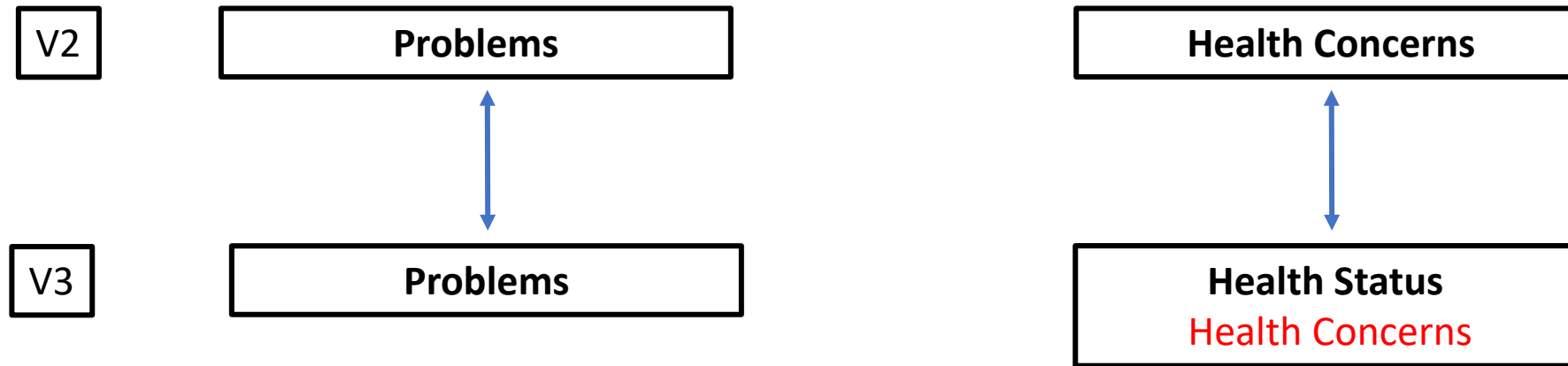


Summary

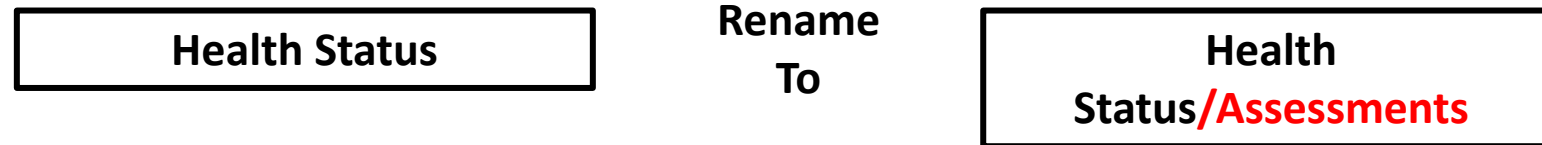
1. Propose keeping Health Concerns as a separate data class
2. Propose renaming "Health Status" data class "Health Status/Assessments"
3. Propose a definition for "Health Status Assessment" and discuss the relationships among "Problems", "Health Concerns", and "Health Status/Assessments"
4. Propose content for the "Health Status/Assessments" data class

Proposal: Keep Health Concerns Separate



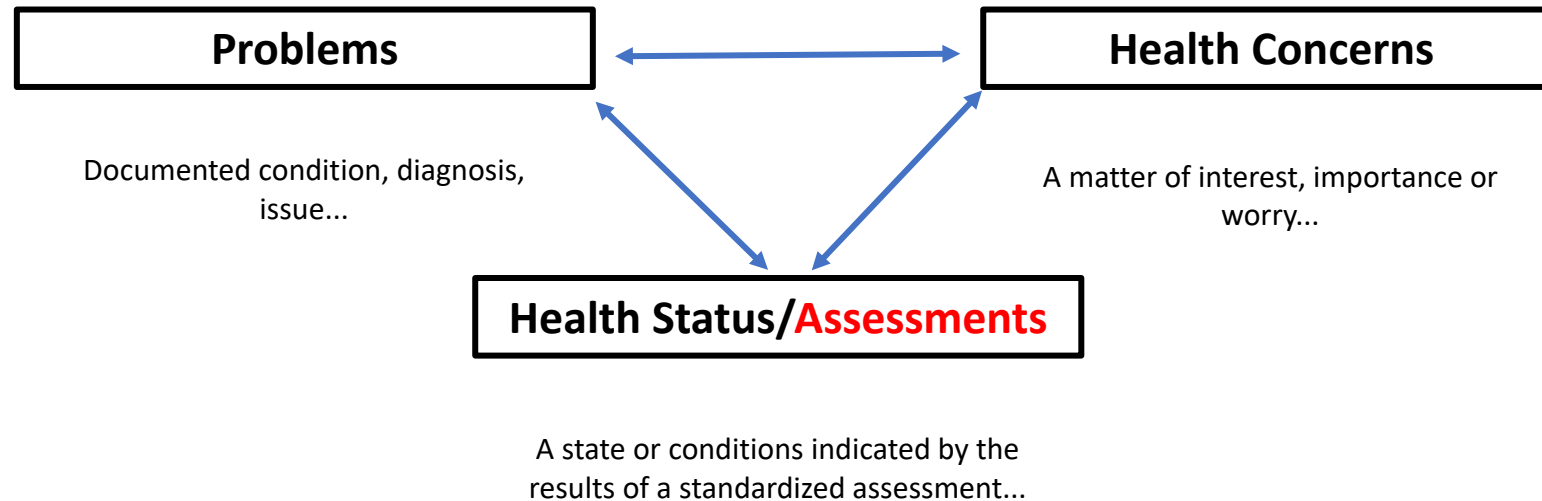
Recommend: Keep Health Concerns as separate data class as in V2. Do not subsume under Health Status in V3 because Health Concerns represent a different concept, related to but separate from Health Status and Problems.

Proposal: Rename Health Status Data Class



Recommend: Rename Health Status as Health Status/Assessments. Currently no data class in USCDI easily accommodates the results of standardized assessments. Assessments are the mechanism by which a Health Concern becomes a Health Status.

Three Complementary Data Classes



Observation: These three data classes are closely related yet separate. An Assessment may resolve or create a Health Concern; and it may create or resolve a problem. A Problem may become a Health Concern and vice versa. Each data class serves a distinct purpose.

Health Status/Assessments

V3 Proposed

- Health Concerns
- Functional Status
- Disability Status
- Mental Status
- Pregnancy Status
- Smoking Status

Recommendations

- Separate Health Concerns
- Keep all other proposed elements
- Expand Functional Status
- Expand Mental Status
- Move and expand SDOH Assessments
- Add Immunization Status: received/eligible

Expand Functional Status

- Functional assessments measures an individual's level of function and ability to perform specific tasks on a safe and dependable basis over a defined period
 - Examples:
 - ADL /IADL Scales
 - Palliative Care Assessment
 - Pain
 - Mobility
 - Incontinence
 - Pediatric scales
 - Work Related Injuries

Functional Status Assessments

- ADLs/IADLs
 - Barthel index
 - Patient Specific Functional Scale
 - Canadian Occupational Performance Measure
 - Katz Index of Independence in ADL
- Palliative Care Assessment
 - Edmonton Symptom Assessment System
 - Karnofsky Performance Scale
 - Palliative Performance Scale
- Pain
 - Visual Analog Scale
 - McGill Pain Questionnaire
 - Pain Disability Questionnaire

Functional Status Assessments (Continued)

- Incontinence
 - Revised Urinary Incontinence Scale
 - Wexner Score
- Pediatric Scales
 - Pediatric Balance Scale
- Work Related Injuries
 - Functional Capacity Evaluation
 - Targeted Functional Assessment

Functional Abilities and Goals: From CMS DEL

GG Code	Functional abilities and Goals
06	Independent – Patient/resident safely completes the activity by him/herself with no assistance from a helper.
05	Setup or clean-up assistance - Helper sets up or cleans up; patient/resident completes activity.
04	Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient/resident completes activity
03	Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02	Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
01	Dependent - Helper does ALL of the effort. Patient/resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient/resident to complete the activity.
07	Patient/resident refused.
09	Not applicable - Not attempted and the patient/resident did not perform this activity prior to the current illness, exacerbation, or injury.
10	Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints).
88	Not attempted due to medical condition or safety concerns.

Expand Mental Status

- Mental Status includes memory, attention, language, perception, orientation, learning capacity, overall executive functioning, cognition, mood and behavior
 - Mini Mental Evaluation – LOINC 72107-6
 - Mini-Addenbrooke's Cognitive Examination (MACE) – SNOMED CT 273249006
 - Neuropsychological batteries – SNOMED (see codes, e.g. for LURIA 273581001)
 - Glasgow Coma Scale – LOINC 35088-4
 - MOCA – LOINC 72133-2
 - SLUMS – LOINC 71492-6

Expand SDOH

- Relocate "SDOH Assessments" to "Health Status/Assessments"
- Include in "SDOH Assessments" the following standardized tools:
 - Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) - LOINC 93025-5
 - Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool - LOINC 96777-8
 - Perceived Stress Protocol - LOINC 64394-0
 - US Food Security Surveys - LOINC 96576-4, 95361-2, 95246-5
 - WE CARE Survey - LOINC 96447-8
 - Patient-Reported Outcomes Measurement Information System (PROMIS) measures - LOINC 75418-4, 75421-8, 75420-0, 75419-2
 - Humiliation, Afraid, Rape, Kick (HARK) questions for intimate partner violence - LOINC 76499-3
 - Hunger Vital Sign (HVS) - LOINC 88121-9
 - Gravity Project: latest recommendations

Add Immunization Status

- Create an Immunization Status as a supplement to the Immunizations Data Class
- Composed of:
 - Immunizations for which the individual is eligible
 - Immunizations that have been received
 - List of any immunization that has not been received