



Health Information Technology Advisory Committee

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

Meeting Notes | March 9, 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. Steven Lane, co-chair of the USCDI TF 2021, led a preview of the update and reviewed comments submitted by TF members. TF members discussed the comments and suggestions and updated the TF's working documents.

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
10:50 a.m.	Review HITAC Update
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

Steven Lane, Sutter Health, Co-Chair

Hans Buitendijk, Cerner

Grace Cordovano, Enlightening Results

Jim Jirjis, HCA Healthcare

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

Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)

Sasha TerMaat, Epic

Andrew Truscott, Accenture



Sheryl Turney, Anthem, Inc.
Denise Webb, Indiana Hemophilia and Thrombosis Center

MEMBERS NOT IN ATTENDANCE

Leslie Kelly Hall, Engaging Patient Strategy, Co-Chair

Ricky Bloomfield, Apple

Ken Kawamoto, University of Utah Health

Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin

Daniel Vreeman, RTI International

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: REVIEW OF UPDATE FOR HITAC

Steven provided an overview of the presentation the USCDI TF 2021 will give to the HITAC at its March 10, 2021 meeting. TF members discussed the overview and submitted feedback.

TOPIC: TASKS 1A AND 1B

To provide the HITAC with recommendations, the USCDI TF 2021 worked on Task 1a and Task 1b of Charge 1, which included:

- Evaluate data classes and elements from Version 1 of the draft USCDI (USCDI v1), including applicable standards version updates
- Evaluate new data classes and elements from Draft USCDI Version 2 (draft USCDI v2), including applicable standards

Key Specific Points of Discussion

TOPIC: USCDI TF 2021 HOUSEKEEPING

- USCDI TF 2021 meeting materials, past meeting summaries, presentations, audio recordings, and final transcriptions are posted to the new website dedicated to the TF located at <https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021>
- Steven reminded USCDI TF 2021 members of the TF's timeline and remaining deliverables:
 - Revise recommendations for Tasks 1a and 1b
 - Complete Task 1c recommendations
 - Plan for phase 2 of the TF's work:
 - Task 2 – Evaluate the USCDI expansion process, which, at the request of several TF members, will include an in-depth discussion of the role and scope of responsibility of the USCDI in the ecosystem
 - Guiding Principles will be developed.
 - ONC is working on a related document that will be made available during the USCDI v3 submission process.
 - TF members were requested to submit high-level philosophic input and more detailed/specialist-level information within the TF recommendations documents. Andy discussed several examples of areas that require standardization.
 - Task 3 – Recommend ONC priorities for USCDI Version 3 submission cycle



- Two shared documents that were created in Google Drive for TF members to submit feedback for discussion during meetings were displayed. TF members were encouraged to add their names and additional justifications when they work on the documents.
- The TF will continue to meet weekly on Tuesdays at the same time, and any breaks in the meeting schedule will be announced.

TOPIC: USCDI TF 2021 INITIAL RECOMMENDATIONS

Steven provided an overview of the USCDI TF initial recommendations to be presented at the March 10, 2021, meeting of the full HITAC and briefly referenced discussions and feedback related to several of the recommendations, which included:

- Recommendations connected to Task 1a – Evaluate data elements and applicable vocabulary standards from USCDI v1:
 - Support for updating all applicable vocabulary standards to latest versions, as of Final USCDI Version 2 publication
 - Support for reclassifying three Clinical Notes data elements
 - Clarify full scope of Diagnostic Imaging Class with examples
 - Clarify full scope of Assessment and Plan of Treatment Class with examples
- Recommendations for Task 1b – Evaluate new data elements in the draft USCDI v2:
 - Merge/include Diagnostic Imaging Narrative element into Diagnostic Imaging Report
 - Clarify scope of Diagnostic Imaging Report (to include narrative)
 - Remove or merge Laboratory and Pathology Report Narrative into Laboratory Values/Results
 - TF members asked that this bullet be removed, as it was made redundant by the fourth (following) bullet.
 - Clarify scope of Laboratory Values/Results (to include narrative)
 - Change Provider Name and Identifier data element to Care Team Member Name and Identifier
 - Grace and Andy asked that the nature of identifiers be clarified and emphasized that the identifier should be an optional section.
 - Clarify scope of Encounter Time (scheduled, arrived, start/stop, time, duration, current, future)

TOPIC: TASK 1A – EVALUATE DATA CLASSES AND ELEMENTS FROM USCDI V1, INCLUDING APPLICABLE STANDARDS VERSION UPDATES

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:

- Several TF members submitted the following recommendation, which Dan and Mark rewrote together, and Mark summarized for the TF:
 - “We recommend that
 - (1) ONC invite stakeholders and the public to submit proposals for USCDI version 3 that provide the range of *terminology* standards and code sets needed for this important data class, and
 - (2) ONC clarify that the data element includes both assessment *and* plan of treatment detail for exchange. The second point reflects the fact that “Assessment and Plan Section (v2)” contains only a fraction of what “Assessment Section (v2)” and “Plan of Treatment Section (v2)” comprise.”
 - Sasha voiced her agreement with part 1 of the recommendation and asked for clarification



on part 2. She asked if some overlap of data classes and elements is expected or if they are meant to be unique and requested that Mark cite the definitions that he used to create his recommendation.

- Mark stated that he worked from the regulatory definitions of the classes and elements of the USCDI from the 2015 Edition Health IT Certification Criteria (2015 Edition) and cited/described them.
- Steven explained that more work on this item will be done in the future as part of USCDI v3.
- Hans suggested starting with the overlap between U.S. Core/Fast Healthcare Interoperability Resources (FHIR) and Consolidated Clinical Document Architecture (C-CDA) to support the second recommendation. This will allow the standards community to align its work with the USCDI, and the TF can continue to build upon its work in the future.
- Following a discussion by TF members, the recommendation that will be included in the TF's presentation to the HITAC was updated to read:
- "We recommend that
 - (1) ONC invite stakeholders and the public to submit proposals for USCDI v3 that provide the range of *terminology standards* and *code sets* needed for this important data class, and
 - (2) ONC clarify, in v3, that the data element includes *both* assessment *and* plan of treatment detail for exchange - leveraging and building upon the overlap/intersection of U.S. Core and C-CDA."

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 USCDI TF 2021 members drafted the following recommendations:
 - 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.
- TF members discussed the implications of including these clarifications in v2 because, until the next rulemaking cycle, health IT systems will continue to be required to capture and exchange Diagnostic Imaging Narrative/Pathology Report Narrative as a discrete data element. This fact could impact the recommendation.
- The TF agreed to include this recommendation.
- Dan submitted recommendations to update the Provider Name and Provider Identifier data elements under the Care Team Members data class to "Care Team Member Name" and "Care Team Identifier." However, Steven raised the issue of clarifying that some care team members will not have an identifier and that it is acceptable to include a value representing "none."
 - Al clarified that various practice guidelines and authorities dictate what a provider must document in an electronic health record system (EHR), whereas the USCDI sets requirements for what a health IT system is capable of capturing.
 - The TF agreed to include these changes in the recommendations to the HITAC.
- USCDI TF 2021 members discussed Mark's comment on the Encounter Time data element and class comment, which asked the TF to consider studying what date/times are already captured automatically in health IT systems that might be used to indicate an encounter time.
 - The Centers for Medicare and Medicaid Services (CMS) will be releasing comments on their website shortly.
 - Sasha asked the TF to consider doing a survey through the Electronic Health Record Association (EHRA) and if there's an existing list of time data elements that could be used for it. Hans discussed possibilities and emphasized that this returns to what the TF is trying to achieve with v2. They will raise this topic with EHRA and will report back to the USCDI TF 2021.
 - This item was intentionally left open to allow for a variety of types of timing to be included, like scheduled time, arrival time, start/end time (relevant to episodes of care), discharge time, encounter open/close time, time for the patient, provider (relevant to billing).
 - Michelle stated that CMS wants to identify the start/end of encounters (and duration) for Electronic Clinical Quality Measures (eCQMs).

TOPIC: TASK 1C – EVALUATE LEVEL 2 DATA CLASSES AND ELEMENTS NOT INCLUDED IN DRAFT USCDI V2

USCDI TF 2021 members reviewed comments submitted by TF members in the tracking document that were classified as being part of the Task 1c of Charge 1 work.

- On Dan's suggestion to change the Provider Role data element under the Care Team Members data class to Care Team Member Role and add it to USCDI v2, two comments were submitted:
 - Dan stated that the data class should add a clarifying statement about whether organizations are specifically excluded from being represented here.
 - Grace stated that the Care Team data class should be sufficiently flexible to include non-clinicians, including patients' primary care partners, advocates, personal representatives, executors of the estate, and others who are not likely to have an identifier or code.
- On CMS's/Michelle's comment on whether the Encounter Disposition data element under the Encounter Information data class applies to ambulatory care, hospitalization, or other types of encounters, Mark submitted a comment. He stated that this should not be included under hospitalization, noting that this applies to providers, generally, and, perhaps, even to broader groups.



- TF members discussed this suggestion and agreed that Encounter Disposition applies to more types of encounters than Hospitalization.
 - Michelle stated that CMS thinks that this is broader than hospitalizations and includes emergency department encounters and skilled nursing facility encounters.
 - The TF agreed to include the comment that greater clarification is needed here in their recommendations to the HITAC.
- On CMS's/Michelle's comment that Encounter Location should be added as a data element under the Encounter Information data class in v2, Mark commented that, as care increasingly expands to non-clinical settings and remote/virtual monitoring and care, "location" needs to expand as well (e.g., encounter locations may include community-based or social-service organizations).
 - The TF agreed to include this comment in the recommendations to the HITAC.

TOPIC – MEMBER RECOMMENDATIONS DOCUMENT DISCUSSION

Grace and Mark provided an overview of the comments they (and other TF members) made on the USCDI TF 2021 Recommendations document that were informed by their experiences as members of HL7's Gravity Project. Topics they highlighted included:

- Real-world issues that patients face have not been reflected in USCDI v2.
- A framework should be built into the Assessment and Plan of Treatment to capture elements of social determinants of health (SDoH) for future draft versions or for prioritization to level 2/level 1.
 - Steven reminded TF members that the USCDI TF 2021 scope does not include moving items from comments into another level.
- Grace and Leslie recommended that Operative Notes, including the associated LOINC code, be included as another data element under the Clinical Notes data class in USCDI v2.
 - Mark and Clem supported including the recommendation in the TF's presentation to the HITAC. Clem asked that "Surgical Notes" be added as a synonym.
 - Hans asked if the suggestion referred to an operative notes narrative or an operative report, stating that "Operative Report" is not included in C-CDA. Steven responded that patient/caregiver representatives requested this item, so it would be the surgical narrative.
 - It was noted that this item is out of scope and will be moved to the v3 work period. Mark responded that the narrative might be included under a different name in the v2 submissions and, therefore, not out of scope.
- Grace suggested that the Immunization Date data element be included in the Immunizations data class in draft USCDI v2 to monitor COVID-19 vaccination doses and potential boosters.
- Mark and Sheryl suggested that the TF include the SDoH data class to provide support for the social and behavioral factors which impact an individual's disease state, treatment, and care.
 - The Gravity Project submitted six data elements related to SDoH.
 - The Consent data element was leveled as a Comment.
- Grace suggested that draft USCDI v2 should include the Units of Measure data element under the Laboratory data class if Values/Results do not include them already.
 - This is included in the Lab Result Data Element and was not specified as an applicable standard. Representing lab values with LOINC, SNOMED or UCUM are all acceptable.
 - Clem suggested positively asserting that UCUM is acceptable. This is included in CDA, FHIR, DICOM, and IIEEE.
 - Al added that Unit of Measure is a standard that applies to a data element, not a data element itself. The exclusion of an applicable standard was intentional due to concerns regarding the existence of a single applicable standard. Leaving this out means that any applicable standard is acceptable, and when there is a disagreement between C-CDA and FHIR.U.S. Core, ONC does not see it as its role to break the tie.



- This suggestion will be reworked to be included in the TF's recommendations to the HITAC.
- Grace strongly recommended that the Date of Resolution data element under the Problems data class be removed from draft USCDI v2 and discussed her reasoning.
 - TF members discussed why this data element should not be required, noting that this data element may not be maintained well, which creates a high likelihood that the data could be inaccurate. This could be incorrectly documented, with potential negative impacts on patients/families. Getting it changed in a patient's medical record may be a heavy lift and a barrier in a host of circumstances. Grace suggested that other pieces of information could be provided to prove the resolution.
 - Steven and AI suggested that this item should be made available but not required because it creates a matched set with Date of Onset (which was not included in draft USCDI v2), and it may help with problem list management.
 - Denise supported leaving the data element in draft USCDI v2 as it may support patients who need to document that a temporary problem has been resolved.
 - Mark supported leaving it in because it is closely tied to the definition of the problem/diagnosis.
 - Steven suggested that Date of Onset be included with Date of Diagnosis.
 - TF members will continue to discuss this suggestion at a subsequent meeting.

Action Items

As their homework, USCDI TF 2021 members will continue reviewing and submitting comments on existing items in the Recommendations Tracker and the USCDI TF 2021 Recommendations documents.

TF members will also review meeting notes from the February 23, 2021, and March 2, 2021, meetings on the USCDI TF 2021 website. TF members will be prepared to present corrections/clarifications and discuss their recommendations and comments.

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 and thank you for joining us today. We will be starting soon.

Jim Jirjis: Good morning

Steven Lane: Interested members of the public are invited to provide verbal public comments during the last 5 minutes of our meeting.

Andy Truscott: Morning everyone.

Brett Oliver: Good morning, Adobe issues - now joined

Sasha TerMaat: Minor correction on slide 3, it's assessment and plan of treatment. (Not plan of care.)

Mark Savage: Suggest "Remove and merge" be just "Merge" to avoid potential confusion anout *[sic]* "remove".

Grace Cordovano, PhD, BCPA: +1 @Mark Savage

Sheryl Turney: Sorry just joined waiting to be admitted *[sic]*

Sheryl Turney: in

Steven Lane: Sorry that my camera has issues with Adobe. I AM smiling!

Mark Savage: Aha. Removing "narrative" the word is NOT removing "narrative" functionality.

Denise Webb: @Hans, this makes a lot more sense.

Sasha TerMaat: I agree with Hans, if the narrative is defined as part of the report, then it does not seem like a problematic transition.

Mark Savage: Start time will also be relative to the caregiver documenting encounter. E.g. care might have occurred in ambulance or at home before arriving at ED.

Clement McDonald: this is clem. I am late. Had to be at an earlier meeting.

Sasha TerMaat: Is there a definition for disposition and mappings in the standards?

Sasha TerMaat: Immunization date is a Level 2 data element already.

Denise Webb: Got disconnected from call and am dialing back in--waiting for an operator.

Denise Webb: I am back on

Mike Berry: The public comment period will begin in about five minutes; To make a comment please call: 1-877-407-7192 (once connected, press "**1" to speak).

Denise Webb: Anyone having to deal with the federal government for things such as disability benefits or FAA medical clearance encounters serious challenges getting government decisions overturned when our medical records are not correct

Resources

[USCDI TF 2021 Website](#)

[USCDI TF 2021 – March 9, 2021 Meeting Agenda](#)

[USCDI TF 2021 – March 9, 2021 Meeting Slides](#)

[USCDI TF 2021 – March 9, 2021 Webpage](#)

[HITAC Calendar Webpage](#)

Adjournment

Steven thanked everyone for their work at the current meeting and noted that he is preparing to present on behalf of the USCDI TF 2021 to the HITAC at its meeting on March 10, 2021.

The next TF meeting will be held on Tuesday, March 16, 2021. The meeting was adjourned at 11:58 a.m. E.T.