



# Interoperability Standards Workgroup Meeting #1

Steven Lane, Co-Chair

Arien Malec, Co-Chair

January 25, 2022

---

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology





# Call to Order/Roll Call

Mike Berry, Designated Federal Officer, ONC

---

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology



# Interoperability Standards Workgroup Roster

Name	Organization	Name	Organization
<b>Steven Lane (Co-Chair)</b>	Sutter Health	Kensaku Kawamoto	University of Utah Health
<b>Arien Malec (Co-Chair)</b>	Change Healthcare	Leslie Lenert	Medical University of South Carolina
Kelly Aldrich	Vanderbilt University	Hung S. Luu	Children’s Health
Hans Buitendijk	Cerner	David McCallie	Individual
Thomas Cantilina	DOD	Clem McDonald	National Library of Medicine
Christina Caraballo	HIMSS	Aaron Miri	Baptist Health
Grace Cordovano	Enlightening Results	Mark Savage	Savage & Savage LLC
Steven Eichner	Texas Dept. of State Health Services	Michelle Schreiber	CMS
Adi Gundlapalli	CDC	Abby Sears	OCHIN
Rajesh Godavarthi	MCG Health	Ram Sriram	NIST
Jim Jirjis	HCA Healthcare		



# Agenda

- 10:30 a.m.**      **Call to Order/Roll Call**
  - Mike Berry, Designated Federal Officer, ONC
  
- 10:35 a.m.**      **Workgroup Introductions**
  - Steven Lane, Co-Chair
  - Arien Malec, Co-Chair
  
- 10:50 a.m.**      **IS WG Charges and Timelines**
  - Steven Lane, Co-Chair
  - Arien Malec, Co-Chair
  
- 11:10 a.m.**      **Draft USCDI v3 Overview**
  - Al Taylor, Office of Technology, ONC
  
- 11:40 a.m.**      **Workgroup Work Planning**
  - Steven Lane, Co-Chair
  - Arien Malec, Co-Chair
  
- 11:55 a.m.**      **Public Comment**
  - Mike Berry, Designated Federal Officer, ONC
  
- 12:00 p.m.**      **Adjourn**



# Workgroup Introductions

Steven Lane, Co-Chair

Arien Malec, Co-Chair

---

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology



# Interoperability Standards Workgroup Roster

Name	Organization	Name	Organization
<b>Steven Lane (Co-Chair)</b>	Sutter Health	Kensaku Kawamoto	University of Utah Health
<b>Arien Malec (Co-Chair)</b>	Change Healthcare	Leslie Lenert	Medical University of South Carolina
Kelly Aldrich	Vanderbilt University	Hung S. Luu	Children's Health
Hans Buitendijk	Cerner	David McCallie	Individual
Thomas Cantilina	DOD	Clem McDonald	National Library of Medicine
Christina Caraballo	HIMSS	Aaron Miri	Baptist Health
Grace Cordovano	Enlightening Results	Mark Savage	Savage & Savage LLC
Steven Eichner	Texas Dept. of State Health Services	Michelle Schreiber	CMS
Adi Gundlapalli	CDC	Abby Sears	OCHIN
Rajesh Godavarthi	MCG Health	Ram Sriram	NIST
Jim Jirjis	HCA Healthcare		



# IS WG Charges and Timelines

Steven Lane, Co-Chair

Arien Malec, Co-Chair

---

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology



# Interoperability Standards Workgroup Charge

**Overarching charge:** Review and provide recommendations on the Draft USCDI Version 3 and other interoperability standards

## Specific charges:

- |   | <u>Due</u>            |
|---|-----------------------|
| <b>1 Evaluate Draft USCDI v3 and provide HITAC with recommendations for:</b><br><b>1a - New data classes and elements from Draft USCDI v3</b><br><b>1b - Level 2 data classes and elements not included in Draft USCDI v3</b> | <b>April 13, 2022</b> |
| <b>2 Identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications.</b>                   | <b>June 16, 2022</b>  |



# Interoperability Standards Workgroup Charge

## Discussion of Specific Charges

**Due**  
**April 13, 2022**

- 1 Evaluate Draft USCDI v3 and provide HITAC with recommendations for:**
  - 1a - New data classes and elements from Draft USCDI v3**
  - 1b - Level 2 data classes and elements not included in Draft USCDI v3**

### Potential areas of focus-

ONC called for general feedback on Draft USCDI v3 content

1. Are there any improvements needed in the data classes or elements included in Draft USCDI v3, including:
  - a) Appropriate and meaningful data class and element names and definitions?
  - b) Representative examples or value sets used by health IT developers and implementers to fully understand the intent of the data element?
2. Should other data elements classified as Level 2 be added to USCDI v3 instead, or in addition to those included in Draft USCDI v3? If so, why?
3. Are there significant barriers to development, implementation, or use of any of the Draft USCDI v3 data elements that would warrant not including them in USCDI v3?

# Interoperability Standards Workgroup Charge

## Discussion of Specific Charges

Due

**April 13, 2022**

**1 Evaluate Draft USCDI v3 and provide HITAC with recommendations for:**

**1a - New data classes and elements from Draft USCDI v3**

**1b - Level 2 data classes and elements not included in Draft USCDI v3**

### **Additional areas of focus-**

ONC called for additional feedback on 4 specific data elements in Draft USCDI v3

- Sex assigned at birth
  - Realignment of concept with that of Gender Harmony “Recorded Sex or Gender”?
  - This includes vocabulary (value set) and definition
- Gender Identity
  - Realignment of ONC value set with that of Gender Harmony project
- Current and Previous Address (Patient Address)
  - Use of newly published Unified Specification for Address in Health Care (Project US@)
  - Pronounced “U-S-A”



# Interoperability Standards Workgroup Charge

## Discussion of Specific Charges

**Due**

**June 16, 2022**

- 2 Identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications.**

### **Potential areas of focus-**

#### **1. TEFCA standards enablement**

- FHIR roadmap, standards from FAST, patient access leveraging QHINs for national access
- Additional exchange purposes that are contemplated in CURES but not perfectly enabled via initial TEFCA
- Contemplate standards/IG for potential HIE certification

#### **2. SDOH Standards**

- Gravity Standards
- CDC Race/Ethnicity vocabulary subsets

#### **3. Lab Orders/Results**

- SHIELD/LIVD, LIS to EHR/PH SYSTEMS

#### **4. CDC**

- PH Data Systems Certification
- eCR Standards



# Draft USCDI v3 Overview

Al Taylor, Office of Technology, ONC

---

Health Information Technology Advisory Committee  
The Office of the National Coordinator for Health Information Technology





# USCDI Core Principles

- Comprises a core set of structured and unstructured data needed to support patient care and facilitate patient access using health IT
- Establishes a consistent baseline of harmonized data elements that can be broadly reused across use cases, including those outside of patient care and patient access
- Will expand over time via predictable, transparent, and collaborative process, weighing both anticipated benefits and industry-wide impacts

# USCDI v3 Prioritization Criteria

- **USCDI v2 Prioritization Criteria to continue for v3**
  - Represent important data needs not included in USCDI v2
  - Require only modest standards or implementation guide developmental burden
  - Require only modest developmental burden on health IT modules
  - Create only modest implementation burden on providers and health systems
  - Result in only modest aggregate lift for all new data elements combined
- **New USCDI v3 Prioritization Criteria**
  - Further mitigate health and healthcare inequities and disparities
  - Address the needs of underserved stakeholders
  - Address public health reporting, investigation, and emergency response

# USCDI v3 Submissions and Comments At-a-Glance

- **Comments on existing USCDI v2 and other Level 2 data elements**
  - 204 Comments
  - 30 Submitters
- **Submissions for new data elements considered for Draft USCDI v3**
  - 233 Submissions
  - 16 Submitters

# New Data Classes and Elements in Draft USCDI v3

<p><b>Health Insurance Info</b> ★</p> <ul style="list-style-type: none"> <li>• Coverage Status = ↑</li> <li>• Coverage Type = ↑</li> <li>• Relationship to Subscriber = +</li> <li>• Member Identifier +</li> <li>• Subscriber Identifier +</li> <li>• Group Number +</li> <li>• Payer Identifier +</li> </ul>	<p><b>Health Status</b> ★</p> <ul style="list-style-type: none"> <li>• Functional Status § = ↑</li> <li>• Disability Status = ↑</li> <li>• Mental Function § = ↑</li> <li>• Pregnancy Status 🔍 = ↑</li> </ul>	<p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>• Specimen Type + 🔍</li> <li>• Result Status + 🔍</li> </ul>
<p><b>Patient Demographics</b></p> <ul style="list-style-type: none"> <li>• Date of Death §</li> <li>• Tribal Affiliation = ↑</li> <li>• Related Person's Name §</li> <li>• Relationship Type §</li> <li>• Occupation = 🔍</li> <li>• Occupation Industry = 🔍</li> </ul>	<p><b>Procedure</b></p> <ul style="list-style-type: none"> <li>• Reason for Referral §</li> </ul>	

★ New Data Classes = Equity Based ↑ Underserved 🔍 Public Health + Add'l USCDI Needs § ONC Cert



# Draft USCDI Version 3



<b>Allergies and Intolerances</b> <ul style="list-style-type: none"> <li>Substance (Medication)</li> <li>Substance (Drug Class)</li> <li>Reaction</li> </ul>	<b>Clinical Tests</b> <ul style="list-style-type: none"> <li>Clinical Test</li> <li>Clinical Test Result/Report</li> </ul>	<b>Health Status</b> <ul style="list-style-type: none"> <li>Health Concerns →</li> <li>Functional Status ★</li> <li>Disability Status ★</li> <li>Mental Function ★</li> <li>Pregnancy Status ★</li> <li>Smoking Status →</li> </ul>	<b>Patient Demographics</b> <ul style="list-style-type: none"> <li>First Name</li> <li>Last Name</li> <li>Middle Name (Including middle initial)</li> <li>Suffix</li> <li>Previous Name</li> <li>Date of Birth</li> <li>Date of Death ★</li> <li>Race</li> <li>Ethnicity</li> <li>Tribal Affiliation ★</li> <li>Sex (Assigned at Birth)</li> <li>Sexual Orientation</li> <li>Gender Identity</li> <li>Preferred Language</li> <li>Current Address</li> <li>Previous Address</li> <li>Phone Number</li> <li>Phone Number Type</li> <li>Email Address</li> <li>Related Person's Name ★</li> <li>Related Person's Relationship ★</li> <li>Occupation ★</li> <li>Occupation Industry ★</li> </ul>	<b>Procedures</b> <ul style="list-style-type: none"> <li>Procedures</li> <li>SDOH Interventions</li> <li>Reason for Referral ★</li> </ul>
<b>Assessment and Plan of Treatment</b> <ul style="list-style-type: none"> <li>Assessment and Plan of Treatment</li> <li>SDOH Assessment</li> </ul>	<b>Diagnostic Imaging</b> <ul style="list-style-type: none"> <li>Diagnostic Imaging Test</li> <li>Diagnostic Imaging Report</li> </ul>			<b>Provenance</b> <ul style="list-style-type: none"> <li>Author Organization</li> <li>Author Time Stamp</li> </ul>
<b>Care Team Member(s)</b> <ul style="list-style-type: none"> <li>Care Team Member Name</li> <li>Care Team Member Identifier</li> <li>Care Team Member Role</li> <li>Care Team Member Location</li> <li>Care Team Member Telecom</li> </ul>	<b>Encounter Information</b> <ul style="list-style-type: none"> <li>Encounter Type</li> <li>Encounter Diagnosis</li> <li>Encounter Time</li> <li>Encounter Location</li> <li>Encounter Disposition</li> </ul>	<b>Immunizations</b> <ul style="list-style-type: none"> <li>Immunizations</li> </ul>		<b>Unique Device Identifier(s) for a Patient's Implantable Device(s)</b> <ul style="list-style-type: none"> <li>Unique Device Identifier(s) for a patient's implantable device(s)</li> </ul>
<b>Clinical Notes</b> <ul style="list-style-type: none"> <li>Consultation Note</li> <li>Discharge Summary Note</li> <li>History &amp; Physical</li> <li>Procedure Note</li> <li>Progress Note</li> </ul>	<b>Goals</b> <ul style="list-style-type: none"> <li>Patient Goals</li> <li>SDOH Goals</li> </ul>	<b>Laboratory</b> <ul style="list-style-type: none"> <li>Test</li> <li>Values/Results</li> <li>Specimen Type ★</li> <li>Result Status ★</li> </ul>		<b>Vital Signs</b> <ul style="list-style-type: none"> <li>Systolic blood pressure</li> <li>Diastolic blood pressure</li> <li>Heart Rate</li> <li>Respiratory rate</li> <li>Body temperature</li> <li>Body height</li> <li>Body weight</li> <li>Pulse oximetry</li> <li>Inhaled oxygen concentration</li> <li>BMI Percentile (2 - 20 years)</li> <li>Weight-for-length Percentile (Birth - 36 Months)</li> <li>Head Occipital-frontal Circumference Percentile (Birth - 36 Months)</li> </ul>
	<b>Health Insurance Information</b> ★ <ul style="list-style-type: none"> <li>Coverage Status ★</li> <li>Coverage Type ★</li> <li>Relationship to Subscriber ★</li> <li>Member Identifier ★</li> <li>Subscriber Identifier ★</li> <li>Group Number ★</li> <li>Payer Identifier ★</li> </ul>	<b>Medications</b> <ul style="list-style-type: none"> <li>Medications</li> </ul>		<b>Problems</b> <ul style="list-style-type: none"> <li>Problems</li> <li>SDOH Problems/Health Concerns</li> <li>Date of Diagnosis</li> <li>Date of Resolution</li> </ul>

# Health Insurance Information = ↑ +

DATA ELEMENT	APPLICABLE VOCABULARY STANDARD(S), VALUE SETS
<p><b>Coverage Status</b> <i>The presence or absence of coverage for a particular encounter or claim.</i></p>	
<p><b>Coverage Type</b> <i>Categories of health care payors (e.g., Medicare, TRICARE, Commercial Managed Care - PPO).</i></p>	<p>Source of Payment Typology (SoPT) <a href="#">SoPT Payer Value Set</a></p>
<p><b>Relationship to Subscriber</b> <i>Relationship of the person to the primary insured person in an insurance plan.</i></p>	
<p><b>Member Identifier</b> <i>Identifies an individual covered by the benefits offered by an employer or healthcare insurer.</i></p>	
<p><b>Subscriber Identifier</b> <i>The identifier assigned to the individual that selects benefits offered by an employer or healthcare insurer</i></p>	
<p><b>Group Number</b> <i>The identifier associated with a specific health insurance plan typically provided through an employer</i></p>	
<p><b>Payer Identifier</b> <i>The identifier defining a payer entity.</i></p>	

# Health Status

Health-related matter of interest, importance, or worry to a patient, patient’s family, or patient’s healthcare provider

DATA ELEMENT	APPLICABLE VOCABULARY STANDARD(S), VALUE SETS
<b>Health Concern</b> 	
<b>Disability Status</b> <i>Represents assessments of an individual's physical, cognitive, intellectual, or psychiatric disabilities (e.g., vision, hearing, memory, activities of daily living)</i>	LOINC 2.71
<b>Mental Function</b> <i>Represents observations related to a patient's current level of cognitive functioning, including alertness, orientation, comprehension, concentration, and immediate memory for simple commands.</i>	LOINC 2.71
<b>Functional Status</b> <i>Represents assessments of a patient's capabilities, or their risks of development or worsening of a condition or problem (e.g., Morse Scale - falls, Bradon Scale - pressure ulcer, VR-12 Health Survey, CAGE – alcohol use disorder)</i>	LOINC 2.71
<b>Pregnancy Status</b> <i>Screening patient for potential pregnancy (e.g., pregnant, not pregnant, unknown) which relate to potential risks and exposures.</i>	
<b>Smoking Status</b>  <i>Representing a patient's smoking behavior.</i>	SNOMED CT

# Laboratory

DATA ELEMENT	APPLICABLE VOCABULARY STANDARD(S), VALUE SETS
<p><b>Specimen type</b> <i>Type of specimen (e.g., nasopharyngeal swab, whole blood, serum, urine, wound swab) on which a lab test is performed.</i></p>	
<p><b>Result Status</b> <i>The current state of completion of a laboratory test and result.</i></p>	

▣ Equity Based   ↑ Underserved   🏠 Public Health   + Add'l USCDI Needs   § ONC Cert



# Patient Demographics = ↑ + §

DATA ELEMENT	APPLICABLE VOCABULARY STANDARD(S), VALUE SETS
<b>Date of Death</b>	
<b>Tribal Affiliation</b> <i>Self-identified members of Indian entities recognized and eligible to receive services from the US Bureau of Indian Affairs.</i>	
<b>Related Person's Name</b> <i>The name of a person involved in the care of a patient, but who is not the target of that care.</i>	
<b>Related Person's Relationship</b> <i>The relationship between a Patient and a Related Person (e.g., emergency contact, next-of-kin, family member).</i>	
<b>Occupation</b> <i>A self-reported term for the type of work done by a person. For a military position, this is the primary occupational specialty.</i>	Occupational Data for Health <ul style="list-style-type: none"> <li>• <a href="#">Occupation ONETSOC Detail ODH Value Set</a></li> </ul>
<b>Occupation Industry</b> <i>A self-reported term for the primary business activity of an entity for which a person works, including volunteer work. For a military position, this is the self-reported branch of service.</i>	Occupational Data for Health <ul style="list-style-type: none"> <li>• <a href="#">Industry NAICS Detail (ODH) Value Set</a></li> </ul>



# Procedures §

DATA ELEMENT	APPLICABLE VOCABULARY STANDARD(S), VALUE SETS
<b>Reason for Referral</b>	SNOMED CT

▣ Equity Based   ↑ Underserved   🌐 Public Health   + Add'l USCDI Needs   § ONC Cert

# Draft USCDI v3

## Updated Applicable Standards Versions

### • USCDI v2

- RxNorm - June 7, 2021
- SNOMED CT - March 2021
- LOINC 2.70
- ICD-10-CM 2021
- CVX – April 6, 2021
- Vaccine NDC Linker - May 18, 2021
- CPT 2021

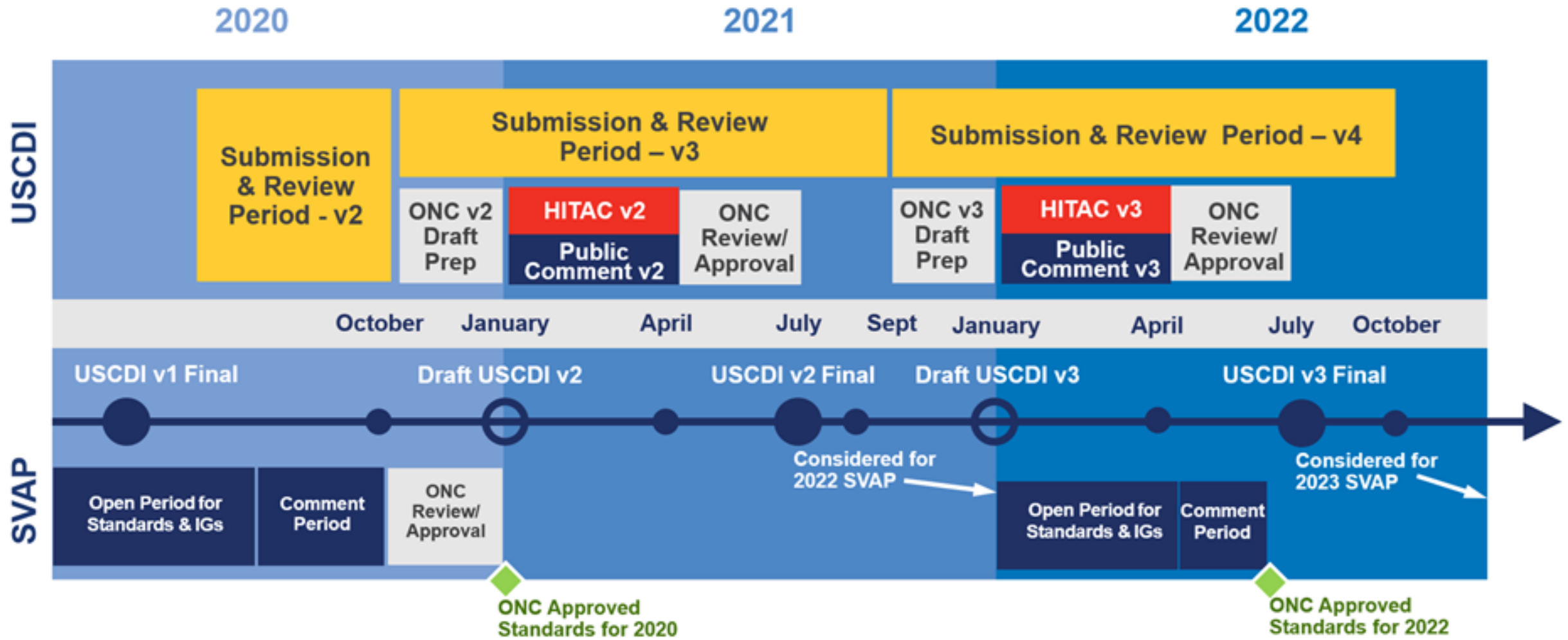


Updated

### • Draft USCDI v3

- RxNorm – January 3, 2022
- SNOMED CT – January 2022
- LOINC 2.71
- ICD-10-CM 2021
- CVX – November 9, 2021
- Vaccine NDC Linker – November 18, 2021
- CPT 2021

# USCDI Version Update Process







# Questions?



# Workgroup Work Planning

Steven Lane, Co-Chair

Arien Malec, Co-Chair

---

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology



# Upcoming Meetings

- February 1, 2022
- February 8, 2022
- February 15, 2022
- February 22, 2022
- March 1, 2022
- March 8, 2022
- March 15, 2022
- March 22, 2022
- March 29, 2022

# Public Comment

To make a comment please

## Use the Hand Raise Function

**If you are on the phone only, press “\*9” to raise your hand**

*(Once called upon, press “\*6” to mute/unmute your line)*

**All public comments will be limited to three minutes**

You may also email your public comment to [onc-hitac@accelsolutionsllc.com](mailto:onc-hitac@accelsolutionsllc.com)

*Written comments will not be read at this time,  
but they will be delivered to members of the Committee and made part of the public record*



# Adjourn

---

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

