



Health Information Technology Advisory Committee

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

Meeting Notes | March 2, 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 recent TF member work and feedback in preparation for a presentation to the HITAC at its March 10, 2021 meeting. Al Taylor discussed an overview of the USCDI and USCDI TF 2021 charges to guide TF work. Steven Lane and Leslie Kelly Hall, co-chairs of the USCDI TF 2021, led a review of data classes and elements from Version 1 of the USCDI, including applicable standards version updates, and discussed comments submitted by TF members on the proposed data classes and data elements for inclusion in version 2 of the USCDI.

There were no public comments submitted by phone and several comments submitted via the chat feature in Adobe Connect.

Agenda

10:30 a.m.	Call to Order/Roll Call
10:40 a.m.	Past Meeting Notes
10:45 a.m.	USCDI Overview
10:55 a.m.	Task Force Charges
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 10:30 a.m.

Roll Call

MEMBERS IN ATTENDANCE

Leslie Kelly Hall, Engaging Patient Strategy, Co-Chair

Steven Lane, Sutter Health, Co-Chair

Ricky Bloomfield, Apple

Hans Buitendijk, Cerner

Grace Cordovano, Enlightening Results

Les Lenert, Medical University of South Carolina

Clem McDonald, National Library of Medicine

Brett Oliver, Baptist Health



Mark Savage, University of California, San Francisco's Center for Digital Health Innovation
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Sheryl Turney, Anthem, Inc.
Daniel Vreeman, RTI International
Denise Webb, Indiana Hemophilia and Thrombosis Center

MEMBERS NOT IN ATTENDANCE

Jim Jirjis, HCA Healthcare
Ken Kawamoto, University of Utah Health
Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin
Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)

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 OVERVIEW

Al provided an overview of the USCDI Version Update Process from ONC's perspective and discussed the timeline and the USCDI ONDEC (ONC New Data Element and Class) Submission System, which supports ONC's intent to develop new versions of the USCDI through a predictable, transparent, and collaborative process, allowing health IT stakeholders to submit new data elements and classes. TF members discussed the overview and submitted feedback to ONC.

TOPIC: TASKS 1A AND 1B

To provide the HITAC with an update at its upcoming meeting on March 10, 2021, the USCDI TF 2021 modified the meeting agenda to focus on Tasks 1a and 1b 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 Version 2 of the USCDI (USCDI v2), including applicable standards

Key Specific Points of Discussion

TOPIC: USCDI TF 2021 HOUSEKEEPING

- USCDI TF 2021 meeting materials, summaries, presentations, audio recordings, and final transcriptions are posted to the HITAC's website via links attached to each meeting date on the HITAC Calendar, located here: <https://www.healthit.gov/topic/federal-advisory-committees/hitac-calendar>
- Steven reminded USCDI TF 2021 members of the TF's timeline and deliverables:
 - Two shared documents that were created in Google Drive for TF members to submit feedback for discussion during meetings were displayed. Final items will be added to the Recommendations Tracker document. TF members were encouraged to add their names and additional justifications to the document.
 - The TF will continue to meet weekly, and any breaks in the meeting schedule will be announced.

TOPIC: USCDI OVERVIEW

Al provided an overview of the USCDI Version Update Process from ONC's perspective.



- The timeline has been included in all meeting slides at previous meetings and will be linked on the USCDI TF 2021 webpage.
 - The public comment period for submissions for USCDI v2 is currently underway until April 15, 2021. The number of new data classes and data elements in Draft USCDI v2 is intentionally modest.
 - The submission period for suggestions for items to be included in USCDI v3 will continue through October 2021. ONC is accepting submissions now, and the submitted data elements will be considered for inclusion in v3. USCDI TF 2021 members may submit suggestions for new data classes and elements, but ONC and the USCDI TF 2021 will consider such submissions after the submission period for v3 has closed.
- The 2018 Draft USCDI white paper was a guidance document to inform the public in a general sense of ONC's intent in developing USCDI and the expansion process, not to determine all data classes and elements that are or would be in v1 or v2 of the USCDI. All items within/proposed for inclusion in those versions have been properly submitted and were posted on the Level 2 webpage for public comment. ONC published the list of items included in Draft USCDI v2.
 - ONC will attempt to rectify any points of confusion and will accept feedback on the process.
- AI defined the USCDI, explaining that it is a core set of data for patient access to their own data and other interoperability needs/use cases and that it is a modest expansion of the Common Clinical Data Set (CCDS), which grew out of the MU Common Data Set. It is open to modest expansions of data classes and elements based on identified gaps in core data and feasibility of implementation. This measured expansion process is designed to promote incremental adoption across the industry. It may not include all of the required data elements for particular use cases or needs.
 - Andy suggested updating the final sentence in the definition of the USCDI in ONC's presentation slides to indicate that the USCDI defines the scope of information blocking prohibitions through October 22, 2021. Following this date, all electronic health information is subject to the Information Blocking provisions.
- A total of 664 data elements (including merged/duplicated data elements) were submitted to the USCDI ONDEC system during the 2020 submission cycle. One hundred nine data elements were assigned to Level 2, 55 were assigned to Level 1, and 140 were assigned to the Comment Level. The Submission Evaluation Criteria were included in the presentation, and AI explained that they were published publicly.
 - Mark asked AI to clarify why "modest expansion" is important to the process, and AI emphasized that ONC cannot require adoption of the USCDI, per its Final Rule. Therefore, a more modest, incremental expansion promotes the voluntary adoption of new versions by stakeholders.
 - Andy suggested that modest expansion promotes delays in updates, then expansion occurs in rushed intervals. Mark agreed.
 - Hans suggested that the USCDI adopt the data elements that are already required to be supported by exchange standards, like Consolidated Clinical Document Architecture (C-CDA) and U.S. Core, as users are already supporting these for implementation as part of the certification process.
 - AI responded that the USCDI has uses beyond those leveraging C-CDA or U.S. Core and the numerous differences between data and standards requirements.
 - Grace submitted comments to reflect gaps from the patient/care provider's perspective and asked for feedback on how to streamline the process to keep the amount of information in submitted comments at a modest level.
 - TF members were encouraged to add comments to the document to support items or denoting questions/feedback.
- The USCDI TF 2021 overarching charge and specific charges were presented and discussed.



- Leslie asked for TF feedback on whether bringing data classes (with all identified component data elements) into future versions of the USCDI is easier than building out individual data elements within data classes over time.
 - Hans stated that TF should discuss and recognize the minimum data elements and classes that are supported for full interoperability.
 - Clem suggested that the TF suggest the inclusion in V2 of a larger number of elements/classes, specifically those represented within both the C-CDA, and Fast Healthcare Interoperability Resources (FHIR). Steven suggested that much of this “common denominator” information was already represented in USCDI v1 and Level 2. AI stated that ONC considered if elements to be brought into v2 had implementation in those standards, but that was not the only criteria.

TOPIC: TASK 1A – EVALUATE DRAFT USCDI V2 NEW DATA CLASSES AND ELEMENTS

USCDI TF 2021 members submitted comments on data classes and elements from Version 1 of the USCDI (USCDI v1), including applicable standards version updates, within a shared Google document. The TF discussed the following submissions:

- Dan submitted the recommendation to consider updating applicable standards in Final v2 to include the LOINC version to be published on June 1, 2021, because it would be advantageous to identify the latest standards in the published USCDI v2.
 - There was general support from TF members for this suggestion. AI stated that ONC's intent is to publish the most recent version of applicable standards unless there is an objection. The June 1 LOINC publication date might be too late for inclusion.
 - This suggestion will be included in the TF's recommendations.
- Dan submitted the recommendation to clarify the data class of Assessment and Plan of Treatment (e.g., Care Plan) and the relevant corresponding data elements (e.g., narrative summary, status, etc.) and their relevant standards, or to remove the data class and data element until greater consensus meaning is achieved and precision is defined.
 - Mark and Dan are working together to propose a recommendation to the TF. This suggestion is pending, and the TF will review the recommendation at its next meeting.
- Terry O'Malley (former USCDI TF 2021 co-chair) submitted the following recommendations:
 - Under the data class of Laboratory, clarify the boundary of Laboratory Tests, e.g., does this include testing done in the Cardiac Lab, e.g., ECGs, or the Pulmonary Lab, Sleep Lab, etc.? If not, then consider adding a data element(s) to capture the Results of Relevant Procedures.
 - The TF recommended including the Diagnostic Studies and Exams data elements with the Results data element in USCDI v2, and the item was moved from Task 1a to Task 1c.
 - Under the data class of Provenance, there is a need for a new data element to specify when data has been reviewed and by whom.
 - TF members agreed that this suggestion is very complicated and agreed to leave this item for discussion during work on Task 3 of Charge 1.
- Clem submitted the recommendation to clarify whether the Diagnostic Imaging data class extends beyond Radiographic images to include, e.g., visible light (retinal photographs), endoscopic images, etc.
 - The TF recommended asking for further clarification and requesting specific examples for addition in the definition.



TOPIC: TASK 1B – EVALUATE DRAFT USCDI V2 NEW DATA CLASSES AND ELEMENTS

USCDI TF 2021 members submitted comments on new data classes and elements in the draft USCDI v2 and discussed topics related to reviewing and prioritizing them.

- Clem, Hans, and Ricky recommended that the Diagnostic Imaging Narrative data element be removed from the Diagnostic Imaging data class or suggested that it could be specified as a component of Diagnostic Imaging Report.
 - Hans explained that the three TF members drafted the following statements:
 - Create a new Diagnostic Imaging section in USCDI v2 and move the Laboratory Report Narrative and Pathology Report Narrative to the Laboratory section to emphasize that the structured and narrative portions of these reports should be included together, just as they would exist in the original source documents. This proposal is not intended to imply that the reports should contain narrative content only.
 - To further clarify, they recommend removing the word “Narrative” from the “Laboratory Report Narrative” and “Pathology Report Narrative” data types and completely removing the “Diagnostic Imaging Narrative” data type from the “Diagnostic Imaging” data class. They recommend that the definitions for these three report data elements be updated to clarify that a well-structured document should include narrative notes to summarize findings, impressions, and conclusion, while also including information that may be encoded, qualitative, and/or quantitative in nature. This would result in the following updated data classes and elements:
 - Diagnostic Imaging
 - Diagnostic Imaging Order
 - Diagnostic Imaging Report
 - Laboratory
 - Laboratory Report
 - Pathology Report
 - Tests
 - Values/Results
 - Consequently, for downstream standards development consideration beyond the USCDI, there would therefore not be a need for a separate LOINC code to represent a narrative-only report as it is not relevant whether either of the reports consists of narrative only, coded only, or a structure report with narrative, encoded, and quantitative data.
 - The TF agreed to include this text in the HITAC recommendations. Dan discussed possible changes to the text, noting that he would capture these as a comment on the shared document.
- Dan submitted recommendations to change the name of the Provider Name and Provider Identifier data elements under the Care Team Members data class to “Care Team Member Name” and “Care Team Identifier,” citing the redundancy between care team members and providers.
 - The TF agreed to include this change in the HITAC recommendations.
- Dan submitted a Task 1c recommendation to elevate Provider Role to USCDI v2 and to change the name to “Care Team Member Role.”
 - Hans clarified that this denotes the care team member’s role within the care team, as opposed to the FHIR concept of a “Practitioner Role,” which is not how Provider Role should be interpreted.
 - TF members discussed issues that could arise due to this change and with the use or not of the NPI/other identifiers but agreed to suggest elevating this to USCDI v2.



- Multiple TF members submitted the recommendation to consider including Narrative as a sub-component of Values/Results under the Pathology Report Narrative data element in the Laboratory data class.
 - The TF agreed to include the same guidance as the early suggestion from Hans in the HITAC recommendations.
- Dan suggested adding Identifier Type and the Provider Identifier data element under the Care Team Members data class.
 - The TF agreed to include this change in the HITAC recommendations.
- Michelle Schreiber submitted the following recommendations for the Encounter Information data class:
 - For the Encounter Time data element, add clarity of scope of “time.” Does this mean start/stop, point in time, duration?
 - Clem suggested that this might already be identified in FHIR, so the TF should hold onto this item until the definition can be reviewed. TF members discussed whether all health IT systems include the notion of an encounter.
 - Al referenced the definition as listed, which is broad and inclusive, could include a range/duration, and applies to both in-patient and out-patient encounters.
 - Hans requested greater clarification in future versions/definitions, and the TF should clarify that this is not the scheduled date and time.
 - Add Encounter Disposition to USCDI v2.
 - The TF agreed to include this change in the HITAC recommendations.
 - Add Encounter Location to USCDI v2.
 - The TF agreed to include this change in the HITAC recommendations.
 - Several TF members submitted comments on these suggestions and noted that additional work might need to be done on these items.

Action Items

The co-chairs will work with ONC to put together slides to capture the TF’s recommendations.

As their homework assignment, TF members will continue to submit comments on the Recommendations Tracker document.

Charge 1 Task 1a and 1b activities will be completed and ready for presentation to the HITAC at its March 10, 2021 meeting.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry: Good morning everyone. We will be getting started shortly.

Steven Lane: Welcome to the March 2 meeting of the ONC HITAC USCDI 2021 Taskforce. We encourage members of the public to share their thoughts verbally 5 minutes prior to the end of the meeting.

Leslie Kelly Hall: Great to be here!

Denise Webb: Last bullet should say that the definition *[sic]* of EHI is constrained to USCDI until October 2022



Leslie Kelly Hall: @Hans and @ Sasha is it easier from a developer point of view to move a class of data or element level only?

Andy Truscott: Suggest a couple of clarifications: 1) Until October 2022, USCDI is the scope of Information Blocking. In October 2022 - USCDI will be a Proper Subset of Information Blocking scope.

Steven Lane: Thanks Andy!

Steven Lane: ... and Denise

Steven Lane: We will raise Leslie's question re classes/elements when we discuss the task force charges, specifically Charges 1c and 2c.

Leslie Lenert: Hey folks--a bit late but now online

Clement McDonald: Hans hear, hear!

Andy Truscott: Agree with Grace. USCDI should, by definition, be the ubiquitous *[sic]* core.

Brett Oliver: Well said, Grace.

Leslie Kelly Hall: So reiterating instructions. If you agree with a comment, add your name to the TF Member column. If you have addition justifications from the original comment, add those there

Andy Truscott: Suggest we include language that covers "most recent normative version"

Hans Buitendijk: @Leslie: Did I do that right in the second row?

Leslie Kelly Hall: Hans I do not see it will check again

Hans Buitendijk: @Leslie: Cell C2.

Leslie Kelly Hall: yes hans

Hans Buitendijk: So then anything diagnostic, except for LAb *[sic]* and Diagnostic Imaging, would be Diagnostic Studies? Or is the suggestion to create an overarching data class for anything diagnostic?

Sasha TerMaat: Data review is probably something that could be prioritized, too--some data classes the review status is more important than others, and prioritization would be useful.

Grace Cordovano, PhD, BCPA: Want to be mindful that there isn't a loophole between screening vs diagnostic imaging

Grace Cordovano, PhD, BCPA: Well done

Leslie Kelly Hall: Nice Hans

Denise Webb: I agree with Dan's suggestions

Leslie Kelly Hall: with Hans caveat that it is role to that specific team role

Grace Cordovano, PhD, BCPA: Will 1a recommendations in the other spreadsheet USCDI TF Member Recommendations (Editable) also be discussed next week?



Leslie Kelly Hall: Ti si *[sic]* general the billable time

Leslie Kelly Hall: it is

Mike Berry: We are getting ready for public comment. To make a comment please call: 1-877-407-7192 (once connected, press “*1” to speak)

Leslie Kelly Hall: agreed with al encounter time.

Mark Savage: Ultimately, we may want to be capturing several encounter "times." Not just one definition.

Hans Buitendijk: We then need to be clear about this as they come up.

Leslie Kelly Hall: plus one

Hans Buitendijk: Encounter Diagnosis was not listed. That would be next week then?

Leslie Kelly Hall: document link

https://docs.google.com/spreadsheets/d/1XmYjtAeGG06Si2k_zB60h9wQ2kF3beTD8rTbPiMH8P4/edit#gid=0

Leslie Kelly Hall: Hans make sure you add that to the sheet above

Hans Buitendijk: I did add a comment to the TF Member sheet.

Resources

[USCDI TF 2021 – March 2, 2021 Meeting Agenda](#)

[USCDI TF 2021 – March 2, 2021 Meeting Slides](#)

[USCDI TF 2021 – March 2, 2021 Webpage](#)

[HITAC Calendar Webpage](#)

Adjournment

Steven stated that USCDI TF 2021 members will prepare for the upcoming presentation to the HITAC during the next TF meeting, which will be held on Tuesday, March 9, 2021.

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