The Office of the National Coordinator for
Health Information Technology

Meeting Notes

U.S. CORE DATA FOR INTEROPERABILITY TASK FORCE 2021

February 9, 2021, 10:30 a.m. – 12:00 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Steven Lane and **Terry O'Malley,** co-chairs, welcomed members to the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF) Virtual meeting. **Steven** presented a review of the reformatted USCDI TF charges, and **Terry** reviewed the out-of-scope tasks, which included Level 1/Comment Elements. The co-chairs presented Task 1a under Charge 1, and TF members submitted feedback during a robust discussion period. Task 1b will be discussed at the next meeting of the TF. The co-chairs briefly reviewed the TF schedule and plans for the next meeting. There were no public comments submitted by phone. There were several comments submitted via the chat in Adobe Connect.

AGENDA

10:30 a.m.	Call to Order/Roll Call
10:45 a.m.	Review of Reformatted Task Force Charges
11:00 a.m.	Out of Scope Tasks – Level 1/Comment Elements
11:05 a.m.	Tasks 1a and 1b
11:50 a.m.	TF Schedule/Next Meeting
11:55 a.m.	Public Comment
12:00 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL

Michael Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the February 9, 2021, meeting of the USCDI TF to order at 10:32 a.m. ET.

Steven Lane and **Terry O'Malley,** co-chairs, welcomed members to the first meeting of the second iteration of the U.S. Core for Data Interoperability Task Force (USCDI TF). **Steven** noted that **Valerie Grey** had a scheduling conflict and was unable to remain on the TF's roster. Also, due to his schedule, **Aaron Miri** was unable to stay for the length of the meeting. **Steven** briefly reviewed the agenda for the meeting.

ROLL CALL

Steven Lane, Sutter Health, Co-Chair
Terry O'Malley, Individual, Co-Chair
Ricky Bloomfield, Apple
Hans Buitendijk, Cerner
Leslie Kelly Hall, Engaging Patient Strategy
Jim Jirjis, HCA Healthcare
Ken Kawamoto, University of Utah Health
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.
Dan Vreeman, RTI International
Denise Webb, Indiana Hemophilia and Thrombosis Center

MEMBERS NOT IN ATTENDANCE

Andrew Truscott, Accenture

REVIEW OF REFORMATTED TASK FORCE CHARGES

Steven Lane discussed the changes made to the charges of the USCDI TF and explained that the revisions included updating the formatting and a change to the wording of Charge 3. The specific charges of the TF were revised following the discussion held at the previous meeting, and **Steven** thanked the team at ONC for their assistance and flexibility. The revised charges are:

- Due April 15, 2021:
  - **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
- Due September 9, 2021:
  - **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**

OUT OF SCOPE TASKS – LEVEL 1/COMMENT ELEMENTS

Terry O'Malley described the tasks which were deemed to be out of scope for the USCDI TF during its current work on the draft USCDI Version 2. These out-of-scope tasks included:

- Evaluate Level 1 and Comment Data Elements not included in Level 2
  - A process is underway to engage between submitting stakeholders and ONC.
  - TF members may participate in this comment process individually.

Discussion:

- **Mark Savage** commented that he wished the USCDI TF could look at Level 1 and were able to provide comments for the charge due on April 15, 2021. He suggested that the primary care provider element in Level 1 would be useful right now and asked if the TF could have a conversation around which elements the USCDI should be included going forward.
  - **Steven Lane** responded that the USCDI TF relies on ONC to complete the technical analysis on all proposed data classes and elements in order to assign a level to each one. He suggested that disagreements with ONC's work on leveling should be to submit comments to the USCDI website, as this is outside the TF's scope.
  - **Al Taylor** added that there might be many elements that have been assigned to Level 1 that reviewers might think should be changed to a different level and stated that the USCDI will be a constant work in progress. Additional input into Level 1 and Comment level data elements are encouraged, but the TF will use its time to only look at Level 2 data elements. He thanked **Mark** for his comments and explained that there will be many more opportunities for discussion.

TASKS 1a AND 1b

Steven Lane directed USCDI members' attention to the draft USCDI Version 2, which was depicted on slide number six in the presentation, and he explained that yellow stars denoted changes from USCDI Version 1 to Version 2.

Task 1a

Steven Lane presented task 1a, which is listed under Charge 1. It stated that the USCDI TF is charged with evaluating the draft USCDI Version 2 and providing the HITAC with recommendations for data classes and elements from the USCDI Version 1, including applicable standards version updates, by April 15, 2021.

Steven explained that the existing versions of the terminology code sets that comprised the applicable standards within USCDI Version 1 were updated and asked the TF members to review them and provide feedback on the updates. The USCDI Version 1 standards included:

- RxNorm - January 6, 2020
- SNOMED CT - September 2019
- LOINC 2.67
- ICD-10-PCS 2020
- CVX - January 31, 2020
- Vaccine NDC Linker – January 31, 2020
- CPT 2020

These were updated in the following manner in the draft USCDI Version 2:

- RxNorm - January 4, 2021
- SNOMED CT - September 2020
- LOINC 2.69
- ICD-10-PCS 2021
- CVX - November 16, 2020
- Vaccine NDC Linker – November 13, 2020
- CPT 2021

Discussion:

- **Hans Buitendijk** agreed that the applicable standards were updated from a vocabulary perspective but suggested that the USCDI TF further discuss how to update the syntax and other expressions of the data for Version 2.
  - o **Steven Lane** thanked **Hans** for his comments and asked TF members to comment on whether the slide should be updated to read "Updated Applicable Vocabulary Standards."
  - o **Hans** agreed that this change would help them avoid confusion.
  - o **Al Taylor** clarified that the term "Applicable Standards" was first used in Version 1 to reference the applicable global standard, and he agreed that the use of "Applicable Vocabulary Standard" (or other clarifying terms) would be helpful now.
  - o **Steven** asked if other standards, like "syntax," should be included in Version 2.
  - o **Hans** suggested that, during work on the draft of Version 2, the USCDI TF should build on standards that are already in place as part of certification. Once more work is done on Fast Healthcare Interoperability Resources (FHIR) and HL7 Consolidated Clinical Document Architecture (C-CDA), it will be clearer if the standards are sufficiently in place to enable Version 2 or if additional development, which would then become part of ONC's Standards Version Advancement Process (SVAP), is necessary to make them operational.

- **Dan Vreeman** commented that these updates are current/correct at the present time but explained that some of the vocabularies will be updated during summer 2021, which is approximately when the USCDI Version 2 will be finalized. He asked if the USCDI TF would like to denote a final publication date to avoid confusion on what has/has not been updated.
  - o **Steven Lane** responded that ONC will be consulted and will provide updates on newer standards before Version 2 is published. He requested that **Dan** discuss the comments he submitted on existing data elements and classes in Version 1.
  - o **Dan** responded that he is in the process of formally submitting the following comments to the USCDI website:
    - ▪ The existing data class and data elements for use on the assessment and plan of treatment are too vague, and there is no applicable standard named for them. The lack of clarification leaves too much room for interpretation for implementers of the plan of care.
      - • The FHIR/US Core version, which is the equivalent, is a profile on the plan of care resource.
      - • Without further clarification, the item should be removed from the listing.
    - ▪ There is confusion around the proposed move Laboratory and Diagnostic Imaging Report narrative data elements. For example, lab test results may be reported as text instead of quantitatively. Clarifications must be made to the data class, which has specific codes for the observation and a separate data element representing the results.
  - o **Steven** thanked **Dan** for his comments and reiterated that Dan would be submitting further comments on new data elements through the USCDI website. **Steven** explained that all comments that are considered by the USCDI TF must be submitted via the website or by voicing comments during the meeting/public comment period. All of stakeholders who were invited by the taskforce co-chairs to provide comments were asked to resubmit them through the website so that they might be properly considered.
- **Leslie Kelly Hall** asked if a spreadsheet or table could be prepared to illustrate items in the USCDI that do not have standards or where there are gaps in standards. Also, items that are being considered for future versions could be listed. This would allow the USCDI TF to better assess where to assert its influence.
  - o **Steven Lane** responded that this information is available on the USCDI website but noted that the navigation can be burdensome. The ONC team has been asked to make extracts of the detailed data in PDF format.
  - o **Leslie** stated that this is an oversight responsibility for the USCDI TF.
  - o **Terry O'Malley** agreed with Leslie's suggestion to separate the oversight function from the act of drilling down on the data elements.
- **Mark Savage** stated that in ONC's first release of the USCDI draft in 2018, ONC said 46 of 50 had technical standards already. He agreed with Leslie's request for documentation on where the USCDI TF's work is currently.
- **Les Lenert** asked for clarification on how a category could be included in the USCDI, when there are no standards listed below it.
  - o **Al Taylor** explained that there are two explanations for situations where there is a lack of an applicable standard:
    - ▪ There is no consensus on which standard(s)/list of standards to use.
    - ▪ There is a disagreement in the terminology/vocabulary binding between C-CDA and FHIR/US Core.

- o **Al** explained that when there is a misalignment, the specification of a single applicable standard would impose a higher bar that would make it impossible to conform to either set of standards.
- o **Les** asked if the work of the USCDI TF is to decide these matters and to choose applicable standards.
- o **Al** responded that where there are applicable standards that are widely used, they have been added to the USCDI.
- o **Steven** stated that Task 1a of the USCDI TF could be interpreted to include the recommendation of standards when they are lacking.
- o **Al** agreed that this is in-scope for the TF.
- o **Steven** encouraged all TF members and members of the public to submit suggestions and items for inclusion in the recommendations that will be presented to the HITAC in April 2021. Also, he commented that the lack of an applicable standard does not decrease the requirement for actors to exchange and use the data; they must determine how best to do it on their own.
- o **Al** confirmed this and explained that the same requirement to exchange data applies to the exchange standards, as well.
- **Clem McDonald** asked for clarification as to whether the implementers are allowed to use a newer version of any of these vocabularies when they are provided. He asked if they do not have to wait until ONC announces them to use the vocabulary.
  - o **Steven Lane** suggested that vocabularies must be specified as being part of the SVAP before they can be used in place of an older version.
  - o **Al Taylor** responded that individual vocabulary versions can be used, but if a vendor's product updates to the USCDI Version 2, it must update all versions of all specified vocabulary standards all at once.
- **Hans Buitendijk** asked what standards the USCDI TF is looking for and explained that there are large distinctions between standards and implementation guidance. Standards might be able to handle the proposed data, but there might not be sufficient implementation guidance, e.g., within FHIR and US Core, to ensure that the standard is used consistently and appropriately. The TF should be clear when discussing standards and must consider the need to scale to the level of the USCDI.
  - o **Steven Lane** suggested that Hans should place these comments at the individual data class or data element level where such implementation guidance may be lacking.
  - o **Al Taylor** clarified that there is a difference between "applicable vocabulary standards" and "applicable standards." The term "applicable standard" refers to the vocabulary standard to represent the data element, not the implementation of the data element in US Core, C-CDA, etc..
  - o **Hans** asked if the USCDI TF can achieve its goals if it only considers the vocabulary standards as the applicable standards in the context of the USCDI and not the other standards that enable the exchange of data. He emphasized that the prevailing notion is that FHIR and C-CDA should be used to implement the USCDI. He asked for clarification around the criteria used to determine if something is ready to be included in Version 2 or 3 of the USCDI.
  - o **Al** responded that ONC evaluated potential for items under consideration for inclusion in Version 2 by the possibility they would cause implementation or developmental burdens. The scope of the question is whether the correct vocabulary standard was chosen.

- **Terry O'Malley** commented that Task 1a has the potential to expand greatly, as USCDI Version 1 had many partially completed data classes, and he stated that USCDI TF should go back to flesh out some of them. He discussed the issues of the "laboratory tests" data class and electrocardiograms (EKGs). He suggested that the TF discuss what it might include and how to broaden it to potentially include procedures, reports, and other non-traditional elements.
  - o **Clem McDonald** responded that many of the items Terry mentioned are similar in function, and there is clarity in the clinical work about what is included in a laboratory test. He argued that EKGs should not be included.
  - o **Terry** suggested that it is still a grey area. He and **Clem** discussed if EKGs should be included as laboratory tests in USCDI.
  - o **Terry** asked if concepts from Version 1 should be widened, possibly to their detriment, or if new data classes should be created. He inquired if, through its work to include a greater number of items in the USCDI, the USCDI TF might negatively affect the future burden of implementation, which is a heavily weighted area of criteria for ONC.
  - o **Steven Lane** commented that ONC has published FAQs to clarify their regulatory guidance. He asked if ONC intends for EKGs, along with other types of testing, to be included in the laboratory test data class or if another data class category will be created.
  - o **Al Taylor** referenced the current definition of "laboratory test" and suggested this might not be broad enough to capture all necessary elements. This might be a gap in USCDI Version 1 or Version 2.
  - o **Steven** suggested that the USCDI TF address this point in the TF's report to the HITAC.
  - o **Terry** suggested expanding the area of provenance/the author from Version 1 and referenced conversations the TF held at meetings in previous years. **Steven** responded that some of these data elements were expanded and better specified in Version 2 as a direct result of stakeholder input.
  - o **Terry** suggested that the author/editor and date of last review should be added to lists (ex., allergies, medications, problems) to improve their maintenance.

- **Michelle Schreiber** suggested that the underlying question is what the philosophy of the USCDI is and asked if it is meant to be a total repository for standardizing data elements in the U.S., or will there be other areas that encompass standardized data elements? She stated that of the 57 quality measures that CMS has, only four are supported by elements included in the USCDI. What should the USCDI TF do to support federal programs?
  - o **Steven** noted that **Michelle** has already submitted these comments to the TF in greater detail and explained that ONC has scheduled a meeting to discuss these topics with CMS.

- **Ricky Bloomfield** commented on the mechanics of the feedback provided during the USCDI TF and asked if there will be a way for members and the public to submit comments. He suggested that a consolidated report, either as meeting minutes or a collaborative document that includes all of the feedback, would be helpful.
  - o **Steven Lane** responded that ONC has been approached to create such a document for the TF and explained that they are considering how to best provide this to support the TF. He suggested that it could be divided by data class and data element and that this document could be displayed and edited during meetings as a way of entering comments into the public record.
  - o **Michael Berry** explained that meeting notes and a summary would be posted to the USCDI TF section of the HITAC's website.

Steven Lane stated that, in the USCDI Version 1, the "Clinical Notes" data elements included:

- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note
- Diagnostic Imaging Narrative
- Laboratory Report Narrative
- Pathology Report Narrative

Then, **Steven** explained that, in the draft USCDI Version 2, some Clinical Notes data elements were reclassified into:

- Diagnostic Imaging
  - Diagnostic Imaging Narrative
- Laboratory
  - Laboratory Report Narrative
  - Pathology Report Narrative

Steven stated these changes seemed straightforward to him, but he invited other USCDI TF members to submit feedback.

Discussion:

- **Hans Buitendijk** supported the reclassification but requested clarification around the diagnostic imaging data element and the differences between the imaging narrative and report narrative. He stated that they might have created a duplication and suggested including it all as part of the report (diagnostic imaging narrative, plus other data).
- **Ricky Bloomfield** voiced his agreement with the reclassification but also echoed **Hans'** comments. He stated that there are inconsistencies between this suggestion for the USCDI and what is in the US Core in the clinical note data guidance. He stated that the first five categories suggested for the USCDI are consistent with US Core, but then the US Core has three additional categories: cardiology, radiology, and pathology. He suggested that they could overlap with the suggested USCDI categories but asked that the terminology be made more consistent with what is in US Core.
- **Clem McDonald** suggested that the diagnostic imaging narrative category be eliminated or clarified, as it is confusing. He suggested that the other two narratives are also confusing.
  - **Steven Lane** responded the imaging narrative is the radiologist report in text.
  - **Clem** stated that radiologist reports and imaging reports are included in other data elements, and this is confusing. He referenced the full definition within the USCDI standards document for the data element.
  - **Al Taylor** discussed the data element definition in the standards document and asked for feedback. The definition is "contains a consultant or specialist's interpretation of image data."
  - **Clem** asked to clarify the definition, as it is not the radiologist report; there is a whole other data class for radiologist reports.
  - **Al** thanked him for the clarification but noted that the intent of having these three data elements together in the USCDI is to convey the desire for the ability to capture the narrative and free-text elements of a report.

- o **Clem** stated that the standard radiologist report is all narrative.
- o **Al** stated that it is not all narrative and explained that some are standardized, including technical specifications of the study, the patient, the provider, and other elements. Adding the "clinical notes" data element will allow for the capture of free text.
- o **Clem** stated the majority of the radiologist reports he has seen are all narrative.
- o USCDI TF members discussed whether this duplicated another section.
- o **Ricky Bloomfield** added that he shared the US Core implementation guidance on clinical notes in the chat via Adobe. He explained that in this guidance, US Core has created a Venn diagram for how this could be implemented, and electronic health record (EHR) vendors who have already implemented US Core have already followed this guidance.
- o **Clem** responded that there is only one code from vendors for over 6,000 diagnostic reports for radiology alone, and this is confusing.
- o **Steven** asked **Clem** to submit his feedback on what is duplicative by email, and Clem responded that he sent an email that morning. They discussed additional locations where the diagnostic imaging report has been listed in several places in the current PDF of Version 2.
- o **Michael** clarified that **Clem's** feedback was that the diagnostic imaging report and diagnostic imaging narrative elements are duplicative. **Al** responded that ONC anticipated this feedback and noted that similar feedback might arise around the laboratory reclassified clinical note data element.

- **Hans Buitendijk** commented that one of the main challenges has been is that C-CDA documents, particularly CCDs, include a large amount of data but often not enough narrative to provide the clinician's summary. If the goal for the documents is to find the right balance between a narrative and supporting clinical information while still having the ability to send "just" data, then the clinical notes category needs to focus on including narratives into key encounter summary documents. Also, he stated that data sources need to be in sync, so the narrative should not be separated from the report.
  - o **Steven Lane** clarified that the narrative is part of the report and that the report needs to include structured data elements, as well as a text area that represents the narrative.
  - o **Clem McDonald** agreed but suggested that the extra code was not necessary, based on the specifications of FHIR and the narrative-style structure of radiology reports.
  - o **Hans** responded that the right amount of information is necessary and noted that the CCDs have been too vague.
  - o **Clem** raised the issue of a narrative being sent separate from a report and asked that the item be clarified again.
  - o **Steven** displayed slide number six from the presentation, which depicted the draft USCDI Version 1 overview, and discussed how the "laboratory" data class and elements could be used as a new model for the "diagnostic imaging" data class.
  - o **Leslie Kelly Hall** voiced her concern about separating the narrative data element and emphasized that this could leave the narrative, which is often the key component of a report, without context. She stated that if the issue is that the documents are too large, dividing them in an artificial manner that separates the narrative from the context will only create more problems. She suggested creating a stronger associated vocabulary.
  - o **Clem** suggested including all other clinical imaging studies in the updated wording (like colonoscopies and retinal pictures).

- o **Terry O'Malley** worried that the USCDI TF is creating too many separate categories that overlap and do not add clarity. However, if everything gets combined, the TF loses the ability to distinguish between them.
- o TF members discussed if "imaging report" meant "radiology report" and what is included in "imaging report" versus "laboratory data report."

Steven Lane encouraged USCDI TF members to submit any further comments, additions, and clarifications/modifications to Task 1a – Data Elements and Classes from USCDI Version 1. **Steven** reminded TF members that, earlier in the meeting, **Dan Vreeman** suggested that the removal of the data element "Assessment and Plan of Treatment."

Discussion:

- **Clem McDonald** suggested that if this includes structured and coded elements, not just the narrative, it would be extra work for the clinical system.
- **Steven Lane** summarized **Dan Vreeman's** comments that this section lacked clarification of what is necessary. **Steven** asked USCDI TF members who represent vendors to comment on what their company means by the "Assessment and Plan of Treatment."
  - o **Sasha TerMaat** responded that this is an older term that has been challenging. Currently, information included under this data class is not consistent across systems, but it has been implemented as a data class/element.
  - o **Mark Savage** asked for more details about the specific problem and suggested that more structure/detail could be provided instead of deleting the class/element. **Steven** agreed.
  - o **Hans Buitendijk** commented that the definition could be clarified. In US Core and C-CDA, there are data classes that address aspects of "Assessment and Plan of Treatment." The data entered has not been consistent, but he suggested clarifying the item instead of removing it.
  - o **Clem McDonald** stated that an "assessment plan" is a traditional part of a physician's/nurse's note and is different than a "care plan."
  - o USCDI TF members agreed to continue this discussion at their next meeting.
- **Steven Lane** drew attention to a letter that **Mark Savage** submitted on behalf of his health system to ONC and asked him to comment on it. Mark provided a link to the letter via a comment in the chat in Adobe.
  - o **Mark** summarized the letter, noting that it provided an overview of responses from providers about was they needed among the structured data elements for USCDI. In general, the providers thought they needed many elements that are not included in Version 2. The letter explained the criteria and rationalization for applying particular elements to be brought in immediately or be moved up the queue. A second piece of the letter was to use two USCDI COVID use cases to illustrate the importance of having structured data elements.

Task 1b
Steven Lane explained that this item would be addressed at a subsequent meeting of the USCDI TF.

Michael Berry opened the meeting up for public comment:

PUBLIC COMMENT
There were no public comments received by telephone.

Questions and Comments Received via Adobe Connect

Mike Berry: Good morning, everyone. We will be starting soon. Thank you for joining!

Mark Savage: Is anyone else getting audio that breaks up?

Grace Cordovano, PhD, BCPA: Good morning everyone! Grace Cordovano, board-certified patient advocate, joining from NJ.

Leslie Lenert: g

Leslie Kelly Hall: Mark yes some breaking up

Mark Savage: Thanks, Leslie. Then I will not try redialing.

Leslie Kelly Hall: Mark its *[sic]* better for me now....

Zoe Barber: Zoe Barber here representing NYeC

Clem McDonald: I don't think I can be heard

Grace Cordovano, PhD, BCPA: Are there any specific standards around end of life care, death care, palliative care in hospice/active death setting?

Leslie Kelly Hall: I understand scopt *[sic]* issues, but some life changing patient goals: advanced directives are not classed approriately *[sic]* level.. CSM did a study over 5 years ago looking at use. Every AD collected is in the EHR, CCDA has advanced directive included. I do challenge this level definition and encourage review building on the CMS report.

Clem McDonald: Regarding thecurrent *[sic]* slide. Think we should remember that the implementers are allowed to use a newer version of any of these vocabularies whne *[sic]* they are provided. They don't have to wait til *[sic]* ONC annunces *[sic]* them

Hans Buitendijk: @Clem: Agreed. The latest versions at time of USCDI v2 publication should be referenced so that becomes the minimum that one then would certify to under SVAP, but any more current version remains possible.

Mark Savage: In ONC's first release of USCDI drafts in 2018, ONC said 46 of 50 had technical standards already.

Daniel Vreeman: Thanks everyone, I apologize for having to leave early today.

Hans Buitendijk: @Mark: Question would not only be whether the underlying standard, e.g., FHIR R4 could handle it, but also whether the implementation guidance is available to ensure the standard is used consistently for the data at hand.

Mark Savage: Thanks @Hans.

Grace Cordovano, PhD, BCPA: Where there are no standards, is there an opportunity to consider patient generated data and patient reported outcomes?

Denise Webb: I apologize. I just joined. Had a conflict on my schedule

Leslie Kelly Hall: Not only the standards gap, but is there some consideration of risk and benefits in care? Advance directives and POLST MOLST has huge benefit and the risk of not doing impacts lives.

Hans Buitendijk: @Grace: If there were to be no standard, or insufficient guidance on how to use a standard for the data, how would we enable predictable, scalable interoperability?

Hans Buitendijk: @Steven: For Vocabulary standards one can take on the new version. For syntax standards, it cannot. One of the reasons to keep those standards distinct.

Leslie Kelly Hall: @grace even when PGHD is possible, standards are necessary. Standards indicate how it is recorded, classsified *[sic]* and transported regardless of the author

Leslie Lenert: here here!!!

Brett Oliver: @Leslie - well said

Leslie Kelly Hall: @grace there are standards for PGHD in CCDA or consolidated content document architecture. This covers the structure the data and that it can be integrated. the focus initially was on provider initiated, Like what is your pain, outcome, AD, etc. It covers any question asked by a provider that can be ansered *[sic]* by a patient and stored in the record. This is not widely used as yet... Portal email is most often used.

Leslie Lenert: perhaps what is needed when there is no standard for a value set is a standard for free text representation of the value

Hans Buitendijk: If task 1a is only on vocabulary, is the implementation burden to implement USCDI v2 part of 1b and 1c?

Leslie Kelly Hall: @Les L agreed.

Grace Cordovano, PhD, BCPA: @Leslie Lenert, yes!

Mark Savage: It appears that draft v2 does what @Terry is mentioning, adding Date of diagnosis and Date of resolution to the Problem class.

Leslie Kelly Hall: @Mark generally not in the problem area, but tests or diagnostic tests.

Leslie Kelly Hall: @terry lab test generally is the point of origin of the equipment and result.

Mark Savage: Also adding to the Care Team Member class.

Leslie Kelly Hall: cascading impact of having it defined at lab, might impact lab LIS credentials where it would not be applicable..... so lets *[sic]* make sure we understand cascading effect

Al Taylor, MD, ONC: Current ONC USCDI v1 definition of laboratory test: Tests Examinations of specimens derived from humans to provide information for the diagnosis prevention, treatment of disease, or impairment of, or assessment of health.

Leslie Kelly Hall: YES YES terry!

Leslie Kelly Hall: Clarify please how we should use chat or raise hand? any preference?

Leslie Kelly Hall: The genesis of USCDI was in response to the open API for consumers.... bescause *[sic]* there are so many other ways to gather data in the medical model

Leslie Lenert: yes...one use case at time rather than all at once! little bit for everybody means nothing works

Hans Buitendijk: USCDI was meant to address consumer, provider, and other stakeholder needs, using C-CDA and FHIR to make that consistently accessible.

Denise Webb: I agree

Leslie Lenert: yes but how many use cases is that?

Leslie Kelly Hall: So should be include in our analysis the primary stakeholders addressed by each USCDI element?

Hans Buitendijk: @Kelly: And/or the primary source.

Hans Buitendijk: Sorry, @Leslie. Typing way too fast!

Leslie Kelly Hall: @hans not worries! I agree on primary source

Grace Cordovano, PhD, BCPA: Where is surgery and surgical reporting represented? *[sic]*

Leslie Kelly Hall: @grace in proceedures *[sic]* I believe

Sasha TerMaat: I had the same question as Hans regarding the distinction between the report and the narrative. The report might include the procedure code, name, date, modality, anatomy imaged, and the narrative, for example, but we will want to be clear on the distinction before implementing.

Leslie Kelly Hall: @ricky agree

Grace Cordovano, PhD, BCPA: It would be helpful to see actual examples of how each of these may appear and be dictated in the real world.

Hans Buitendijk: @clem: Wouldn't then narrative be part of diagnostic imaging report?

Ricky Bloomfield: Implmentation *[sic]* guidance is available here: http://hl7.org/fhir/us/core/clinical-notes-guidance.html

Ricky Bloomfield: We just need to be sure that we are consistent.

Leslie Kelly Hall: @grace ISA has a good deal in the detail, we can chat off line

Grace Cordovano, PhD, BCPA: @Leslie: Procedures are typically non-surgical; no incision. Procedure note is a broad term that encompasses many specific types of non-operative procedures including interventional cardiology, interventional radiology, gastrointestinal endoscopy, osteopathic manipulation, and many other specialty fields. Procedure Notes are differentiated from Operative Notes in that the procedures documented do not involve incision or excision as the primary act.

Grace Cordovano, PhD, BCPA: Thank you

Leslie Kelly Hall: @grace, yes

Hans Buitendijk: One of the challenges has been that C-CDAs, particularly CCDs, included a lot of data, but not enough narrative to provide the clinician's summary. If the goal is to right-size in documents a good balance between a narrative and supporting clinical information, while still having the ability to send "just" data, then clinical notes seems to need to focus on including narratives into key encounter summary documents.

Hans Buitendijk: It will come up with al narratives.

Leslie Kelly Hall: @clem agree most diagnostic reports include narrative

Leslie Kelly Hall: the problem stated of large documents should not be addressed by removing narrative or artificially creating a summary not generated could have negative consequences in care

Leslie Lenert: I can see harmonizing requirements across FHIR and CCD is going to be challenging as unit of information is so different.

Grace Cordovano, PhD, BCPA: I'm reviewing a number of different radiology reports at the moment. Is what we are discussing as "narrative" the "Findings" section?

Hans Buitendijk: @Leslie: I don't think the intent is to remove narrative, but rather integrate and better balance narrative / structured / encoded data.

Hans Buitendijk: @Leslie: agreed with your comment.

Leslie Kelly Hall: Perhaps @Hans this is really about implementation guidance?

Denise Webb: @Leslie KH, agree with your comments, what is proposed in V2 for diagnostic, lab, and pathology narratives is going cause unintended consequences

Leslie Kelly Hall: @grace the narrative is the free text section of the report. Often found in findings, observations

Al Taylor, MD, ONC: Current ONC definition of Assessment and Plan of Treatment in USCDI v1: Assessment and Plan of Treatment Represents a health professional's conclusions and working assumptions that will guide treatment of the patient.

Grace Cordovano, PhD, BCPA: @LeslieHall: Thank you for clarifying. Why are we referring to it as narrative vs "Impression/Findings" which is what is typically on the reports? As a patient, careparter, & advocate, when we say "narrative", I think of 2nd opinion situations when imaging may have been reviewed by a second set of eyes and an accompanying written synopsis is provided as a follow-up.

Sasha TerMaat: CCDS definition: (19) Assessment and plan of treatment. For certification to the 2015 Edition health IT certification criteria:(i) In accordance with the "Assessment and Plan Section (V2)" of the standard specified in § 170.205(a)(4); or(ii) In accordance with the "Assessment Section (V2)" and "Plan of Treatment Section (V2)" of the standard specified in § 170.205(a)(4).

Sasha TerMaat: 170.205(a)(4) is (4) Standard. HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1 and HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1 (incorporated by reference in § 170.299).

Sasha TerMaat: I agree with Hans, it might also be informative to look at examples from past certification. I think it includes future appointments, right?

Sasha TerMaat: Here's the example data from certification: L) Assessment and Plan of Treatment: a. Assessment (Visual Inspection – ATL's need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content) i. The patient was found to have fever and Dr Davis is suspecting Anemia based on the patient history. So Dr Davis asked the patient to closely monitor the temperature and blood pressure and get admitted to Community Health Hospitals if the fever does not subside within a day. b. Plan of Treatment (Visual Inspection– ATL's need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)10i. Get an EKG done on 6/23/2015. ii. Get a

Chest X-ray done on 6/23/2015 showing the Lower Respiratory Tract Structure. iii. Take Clindamycin 300mg three times a day as needed if pain does not subside/iv. Schedule follow on visit with Neighborhood Physicians Practice on7/1/2015.

Denise Webb: Can the letter Mark is discussing be emailed to all of us or the link to where it is on the Web site?

Leslie Kelly Hall: @grace depending on the situation a 2nd opion *[sic]* could be an assesment *[sic]* of the plan, (generally in hospital setting) a formal 2nd opinion would be a new finding observation

Steven Lane: Mark's comments are at the bottom of https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi

Mark Savage: https://www.healthit.gov/isa/sites/isa/files/2021-02/UCSF%20CDHI%20to%20ONC%20on%20USCDI%20v2%20%2810-22-2020%29.pdf

Leslie Kelly Hall: I see comments by element, but where should general comments be made @ONC

Al Taylor, MD, ONC: @Leslie Comments can be entered on the USCDI main page, the Draft v2 tab, any Data Class page or any data element page

Leslie Kelly Hall: Thanks *[sic]* @Al

Denise Webb: Don't we need to hear from the person who suggested assessment and plan of treatment be removed as to why they think it needs to be removed?

Leslie Kelly Hall: Agreed @denise

Hans Buitendijk: Will there be a collaboration space where drafting suggestions could start to be captured?

TIMELINE AND MEETING SCHEDULE

Steven Lane reviewed the meeting schedule for upcoming USCDI TF Meetings for the next month, which was:

- February 16, 2021, 10:30 a.m. – 12:00 p.m. ET
- February 23, 2021, 10:30 a.m. – 12:00 p.m. ET
- March 2, 2021, 10:30 a.m. – 12:00 p.m. ET
- March 9, 2021, 10:30 a.m. – 12:00 p.m. ET

Steven invited TF members to provide feedback on items to be discussed at a future meeting. Some of the topics included:

- Discuss "Assessment and Plan of Treatment"
  - Could someone draft suggested language to clarify this item?
  - There seems to be general agreement that this item needs work and should not be deleted.
  - TF members should come to the meeting prepared to briefly discuss this item.
  - **Mark Savage** offered to collaborate with others on an assessment.
- Discuss Charge 1 – Task 1b

o   TF members should bring their homework, specific questions, and any comments left on the USCDI website

TF members were encouraged to email feedback to the co-chairs.

ADJOURN

Steven Lane and **Terry O'Malley** thanked everyone for their participation.

The meeting was adjourned at 11:59 a.m. ET.