Health Information Technology Advisory Committee

Interoperability Standards Workgroup 2023 Virtual Meeting

Meeting Notes | March 08, 2023, 10:30 AM – 12 PM ET

Executive Summary

The focus of the Interoperability Standards Workgroup (IS WG) was to review workgroup charges, discuss Draft United States Core Data for Interoperability Version 4 (USCDI v4) data elements with subject matter experts, and review USCDI level 2 data elements. The IS WG discussed these topics and provided feedback. There was robust discussion via the chat feature in Zoom Webinar.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	IS WG Charge
10:40 AM	Treatment Intervention Preference/Care Experience Preference
11:10 AM	Treatment Intervention Preference/Care Experience Preference
11:30 AM	Comments and Recommendations – Draft USCDI v4 and Level 2 Data Elements
11:50 AM	IS WG Workplan and Timeline
11:55 AM	Public Comment
12:00 PM	Adjourn

Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:33 AM.

Roll Call

Members in Attendance

Sarah DeSilvey, Gravity Project, Larner College of Medicine at the University of Vermont, Co-Chair
Naresh Sundar Rajan, CyncHealth, Co-Chair
Shila Blend, North Dakota Health Information Network
Ricky Bloomfield, Apple
Hans Buitendijk, Oracle Health
Grace Cordovano, Enlightening Results
Raj Dash, College of American Pathologists
Steven Eichner, Texas Department of State Health Services
Nedra Garrett, Centers for Disease Control and Prevention (CDC)
Bryant Thomas Karras, Washington State Department of Health

Steven Lane, Health Gorilla
Hung Luu, Children's Health
Meg Marshall, Department of Veterans Health Affairs
Clem McDonald, National Library of Medicine
Anna McCollister, Individual
Deven McGraw**,** Invitae Corporation
Aaron Neinstein, UCSF Health
Kikelomo Adedayo Oshunkentan, Pegasystems
Mark Savage, Savage & Savage LLC
Michelle Schreiber, Centers for Medicare
Shelly Spiro, Pharmacy HIT Collaborative
Ram Sriram, National Institute of Standards and Technology

Members Not in Attendance

Pooja Babbrah, Point-of-Care Partners
Christina Caraballo, HIMSS
Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Aaron Miri, Baptist Health

ONC Staff

Mike Berry, Designated Federal Officer, ONC
Al Taylor, USCDI Lead, ONC

Key Points of Discussion

Opening Remarks

IS WG co-chairs, Sarah DeSilvey and Naresh Rajan, welcomed attendees. Sarah reviewed the meeting agenda detailed in the March 8, 2023, meeting presentation slides.

IS WG Charge

Sarah DeSilvey reviewed the IS WG Charge. The charge includes:

- Overarching charge: Review and provide recommendations on the Draft USCDI v4.
- Specific charge:
    - Due to the HITAC by April 12, 2023:
        1. Evaluate Draft USCDI v4 and provide HITAC with recommendations for:
            a. New data classes and elements from Draft USCDI v4.
            b. Level 2 data classes and elements not included in Draft USCDI v4.

Sarah presented a tentative schedule review of Draft USCDI v4 new data classes and elements

Discussion:

No comments were received from IS WG members.

Treatment Intervention Preference/Care Experience Preference

Sarah DeSilvey introduced guest speakers, Terrence (Terry) O'Malley and Holly Miller, from MedAllies, to present information on the Treatment Intervention Preference and Care Experience Preference data elements.

Holly introduced USCDI v4 goals, preferences, and priorities (GPPs) centered around patient care, detailed in presentation slides. MedAllies supports the inclusion of Treatment Intervention Preference and Care Experience Preference data elements in USCDI v4. These data elements are aligned with ONC goals and do not require a significant implementation burden. In addition to the Treatment Intervention Preference and Care Experience Preference data elements, MedAllies proposed a third data element for inclusion in USCDI v4: Quality of Life. Holly presented LeadingAge survey data demonstrating the importance of Quality of Life. Preferences for Quality of Life data element define what is important to the individual to enhance their quality of life.

Terry introduced the Moving Forward Coalition and HIT Deployment Committee, which explores how to collect GPP data and utilize it in care. Terry presented the Concordance of Care Model implementing GPPs in nursing homes. This model's application can be extended to multiple areas of care. The HIT Deployment Committee has obtained IRB approval to analyze 10,000 deidentified advanced directive records utilizing the natural language process to create a taxonomy based on how individuals express GPP for treatment and care. Nursing home residents in this workgroup advocated for the inclusion of Quality of Life in USCDI v4.

Discussion:

- Mark Savage suggested that this presentation showcases the many sources available for the Advance Directives data element. Holly and Terry agreed with this perspective.
- Mark suggested the inclusion of GPP author information and its use in a scenario where the patient's expressed preference differs from that of a personal representative or power of attorney. Terry noted the occurrence of this scenario in nursing facilities and agreed with Mark's suggestion to include preference author information.
- Hans Buitendijk inquired about the progression and scope of this data element's Fast Healthcare Interoperability Resource Implementation Guide (FHIR IG) as it relates to USCDI v4. Holly explained that the inclusion of this data element in USCDI v4 is a first step, and as GPPs are better defined, the IG will evolve. The next guest speaker, Maria Moen, can speak to the integration of these data elements in FHIR.
- Hans inquired about the clarity of an initial step to take vs. the growth path for this data element.

Treatment Intervention Preference/Care Experience Preference

Sarah DeSilvey introduced guest speaker Maria Moen, AdVault, to present information related to the Treatment Intervention Preference and Care Experience Preference data elements, detailed in presentation slides.

Maria Moen, AdVault, discussed draft USCDI v4 Advance Directive interoperability considerations. Maria presented advance directives for FHIR use cases. The workgroup has published and balloted a FHIR IG Standard for Use Trial (STU) 1 are now working on STU2. Maria presented USCDI data elements to support interoperable data exchange and accessibility of advance directive interoperability: Care Experience Preference, Treatment Intervention Preference, Durable Medical Power Attorney, Quality of Life, Advance Directive Observation, and Portable Medical Orders.

Discussion:

- Shelly Spiro, representing pharmacists and the long-term post-acute care setting, explained the importance of transitions of care. Codified data exchanged using FHIR resources are important for various settings to ensure a comprehensive care plan for patients. GPPs are of importance to pharmacies and others in leveraging transitions of care for certified health IT, which encompass patient preferences and goals. Shelly expressed support for concepts presented by Holly, Terry, and Maria.
- Al Taylor inquired if data elements, like durable medical power attorney, living will, advanced care directive, are a construct rather than a component element.
    - Maria explained the importance of including presented data elements in USCDI v4, regardless of the data class. Advance Directive may be unnecessary if the other proposed data elements are included in USCDI v4. Maria noted legislature which specify that while an advance directive can be in a regulated form, it is also permittable to receive and document a verbal expression of GPPs.
- Al suggested that an agent or proxy be considered one of the possible choices in the existing USCDI data element Care Team Member(s) Role. Holly and Terry agreed with Al's suggestion.
- Bryant Karras inquired about what occurs when a component of patient preference conflicts with encoded data in USCDI data elements. Is there a feedback mechanism for this scenario? Maria will check FHIR resources for barriers or limitations within the FHIR IG. Maria explained the current state repository limitations in containing a record of all patient preference data and communicating data with health systems. Provisions have been created in the FHIR IG to require a human-readable copy of documents should accompany the FHIR data bundle.
- Hans Buitendijk asked what is the intended first step to moving towards the inclusion of these data elements in USCDI v4, considering the developmental state of Consolidated Clinical Document Architecture (C-CDA) and lack of implementation.
    - Terry explained that the inclusion of patient GPPs in USCDI v4 is the starting point. If we can clarify and make accessible patient GPPs, that information will tie into multiple other data elements. Terry suggested that IS WG members establish places for GPPs to live within USCDI v4.
    - Maria explained that the FHIR IG was developed in alignment with CDA IG for personal care plans and C-CDA advanced care template.
- Ricky Bloomfield inquired if it would be useful to include advance directive LOINC codes as a clinical note type that can be made available and applied to health systems. Maria agreed with Ricky and noted that the CDA and FHIR IG contain an attached CDA header with an unstructured document. Maria is familiar with advance directive LOINC codes for inclusion in Ricky's suggestion.
- Steven Eichner asked, from an implementation standpoint, what becomes a source of truth from the patient's perspective?

Comments and Recommendations – Draft USCDI v4 and Level 2 Data Elements

Al Taylor then presented the IS WG disposition working google document for IS WG member review.

The following Level 2 USCDI data elements were discussed: Care Plan and Operative Note. IS WG members were asked to form a subgroup to further discuss Care Plan. Both level 2 data elements will be revisited at a later time.

Discussion:

- IS WG members discussed the following Level 2 data element: Care Plan
  - Mark recommended the inclusion of this data element in USCDI v4 and explained its justification detailed in the working google document.
  - Shelly Spiro agreed with Mark and noted the importance of Care Plan and its alignment with Maria's presentation.
  - Clem McDonald and Hans Buitendijk inquired about the scope of Care Plan and its inclusion of C-CDA and/or FHIR. Mark explained there is an existing USCDI submission, linked in the working google document, which focuses on FHIR. The existing USCDI submission is not adequate to answer Clem and Han's question regarding scope.
  - Shelly explained that the care planning process is of importance with millions of care plans being codified and captured in the pharmacy setting via C-CDA and FHIR. Shelly confirmed that codified information can be captured within the Care Plan.
  - Steven Eichner suggested the inclusion of payment source as an element of care plans. In the review of USCDI data elements, IS WG members should consider the future state of USCDI data elements.
  - Clem asked if care plan has historically been captured as a narrative data element; do we have a good handle on how to capture this structurally?
  - IS WG members asked what the common denominator which can link multiple types of care plans is.
  - Steven Eichner asked, historically, the care plan was narrative, but as different actors become involved, there might be more distinct elements/tasks to track progress and activities completed in support of the care plan. Steven suggested capture of care plan task responsibility and progress.
  - Mark suggested that a subset of IS WG members meet to further discuss this data element and its inclusion if USCDI v4.
- IS WG members discussed the following Level 2 data element: Operative Note.
  - Grace Cordovano recommended the inclusion of this data element in USCDI v4 and reviewed its justification detailed in the working google document.
  - Hans agreed with Grace and asked what the source is of the operative note and systems needed for implementation.
  - Naresh Sundar Rajan noted that this data element will be discussed later due to lack of time.

IS WG Workplan and Timeline

Naresh Rajan reviewed the upcoming IS WG meeting and Draft USCDI v4 review schedule. To allow for final recommendation review at the April HITAC meeting, IS WG comments should be finalized by the middle to end of March.

IS WG members were asked to submit guest speaker recommendations to assist in understanding the context of both Draft USCDI v4 and missing level 2 data elements.

Discussion:

- Clem McDonald noted a lack of clarity regarding the level of specificity for some data elements, for example, Alcohol Use.
  - Al Taylor said that the intent of Alcohol Use is to capture the assessment of alcohol use rather than the conditions associated with alcohol overuse.

- IS WG member asked as we are getting closer to Draft Final recommendations, when will we begin review of draft final recommendations.
    - Al noted that final recommendations are typically drafted within two weeks of the report's due date. IS WG members have till the end of March to complete most recommendations.
- Mike Berry announced that Sarah and Naresh will present an IS WG update at the next HITAC meeting.

PUBLIC COMMENT

Mike Berry opened the meeting for public comments.

QUESTIONS AND COMMENTS RECEIVED VERBALLY

No public comments were received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the Interoperability Standards Workgroup. We will be starting soon. Please remember to tag "Everyone" so that we can all see your message.

Grace Cordovano: Thank you Dr Miller and Dr O'Malley for a brilliant presentation and the work you are leading!

Grace Cordovano: Dr Miller & Dr O'Malley, can you comment what the harms and risks may be of NOT having this information captured and exchanged?

Albert Taylor: Holly and Terry, do you think that an agent or proxy can be represented by a Care Team Member/Role? Are we already able to capture agent/proxy with this data element from USCDI v3?

Steven Lane: Like SDOH, where initial supporting data elements were added to USCDI in V2 with the intention of adding specificity as standards evolve, the inclusion of Advance Directive / Patient Preference information will be an evolutionary process. I encourage the workgroup to focus on how best to (finally) start this process in V4, knowing that there will be changes over time as this field advances.

Grace Cordovano: +1 Steven

Mark Savage: Agree @Steven, but sounds like the data element as drafted now is already broader than Advance Directives, which are just one source of a patient's choices, so we are already further along..

Michelle Dougherty: I would like to share my support for the Goals, Preferences, and Priorities data elements, its importance, and further exploration. In addition to its use in care planning in the long-term and post-acute care, other care planning efforts are including this type of information such as the SMART on FHIR eCare Plan app development and testing supported by NIDDK and AHRQ. The patient's voice is critical in care planning and more. Thank you, Michelle Dougherty, RTI International, member of Moving Forward HIT Committee and researcher supporting the eCare Plan app development.

Grace Cordovano: @Al, I, too ,am curious about your question about capturing POA under Care Team Member? In many cases, the POA is the primary Care Team member.

Grace Cordovano: Thank you Maria for a wonderful presentation on such critical components of patient care.

Maria Moen: Thank you Grace, how honored am I to have you with us! I would state that in many jurisdictions the care team member is not eligible to be a "legal" DMPOA, so that's a consideration to tease out. In addition, we have SNFs being required to name a "Resident Representative" and business offices required to name an "Emergency Contact" but those are NOT the same as a legally designated healthcare agent or proxy.

Grace Cordovano: Thanks Maria, to clarify, my question was could we capture a legally documented and authorized medical POA in the already existing Care Team Member USCDI v3?

Grace Cordovano: +1 Al

Lisa Gonzalez: wonderful question: Health Care Proxy as Care Team Member Role

Mark Savage: Sounds like Advance Director is one source/provenance for values in the treatment/care preferences? Does thinking of it this way reduce potential conflict or ambiguity? Because there may be other sources, too, such as personal representatives making decisions in the moment.

Mark Savage: *Directive

Lisa Gonzalez: absolutely agree Health Care Proxy as health care team member role

Maria Moen: I will most surely check the FHIR Resources to see how those concepts could be represented in their current state. I agree that a designated HCA/Proxy is a valid part of the care team who is encircling the patient as a group of individuals who are working to deliver goal-concordant care.

Grace Cordovano: Fully support GPP

Maria Moen: The group working on the FHIR IG's for Adv Dir Interop worked diligently with the team who just updated the CDA IGs for this same subject matter. We made sure we are aligned with existing IGs from the most basic structure and concept level. We know FHIR isn't mature but CDA is, so we'll create an on-ramp from CDA to FHIR that is easily implemented. I hope this helps but am available to speak with you at any time on this, we are open to education and feedback at all times.

Hans Buitendijk: While CDA is mature, and various C-CDA Document Types and widely deployed, what is the current adoption in EHRs beyond scanned documents?

Holly Miller: Thank you for inviting us!

Mark Savage: @Hans, care to expand on the comment you added re CarePlan?

Mark Savage: Shelly Spiro.

Aaron Neinstein: I have similar question as Hans. The concept of a Care Plan is very important, critical to high quality care. But, when it comes to which specific data elements are included, I don’t know what the specific data elements are in an EHR. What is the instantiation of a care plan within existing EHR workflows?

Aaron Neinstein: At least in my practice and our EHR environment at UCSF, I see that our EHR enables the capture of discrete Goals, but this functionality is almost never used. What I think the patient would think of as their “plan,” likely mostly lives today in free-text clinical progress notes, commingled with other data.

Hans Buitendijk: Mark - I'm interested

Grace Cordovano: Count me in Mark

Naresh Sundar Rajan: Thank you, Sarah.

Mark Savage: Wonderful! Re Care Plan, seeing Hans, Grace, Shelly, Ike, me.

Meg Marshall: Please include me in care plan discussion. Thank you

Hector Cariello (PIMMS): Has the Medication Administration data element been discussed?

Hector Cariello (PIMMS): Apologies it it has but I have not been on all of these calls

Paul Chase (AHA): Can you clarify what happened to the PA data element?

Hector Cariello (PIMMS): Where can I find the Medication Administration discussion?

Shaun Wilhelm: Is there a way for to get a copy of the google doc?

Hector Cariello (PIMMS): I would like the Google doc as well

Mark Savage: Thanks @Meg.

Mike Berry (ONC): The Google doc is for WG members only and publicly displayed on this call.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

Resources

IS WG Webpage
IS WG – March 8, 2023, Meeting Webpage
HITAC Calendar Webpage

Adjournment

The meeting was adjourned at 12:01 PM.