCDI-TF-2021-Phase 3\_Recommendation 04

### **ONC should include all clinical note types defined in the LOINC Document Ontology in USCDI V3**

- This ontology includes many note types beyond the 13 in C-CDA implementation guide and the 4 called out in ONC's certification program.
- TF particularly recommends the inclusion of Operative Notes.
- ONC should work with HL7 to establish guidance on inclusion of the additional clinical note types in C-CDA in the absence of fully defined templates for each type.

# Phase 3 Recommendations - High Priority Data Classes and Elements

## USCDI-TF-2021-Phase 3\_Recommendation 05

**ONC should specifically consider and prioritize the data required to support a robust API/app ecosystem**



# Phase 3 Recommendations - High Priority Data Classes and Elements

## USCDI-TF-2021-Phase 3\_Recommendation 06

**ONC should prioritize the inclusion in USCDI of data elements requested by Public Health stakeholders despite current infrastructure and interoperability challenges**

- Advancement and adoption of priority data elements for public health should proceed in parallel with efforts to improve public health data systems so that the standardized interoperability and exchange necessary to respond to public health threats become available as soon as possible.

# Phase 3 Recommendations - USCDI Advancement Process

# Phase 3 Recommendations - USCDI Advancement Process

## USCDI-TF-2021-Phase 3\_Recommendation 07

**ONC should define and adopt a clear and extensible structure for USCDI data classes and elements to improve the clarity of definitions and enable the industry to interpret them consistently**

- Improve precision of data class and element definitions and specifications
- Align with prevailing exchange specifications and data models

# Phase 3 Recommendations - USCDI Advancement Process

## USCDI-TF-2021-Phase 3 \_Recommendation 08

**ONC should, where possible, specify exemplar technical specifications, implementation guides, data models, and/or “starter value sets” that ONC deems to meet the USCDI requirement**

- Clinical Tests and SDOH Assessments value set in Appendix B of report

# Phase 3 Recommendations - USCDI Advancement Process

## USCDI-TF-2021-Phase 3\_Recommendation 09

**ONC should change the requirement for advancement of a proposed data class/element to Level 2 from exchange between 4 HIT vendors to exchange between 2 HIT vendors**





# Questions/Voting

# Additional Task Force Considerations

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**Consider the value of additional ONC guidance (e.g., priorities, clarifications, FAQs) to support providers, HIT vendors, HIE/HINs, patients/caregivers, and other stakeholders in compliance with the 2022-23 requirements to exchange all Electronic Health Information (EHI) at both the individual and population levels.**

- ONC should encourage stakeholders to identify and prioritize data classes and elements that may be difficult to access, exchange and/or use, in the absence of inclusion in USCDI, when required by expanded scope of the Information Blocking and HIT Certification rules.



# Additional Task Force Considerations

## **Consider the value of ONC support for the development and implementation of “write access” API requirements relevant to USCDI data classes and elements.**

- Patients, caregivers, social-service and community-based providers may be the primary source of SDOH and other data, including outcomes which are especially valuable for value-based care. The ability to exchange data between these sources and provider EHRs would be highly valuable for facilitating and managing care.
- Read and write APIs would be particularly beneficial to support public health interoperability use cases.



## Additional Task Force Considerations

**Consider the value of ONC encouraging of the use of FHIR Questionnaires to address USCDI data collection gaps, especially PGHD, SDOH and data utilized in research.**

**Consider the value of an ONC process to review, document and validate non-certified HIT systems that share USCDI data.**

**Consider the value of ONC promotion and support of the development of technical implementation guides to reinforce public health use cases.**



**Questions?**



**Thank you!**