Health Information Technology Advisory Committee

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

Meeting Notes | March 30, 2021, 10:30 a.m. – 11:30 a.m. ET

Executive Summary

The focus of the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF 2021) meeting was to review comments and feedback submitted by TF members as part of Tasks 1a, 1b, and 1c of Charge 1 of USCDI TF 2021, with a focus on items submitted by CMS. TF members discussed the suggestions and updated the TF's working documents with their recommendations, which will be presented to the HITAC at its April 15, 2021 meeting.

There were no public comments submitted by phone, but there was a robust discussion in the chat feature in Adobe Connect.

Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Past Meeting Notes
10:45 a.m.	Tasks 1b and 1c
11:20 a.m.	TF Schedule/Next Meeting
11:25 a.m.	Public Comment
11:30 a.m.	Adjourn

Call to Order

Michael Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 a.m.

Roll Call

MEMBERS IN ATTENDANCE

Steven Lane, Sutter Health, Co-Chair
Leslie Kelly Hall, Engaging Patient Strategy, Co-Chair
Ricky Bloomfield, Apple
Hans Buitendijk, Cerner
Grace Cordovano, Enlightening Results
Jim Jirjis, HCA Healthcare
Ken Kawamoto, University of Utah Health
John Kilbourne, Department of Veterans Health Affairs
Clem McDonald, National Library of Medicine
Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin
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.
Daniel Vreeman, RTI International
Denise Webb, Indiana Hemophilia and Thrombosis Center

MEMBERS NOT IN ATTENDANCE

Les Lenert, Medical University of South Carolina
Brett Oliver, Baptist Health

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 TF 2021 MEMBER AND CMS RECOMMENDATIONS

USCDI 2021 TF members completed a review of recommendations submitted within their shared Google documents and discussed submissions. Michelle detailed recommendations submitted for review by CMS.

TOPIC: TASKS 1A, 1B, AND 1C (JUST 1C?)

To provide the HITAC with recommendations, the USCDI TF 2021 worked on Tasks 1a, 1b, and 1c 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 draft USCDI Version 2 (draft USCDI v2), including applicable standards
- Evaluate Level 2 data classes and elements not included in draft USCDI v2

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 on the new website dedicated to the TF located at https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021
- Two shared recommendations documents were created in Google Drive for TF members to submit feedback for discussion during meetings, and they were displayed.
- The TF will continue to meet weekly on Tuesdays at the same times, and any breaks in the meeting schedule will be announced.
- The TF co-chairs will present the first round of recommendations to the HITAC at its April 15, 2021 meeting. Work on Tasks 1a and 1b of the TF's Charge 1 is mostly complete, so the TF will continue to focus on Task 1c.
- At a future meeting, the TF will look at the priority rating system holistically to reevaluate its work on the suggestions/recommendations.

TOPIC: RECOMMENDATIONS FROM CMS

Michelle and a team from the Centers for Medicare and Medicaid Services (CMS) were in attendance to present their priority items from Tasks 1a, 1b, and 1c of the USCDI TF 2021's Charge to better align the USCDI with the needs of CMS. Michelle thanked the USCDI TF 2021 for listening to recommendations from CMS.

- Task 1a: Michelle focused on a comment on the USCDI TF 2021's internal working spreadsheet that was not resolved following a discussion at the previous TF meeting:
  - CMS recommended adding the ICD-10 Terminology data element to the Problems List Diagnoses data class in USCDI v2. The applicable standards were noted as justification for the recommendation. This information is necessary for patient access to information and quality measures. This is a #1 priority for the TF (high).
  - CMS supports allowing both (or either) ICD-10 and SNOMED. Michelle and John noted that a clarifying conversation was held between CMS and the VA, and both support this suggestion.
  - Al stated that the implication of adding ICD-10 as an applicable standard is that it would be required for certification (in terms of testing and support) for availability, but either terminology would be allowable for use. It would still be acceptable to send data using only SNOMED, for example.
  - TF members agreed to include the recommendation.
- Task 1c: Michelle/CMS submitted a recommendation:
  - Include the Encounter Location data element under the Encounter Information data class in USCDI v2. This is a #3 priority for the TF (low).
  - Previously, TF members discussed including Encounter Location in USCDI v2 but agreed to leave this item as Level 2 due to ambiguities identified and lack of full support across HL7's Consolidated Clinical Document Architecture standard (C-CDA) and to encourage the industry to work on it. Further clarification is needed.
  - TF members clarified that this is potentially helpful to identify as a future requirement to stimulate the development of guidance for a standard that does not yet include this.
  - Michelle stated that CMS is interested in the location within the hospital, NOT an address, and only for ICU, ED and NICU.
- Task 1c: Michelle/CMS submitted a recommendation:
  - USCDI TF 2021 members discussed including the Encounter Disposition data element under the Encounter Information data class in USCDI v2 and agreed to recommend it as a requirement for Encounter Disposition for Hospital and Emergency Department (ED) encounters. This is a #1 priority (high) for the TF.
    - The previous TF recommendations were to include a requirement in USCDI v2 for Encounter Disposition for Hospital and ED encounters, including short stay encounters. The TF will signal that this should be included for long-term care facilities when possible.
    - Michelle clarified that short stay, observational stay, elopement, and admittance to the hospital are included in this list of encounters.
    - Dan asked for clarification around the implications for the existing applicable standards and the coding system for this item.
    - Steven responded that Leslie added the related applicable standards to a column in the TF's shared Google document spreadsheet.
    - Al stated that suggesting the use of a specific HL7 code system is different than the TF's previous recommendations but added that the TF could make this recommendation. However, there would not be an applicable standard. He discussed the implications of the TF recommending that the HL7 code system be used as the applicable standard for Discharge Disposition for testing.
    - Dan supported this suggestion but noted that it would be better to recommend an applicable standard (instead of none). He cross-referenced potential choices.

- ▪ Hans provided the link to list under HL7 Fast Healthcare Interoperability Resources (FHIR®) US Core Implementation Guide (US Core) for Encounter Disposition. He noted that it was listed as an example binding, which is typically supported, but he wanted to double-check this information with the C-CDA.
- Task 1c: Michelle/CMS submitted a recommendation:
  - o Remove the suggestion to include the Medicare Patient Identifier (Medicare Beneficiary Identifier or MBI) data element under the Patient Demographics data class in USCDI v2. It could be recommended for inclusion in USCDI v3, pending an investigation by CMS into complicating factors/underlying questions.
  - o Michelle stated that CMS requires greater clarity as to whether there should be a distinct data field for the MBI and if there were legal issues around this suggestion when it was proposed in the past. CMS would like to review it and will bring information back to the TF.
  - o Leslie emphasized the importance of including the MBI, as it is highly valuable and useful. Clem reiterated his continued support for including this data element.
  - o TF members recollected that there is a law against the use of federal funds for the development of a federal unique healthcare patient identifier. However, this might not apply to the MBI.
  - o Al explained that Patient Identifier was submitted as a potential data element for inclusion in USCDI v2, and because it was too close to the concept of Unique Patient Identifiers, which are prohibited and in violation of the law, it was not included. He will discuss with ONC's General Counsel and legal team whether the MBI data element would be considered as a unique patient identifier (prohibited) or as a policy number, which would be allowed. ONC will determine if a TF suggestion to include the MBI data element in Version 2 would be allowed.
  - o US Core and C-CDA do not include this as an identifier type, and it is not certification tested. Hans noted that this might be considered appropriate to include in the Member Identifier data element proposed within the Health Insurance data classas opposed to a patient identifier, so he will look into the standards. This data would be included as clinical/financial/administrative. Ricky suggested that this could be included using the FHIR Patient Resource field, which would be a separate discussion.
  - o Sasha did not identify any implementation challenges from a vendor perspective, but Hans suggested that there may be challenges with the amount of payer coverage in US Core if it is considered a member identifier.
  - o Steven highlighted questions about where this would be shared and mapped. TF members did not have answers, and Steven asked if the lack of answers constituted a reason for the TF not to support the suggestion.
  - o Following a robust discussion, the TF members agreed to conduct research on whether to include the Medicare Patient ID (MBI) data element under the Patient Demographics or the Health Insurance data class in USCDI v2 and to continue the discussion at the next meeting. It was marked as a priority #2 (medium) for the TF.
- Task 1c: Michelle/CMS submitted an update to a recommendation to include the Diagnostic Studies and Exams with Results data element for inclusion in USCDI v3.
  - o In USCDI v2, include list of studies and exams used by CMS for quality measures, specifically: mammogram, colonoscopy, electrocardiograms (EKGs), echocardiograms (including Left Ventricular Ejection Fraction), DEXA bone density studies, pulmonary function tests (PFTs), and eye pressures.
  - o Sasha asked if the TF would expect that every product to receive certification would have the ability to capture all of these results. Al responded that ONC would need to clarify the applicability of this data element to certified systems and added that it depends on how specific ONC makes the measure. For example, would this be added for systems certified for use in an inpatient , observation and/or outpatient setting?

- o Clem stated that ophthalmic tonometry (eye pressure) has been requested for inclusion by ophthalmologists. This would be an important inclusion for physicians. He encouraged the TF not to delay in this work and noted that codes exist for many of these items.
- o Steven summarized the TF members' questions and suggested that systems could be built and certified more generically to be able to accept information in USCDI data elements from others and to store this data in their system. Al responded that USCDI is invoked by a number of certification criteria, meaning that a system certified to those criteria must be able to capture and exchange those data elements. Certified systems have to be able to capture and produce a transitions of care (ToC) C-CDA that includes all specified data elements. Clem asked if the same rule that is applied to labs would apply here.
- o Dan stated that the C-CDA would need to have a Results section (that could be left blank) that has the ability to include coded diagnostic test results. Al responded that a number of broader/generic concepts were considered by ONC for inclusion in USCDI v2, so this recommendation is reasonable.
- o Sasha was concerned that the examples Michelle listed have very specialized reports to express output, and additional follow-up is needed before the TF issues a recommendation.
- o Hans suggested focusing on a smaller group of elements that have existing vocabularies. Some groupings of elements might need more information, and more work is necessary to clarify the minimum data set and vocabulary/code systems to use to support this suggestion.
- o Al responded that ONC's testing would focus on a smaller set of data. Also, he stated that some of the examples listed might be covered by Diagnostic Imaging Reports, including mammograms, DEXA, and possibly EKGs. Steven agreed that the list of items to require in the Diagnostic Studies and Exams with Results data element could be narrowed prior to testing.
    - ▪ Michelle responded that CMS would table the conversation around EKGs/stress tests.
    - ▪ Hans asked Al about expectations around elements that are not tested. What does it mean for certification if an element is not tested?
    - ▪ Al responded that for the USCDI to be more useful for more people, being less specific could be helpful. There is a balance between having a more permissive system (and capturing more) and feasibility for certification.
  - o Steven marked this item as priority #2 and noted that more discussion/work is needed.
- Task 1c: Michelle/CMS submitted a recommendation:
  - o Include the Level 2 data elements Assessments, Goals, Interventions, Outcomes, and Problems/Health Concerns, which are under the Social Determinants of Health (SDOH) data class, in USCDI v2.
  - o Michelle highlighted the importance of SDOH in work to achieve greater health equity. It is a high priority for CMS. A SDOH data class should be added to the USCDI to drive forward standard capture of this critical data.
- Task 1c: Michelle/CMS submitted a recommendation:
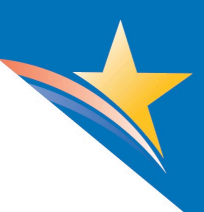
o Include the data element Types of order for medical care/services in USCDI v2, specifying the inclusion of orders relevant to end-of-life care (e.g., orders for palliative care, hospice, comfort care, and DNR/DNI)

o Michelle stated that this is one of the highest priorities for CMS.

o Leslie asked if Physician/Medical Orders for Life Sustaining Treatment (POLST/MOLST orders) would be included, and Michelle responded that they were orders and should be included. Advanced Directives are not orders, so they would not be included. Leslie emphasized the desirability of including Advanced Directives in a future version of USCDI.

o The TF will do research on Advanced Directives and determine if they have been submitted and, therefore, would be eligible for inclusion. (Note: An Advance Directives data class is included in ONDEC as Level 1 with 6 data elements, including Advance Directive Observation, all submitted by Matt Elrod on behalf of ADVault, Inc.).

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.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry: Good morning everyone and thank you for joining the USCDI Task Force call today. We will be getting started soon.

Mark Savage: Heard announcement that Ricky was joined.

Ricky Bloomfield: I'm here - my audio cut out just as you called my name.

Jim Jirjis: Jim Jirjis here

Mike Berry: Thanks Jim & Ricky

Leslie Kelly Hall: Agreed with ICD 10 for contiuity *[sic]* and transparency on billing from begining *[sic]* of event to end.

Hans Buitendijk: I'm on my way in. Waiting for voice.

Hans Buitendijk: Made it on.

Hans Buitendijk: HL7 FHIR uses: http://hl7.org/fhir/R4/valueset-encounter-discharge-disposition.html#expansion

Daniel Vreeman: Thanks @Hans

Hans Buitendijk: On Disacharge *[sic]* Disposition: C-CDA points to NUBC UB-04 or (if not available) HL7 Discharge Disposition (https://phinvads.cdc.gov/vads/ViewCodeSystem.action?id=2.16.840.1.113883.12.112#), while HL7 v2 it states "In the US, this field should use the Official Uniform Billing (UB) 04 2008 numeric codes found on form locator 17.". Needs further revivew *[sic]* on content of C-CDA/v2 vs. FHIR US Core as the codes used are not aligned, while the concepts may.

Aaron Miri: FYI - I'm here

Leslie Kelly Hall: @Michelle can you get the sspecific *[sic]* standard you want from CMS point of view

Denise Webb: Agree with @Sasha's comments about applicability of entirety of USCDI to all health IT products being certified

Sasha TerMaat: I think some diagnostic studies/exams might be able to be generalized in the way Dan describes, but I know others have more specialized reports to express their content, which might not lend to the same generalization.

Leslie Kelly Hall: Agree with Clem and Dan

Mike Berry: We will open for public comment soon. To make a comment please call: 1-877-407-7192 (once connected, press "*1" to speak).

Leslie Kelly Hall: Thanks Clem! great reminder... we have been doing this forever in many instances

Grace Cordovano, PhD, BCPA: +100 Clem

Grace Cordovano, PhD, BCPA: Also support

Mark Savage: Agree on advance directives. Note also that implicated by patient info capture certification criterion.

Resources
USCDI TF 2021 Website
USCDI TF 2021 – March 30, 2021 Meeting Agenda
USCDI TF 2021 – March 30, 2021 Meeting Slides
USCDI TF 2021 – March 30, 2021 Webpage
HITAC Calendar Webpage

Adjournment
Steven thanked everyone for their work at the current meeting.

The next meeting of the USCDI TF 2021 will be held on Tuesday, April 6, 2021. And the TF will present its recommendations to the HITAC at its April 15, 2021 meeting.

The meeting was adjourned at 11:30 a.m. E.T.