Meeting Notes

Health Information Technology Advisory Committee
U.S. Core Data for Interoperability Task Force
April 05, 2019, 1:00 p.m. – 2:30 p.m. ET
Virtual

The April 05, 2019, meeting of the U.S. Core Data for Interoperability Task Force (USCDITF) of the Health IT Advisory Committee (HITAC) was called to order at 1:00 p.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Lauren Richie welcomed everyone to the United States Core Data for Interoperability Standard Task Force and conducted roll call.

Roll Call

Christina Caraballo, Co-Chair, Audacious Inquiry
Terrence O'Malley, Co-Chair, Massachusetts General Hospital
Valerie Grey, Member, New York eHealth Collaborative
Steven Lane, Member, Sutter Health
Sheryl Turney, Member, Anthem

MEMBERS NOT IN ATTENDANCE

Tina Esposito, Member, Advocate Aurora Health
Kensaku Kawamoto, Member, University of Utah Health
Leslie Lenert, Member, Medical University of South Carolina
Clement McDonald, Member, National Library of Medicine
Brett Oliver, Member, Baptist Health

ONC STAFF

Johnny Bender, ONC SME
Stacey Perchem, ONC U.S. Core Data for Interoperability Task Force Lead
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Adam Wong, ONC U.S. Core Data for Interoperability Task Force Backup/Support

Call to Order/Roll Call

Lauren Richie turned the meeting over to Christina Caraballo, co-chair.

Review HITAC Recommendations and Slide Presentation

Christina Caraballo reviewed a draft presentation with the task force to prepare for the HITAC meeting on April 10.

General Principles

- Be parsimonious with recommendations for new elements
- Divide recommendation into two groups:
  - Those that can be implemented using current CEHRT functionality
  - Those that will require new functionality or programming
  - Each section is organized as follows:
    - Slide 1: Displays ONC recommendations with TF response
    - Slide 2: Additional TF recommendations
    - Slide 3: Justification and discussion of proposed recommendations
    - Slide 4: Questions for the HITAC

PATIENT DEMOGRAPHICS: DATA ELEMENT RECOMMENDATIONS

ONC Proposed Data Element: Address

- USCDI Task Force Recommendations
  - Use standardized format and content for Address
    - See American Health Information Management Association (AHIMA), United States Postal Service (USPS), Association for Healthcare Documentation Integrity, and current requirements for certified electronic health record technology (CEHRT) for applicable standards
  - Add a designation for individuals experiencing homelessness including displaced persons and refugees. Bring to USCDI once standards exist
  - Add preferred e-mail address

Discussion

- **Steven Lane** suggested doing a crosswalk between AHIMA, USPS and the others
- **Valerie Grey** suggested adding prior addresses.

ONC Proposed Data Element: Phone Number

- USCDI Task Force Recommendations
  - Use mobile phone number as primary
  - Landline as secondary

Discussion

- **Steven Lane** suggested adding that the mobile number be the patient's number (not the parent). He suggested that it should be listed as none for children without a number and the parent's number goes in the contact.
  - This will help create a unique identifier

ONC Proposed Data Element: Other

- USCDI Task Force Recommendations
  - Add a section for "Pediatric Demographics"
    - Contact information for individual(s) with consent authority
    - Multiple addresses for parents, school, guardian

        - Contact information for Children's Services Case Manager
    - Consider adding optional identifiers such as:
        - Last four digits of SSN
        - Vetted IDs such as: State driver's license, State issued ID, Passport number, Military ID - Direct address

Discussion of Recommendations

- Two principle use cases: Patient Matching and Clinical Care
- Standard address including past addresses is a reasonable addition
- Mobile phone number is one of the most stable patient identifier
- Future iterations of USCDI should consider biometrics but they cannot be
- supported at this time
- A Pediatric demographic set recognizes an immediate need of service providers to provide clinical care.

Discussion

Steven Lane suggested adding identity verification as another principle.

Questions for HITAC

- Are there other priority use cases that should be addressed in addition to Patient Matching and Clinical Care?
- How should we assess benefit and burden of proposed changes?
- Is it reasonable to require currently available CEHRT to be "turned on" if it can accommodate a recommendation?

Discussion

- After some discussion, the group decided to move bullet #2 to the previous slide, noting that the benefit outweighs the burden.
- **Steven Lane** questioned the last bullet; he wasn't clear what was trying to be said.
- **Christina Caraballo** suggested removing this bullet and keeping it in mind as the task force transitions to phase two.

Christina Caraballo turned the review over to **Terry O'Malley** to review the draft presentation.

DATA PROVENANCE RECOMMENDATIONS

ONC Proposed Data Element: Author

- USCDI Task Force Recommendations
    - Use "Source" in place of "Author"

Discussion

- **Steven Lane** suggested defining the term source.
- **Terry O'Malley** commented that the source is the elements needed to know this is from a trusted source. At the highest level, there is a need to know the organization/institution (e.g., Partners, the lab at Newton-Wellesley Hospital)
- **Steven Lane** noted there is also editor that isn't mentioned.
- **Sheryl Turney** noted there should be a distinction between interoperability and clinical note.

- **Terry O'Malley** suggested a definition be added to the slide for the source. He suggested, for interoperability, the source is the entity making the information available.

ONC Proposed Data Element: Author Time Stamp

- USCDI Task Force Recommendations
  - Use "Source" Time Stamp

ONC Proposed Data Element: Author Organization

- USCDI Task Force Recommendations
  - Use "Source" Organization to include name and location

ONC Proposed Data Element: Author/Author Organization

- Specify a permitted "Source Type" for each data type. (e.g., For lab data: site and entity. For a Procedure Note: the performing clinician)
- Consider more granular descriptions in later iterations to include role of the data source within the organization and setting (e.g., Vital signs collected at home vs pharmacy vs clinic vs hospital by MD vs RN vs Aide)

ONC Proposed Data Element: Other

- Implement a standardized metadata template for data element identification to include: - Data type using standardized nomenclature - Source ID - Source Time Stamp • Require the Source to indicate whether the data and its provenance tag are rendered in a standardized code or in a local code set to indicate whether it is computable

Discussion

- After some discussion, the task force decided that it should be required that the source indicate whether the data and its provenance tag are rendered in a standardized code or in a local code set to indicate whether it is computable

Provenance: Discussion of Recommendations

- We chose "Source" instead of "Author" because it is more general.
- All authors are sources, but not all sources are authors
- Sources can include machines, data aggregators
- A specific author may be difficult to identify and be less informative than the identification of the source site.
- We propose to use Provenance to create a unique and persistent identification for each data element
- This will require standardized taxonomies for data types and source types which are of sufficient granularity to create a unique identifier.
- Subsequent template versions can be expanded as needed to include other data attributes

Discussion

- **Steven Lane** suggested originator instead of "source."
  - The group agreed to "originator/source."

Provenance: Questions for the HITAC

- Is a unique identifier necessary for each data element?
- Should provenance be used to track a data element across multiple sites or is it sufficient to establish provenance between the current sender and receiver?
- Does the proposed standardized metadata template adequately address provenance?

Discussion

- **Steven Lane** suggested adding in the editor question.
- The group agreed to add the following: Do we need to know historically when the data has been edited?

Clinical Notes: Data Element Recommendations

ONC Proposed Data Element	USCDI Task Force Recommendations
Consultation Note	Adopt
Discharge Summary	Adopt
History & Physical	Adopt
Imaging Narrative	Adopt
Laboratory Report Narrative	Adopt
Pathology Report Narrative	Adopt
Procedure Note	Adopt
Progress Note	Adopt
Other	Amend “Data Element” to “Note” or “Document”
	Add the following Consolidated Clinical Document Architecture (C-CDA) Document Types: • Continuity of Care Document • Operative Note • Referral Note • Transfer Summary Note • Care Plan Note
	Add the following when standards established: • Reconciled Medication List • Advance Care Planning Note • Long Term Services and Supports Care Plan Note

Clinical Notes: Discussion of Recommendations

- Standardized C-CDA Note and Document types omitted from original list.
    - The Transfer Summary Note is a better structure for assuring continuity of care than the Discharge Summary which a regulatory requirement (based on today's discussion this bullet was moved here).
- New note types which reflect the clinical and communication needs of clinicians and service providers who are not hospital-based or in ambulatory care practices. Their needs are not well represented by the original list.
- Advance Care Planning and Reconciled Medication List are valuable as separate notes even though they might be included in other HL7 documents.
- The Long-term Services and Supports Care Plan is currently in ballot at HL7. It will provide the communication bridge between medical and supportive services.
- Does the addition of C-CDA notes add undue burden?

Pediatric Vital Signs: Data Element Recommendations

ONC Proposed Data Element	USCDI Taskforce Recommendations
BMI percentile per age and sex for youth 2-20 Omit.	• Omit • Do not require sharing of values that are calculated from core data. Provide the core data instead.
Weight for age per length and sex	• Omit. • Amend data element to read "Weight for length percentile by age and sex for youth 2- 20". • Do not require sharing of values that are calculated from core data. Provide the core data instead.
Occipital-frontal circumference < 3 years old	• Adopt
Other	• Add "length" to the pediatric vital signs as a complement to "height"
	• Explicitly declare that the current USCDI Vital Signs apply to all age groups

Discussion

- **Steven Lane** suggested adding: Calculated values such as percentiles are important. When required, they should apply to all values.

Pediatric Vital Signs: Discussion of Recommendations

- There was a divergence of opinion regarding the requirement to calculate and then share important pediatric measures such as percentiles, BMI.

- One group held that by providing the raw data (height, weight, length, etc.), the receiving system could calculate these values in a way that is consistent with their usual practice thereby avoiding the exchange of data that might be calculated using different nomograms and data sets.
- The other group felt that there would be value especially for patients and parents to have this information because they are unlikely to have the functionality to calculate and trend these data.
- The compromise was to encourage sites that already calculate and store this information to share it with the other vital signs.
- On the question of whether to provide raw data and expect the receiver to perform a calculation, or to have the sender perform the calculation and send the result, what does the HITAC prefer?

Additional Data Element Recommendations

ONC Proposed Data Element	USCDI Taskforce Recommendations
Provider Demographics (under Care Team in current draft)	• Name • Role in the care of the patient • Specialty/Training • Contact Information • Identifier – NPI • Expand in future to include active areas of responsibility
Medicaid mandated pediatric measurements	• Hearing screen by 3 months • Developmental assessments at 9, 18 and 36 months • Vision screening by 3-4 years
Consideration given to creating a standard quality query/response template for eCQMs	• Query contains metric specifications (numerator, denominator, exclusions, data elements) • Response via a structured template • Goal is to measure quality metrics in the background

Discussion

- **Steven Lane** suggested removing the times related to the measurements (e.g., 3-4 years).

Discussion of Additional Recommendations

- Provider demographics are an important component of the Care Plan and enable the assignment of specific care plan responsibilities to a specific provider.
- Additional Pediatric measures which are part of Medicaid required reporting. Creates the platform for automated reporting and supports good clinical care.

- Quality measurement is its own category. Given its importance as a lever to improve clinical care, USCDI could help create a platform for quality measurement by implementing standardized query/response documents

Additional Recommendations: Questions for the HITAC

- Are there additional comments on:
  - Provider demographics
  - Required pediatric assessments
  - Quality reporting standard

Public Comment

There was no public comment.

Next Steps and Adjourn

The next meeting is on April 15 at 1:30 p.m. ET. **Lauren Richie** adjourned the meeting at 2:30 p.m. ET