Health Information Technology Advisory Committee

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

Meeting Notes | April 6, 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 complete a final review of comments and feedback submitted by TF members as part of Tasks 1a, 1b, and 1c of Charge 1 of USCDI TF 2021. 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
10:40 a.m.	Past Meeting Notes
10:50 a.m.	Finalize Task 1c Recommendations
11:20 a.m.	Review Draft Recommendation Letter to HITAC
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 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
Ken Kawamoto, University of Utah Health
John Kilbourne, National Library of Medicine
Clem McDonald, National Library of Medicine
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

Jim Jirjis, HCA Healthcare
Les Lenert, Medical University of South Carolina
Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin
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 RECOMMENDATIONS

USCDI 2021 TF members completed a review of recommendations submitted within their shared Google documents and discussed submissions. Task 1c recommendations, which included Level 2 data classes and elements not included in Draft USCDI Version 2 (USCDI v2), were finalized.

TOPIC: REVIEW DRAFT RECOMMENDATION LETTER TO HITAC

The USCDI TF 2021 did not review its draft recommendation letter to the HITAC. TF members will have the opportunity to review it at the next meeting.

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. The accompanying letter to the HITAC and other materials are in draft form.

TOPIC: USCDI TF 2021 RECOMMENDATIONS

Steven presented the remaining items from Task 1c of the USCDI TF 2021's Charge 1. He invited TF members to summarize their comments in the Google recommendations documents and submit any final comments verbally.

- Task 1c: Michelle/CMS submitted a recommendation:
  - Following a robust discussion at its previous meeting, the USCDI TF 2021 members agreed to conduct research on whether to include the Medicare Patient ID (MBI) data element under the Patient Demographics data class in USCDI v2 or v3 and to conclude the discussion at the next meeting.
  - Steven summarized the key points from an email exchange held by TF members in between meetings. Key points included:

        - In HL7's Fast Healthcare Interoperability Resources (FHIR®), the appropriate place to include the MBI would be the Subscriber ID data element within the Coverage Resource data class.
        - If the TF recommends this and ONC includes it, it will be the beginning of the use of the Health Insurance data class, which is currently in Level 2. This is a change to draft USCDI v2.
        - Resource is not specifically called out in the US Core Implementation Guide (US Core), but there is a clear place where the MBI would go under FHIR.
        - A profile for Coverage exists and includes an identifier and a subscriber ID within the CARIN implementation guide, which describes the CARIN Blue Button® Framework and Common Payer Consumer Data Set (CPCDS). However, this implementation guide is primarily relevant to payers.
    - Al followed up on a discussion held during the previous TF meeting about whether the MBI is considered a unique patient identifier (UPI). He suggested that the MBI is more equivalent to a subscriber ID/insurance ID rather than a UPI.
    - Hans stated that because US Core does not have a profile for it, but Blue Button does, there is work to be done in testing/certification. Also, this raises the question of whether including this is an appropriate next step. He suggested that this data element should be part of the USCDI v3 process (not v2), so it is properly included in ONC's Standards Version Advancement Process (SVAP).
    - Clem stated that an insurance ID is not a UPI and suggested that the MBI should be considered an insurance ID. Therefore, it would not be prohibited by law. He would like to move this data element orward now.
    - Mark highlighted the importance of this item for providing value-based care, noting that beneficiaries have been waiting a long time for this element to be included in standards-based exchange.
    - Michelle commented that tracking patients, including seeing their insurance class and their insurance identifier, plays a large role in how CMS directs patients to care. She supports including it in USCDI v2.
    - Leslie stated that a patient's insurance information is collected before services are provided. A piecemeal approach is more difficult than moving the entire data class forward, and Clem noted his agreement.
    - Sasha agreed that this should be included in the USCDI at some point but stated that the standards work, especially on US Core, needs to be done first.
    - Hans suggested including it in the SVAP 2021, which will occur later in the year, and noted that an update to US Core would need another balloting round. He raised the concern that, though this information is already being used, including it before ensuring the appropriate guidance with the main implementers, US Core and HL7's Consolidated Clinical Document Architecture standard (C-CDA), is in place would be problematic.
    - Steven summarized the discussion, noting that Al stated that the TF may include items that are not well-defined in standards. He asked TF members to consider if, by making this recommendation, it would be an issue for the two main vendors.
    - Andy stated that ONC could recommend that this item becomes better defined, and Mark agreed that policy has helped move the ecosystem forward before.
    - Sasha suggested making representation in the US Core implementation guide a prerequisite for inclusion in the USCDI, and Hans agreed. He discussed making the updates to the standards/implementation guides synchronous with the USCDI. He highlighted Al's previous point that adopting a USCDI version as a part of SVAP requires the adoption of all items in the version and discussed the adoption-related pitfalls of moving the USCDI forward ahead of the leveling up of the standards/implementation guides.

- After a robust discussion, Steven called for a consensus for a recommendation by the TF, which was to recommend MBI for inclusion in USCDI v2 if possible, with the provision that HL7 provides a balloted US Core implementation guide for Coverages before inclusion in the USCDI. If this does not happen in time, the item will be included in USCDI v3.
- 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 include it as a requirement for Encounter Disposition for Hospital and emergency department (ED) encounters, including short stays. This is a #1 priority (high) for the TF. The TF will signal that this should be included for long-term care facilities when it becomes possible.
  - Hans checked the information regarding C-CDA after a discussion held at the TF's previous meeting. He commented that C-CDA references that this should be selected from specific ValueSets (included in his comment in the Google spreadsheet). The HL7 Discharge Disposition resolves to a specific list, which he included. FHIR/US Core also has a specific reference, but some mapping would have to be agreed to and done. However, since the US Core has this as an example binding, aligning it with C-CDA would be reasonable.
- Task 1c: Previously, Michelle/CMS submitted an update to a recommendation to include other important Diagnostic Studies and Exams with Results data elements for clinical use beyond labs for inclusion in USCDI v3.
  - The TF discussed the recommendation from the previous meeting, which was that USCDI v2 include a list of studies and exams used frequently by CMS for electronic clinical quality measures (eCQMs). Items suggested for inclusion in v2 included: colonoscopy, echocardiogram (including LVEF), electrocardiogram (EKG), pulmonary function test (PFTs), and eye pressure.
  - Clem posted a comment on the USCDI public website with further information around Diagnostic Studies and Exams and pointed the ONC to existing LOINC panels supporting various non-lab clinical reports. He supports including EKGs.
  - Steven proposed removing eye pressure, but Clem cautioned the TF against restricting the list. He suggested that tonometry counts as a diagnostic study and asked that it be included.
  - Steven noted that intraocular pressure (left and right) were submitted through the ONCNew Data Element and Class (ONDEC) Submission System and were specified by ONC as Level 1 data elements (less ready for exchange than Level 2). Therefore, they are out of scope for the TF's Task 1c.
  - Al suggested focusing on Diagnostic Studies as a data class or data element that could be more inclusive and stated that the TF be more general and consider which sorts of codes or studies are included in the test data for certification, rather than choosing specific tests.
  - Steven responded that, originally, CMS submitted a longer list with groups of specific tests necessary for their eQCMs but explained that it was winnowed down following TF discussion. The TF is currently discussing the specific examples that would be recommended for inclusion in testing, but is not suggesting limiting the data class to only include these studies.
  - John supported grouping the items for inclusion and asked if more clarity was needed around what form needs to be submitted for EKGs.
  - Ricky commented that there is no specific observation profile and that this item could fall under and be mapped to the Diagnostic Report guidance around Clinical Notes – specifically Cardiology Report – in US Core.
  - Steven suggested that the TF recommend including the data class Diagnostic Studies and Exams with Results and will suggest a shortlist of specific examples requested by CMS.

- Task 1a: Michelle shared input from the Veterans Administration (VA) on the recommendation submitted by CMS to add the ICD-10 Terminology data element to the Problems List Diagnoses data class in USCDI v2. The VA asked that SNOMED always be supported on the list of Problems, with ICD-10 being optional.
    - Previously, CMS had voiced support for allowing both (or either) ICD-10 and SNOMED. Michelle stated that CMS agrees with the VA's request.
    - John discussed and emphasized the VA's request that SNOMED be mandatory.
- Task 1c: Steven noted that the TF did not issue a final recommendation on the suggestion that the list of data elements under Care Team Members be aligned with HL7 Provider Details and move them to USCDI V2, including facility related information. The TF notes stated that this list needs to include a patient's primary carepartner, advocate, executor of their estate, personal representative, etc.
    - Mark suggested including the data class Care Team Members and the entire list of data elements from Level 2. Data should be included if it is available.
    - All TF members voiced their support for the recommendation.
- Task 1c: Michelle/CMS submitted a recommendation:
    - Include the Discharge Medications data element under the Medications data class in USCDI v3. The TF discussion at a previous meeting resulted in the recommendation of the addition of discharge medications to v2 to enhance the Medication data class already included in USCDI v1, as represented in the FHIR resource MedicationRequest (category).
    - Steven summarized the standards information Hans entered into the shared document and asked TF members if they would support the recommendation, and answered several clarifying questions. He explained that this recommendation would include flagging those medications on the list as a discharge medication on the in-patient system, noting that use cases, applicable standards, and many other details were submitted in the initial recommendation.
    - Sasha discussed where discharge medications might be included in the standards and asked if there are enough distinctions between these and other medications/prescriptions.
    - Hans stated that there is a risk of more work to be done on the relevant/critical standards and implementation guides, so this recommendation should be contingent on HL7 providing the relevant implementation guides. Sasha suggested making this a global recommendation and also suggested that ONC and HL7 should direct the industry's standards work around the TF's identified priorities to implement everything efficiently.
    - Andy discussed related work underway at HL7 and reinforced that this is connected to implementation guides, not standards. He suggested that the USCDI TF 2021 ask the HITAC to write an official recommendation to HL7 to make the request.
    - Grace commented that patients are frequently discharged with paperwork listing medications that they are no longer taking. She asked if the TF could address this issue.
    - Steven responded that the TF's recommendation is just to flag the medications.
    - Hans suggested that the TF should sort future items into USCDI v3, v4, and maybe beyond. That way, suggestions for the TF's future work can be communicated to HL7 for planning purposes.
- Task 1c: Michelle/CMS submitted a recommendation:
    - Include types of orders for medical care/services around end-of-life orders (palliative care, hospice, comfort care, and DNR/DNI orders) in USCDI v2.
    - Leslie had asked if combined POLST/MOLS orders would be included. Advanced Directives are not orders, so they would not be included. Leslie emphasized the desirability of includingAdvanced Directives (ADs) in USCDI, as they are in the patient's voice, while POLST/MOLS represent a medical version of the patient's wishes. She asked how to signal the importance of including ADs. However, the TF determined that AD were well-specified in Level 1 by ONC, so they are out of scope at this time.

- Clem stated that though ADs are important, they are a different form, with different context, and flows of information. Steven reminded the TF that ADs are off the table for Task 1 and discussed items that were included at the comment level, which included POLST/MOLS. The TF cannot suggest their inclusion at this time.
- Leslie asked whether to wait to get all items under this data class at the same level to make the recommendation. There are consequences of having DNR without POLST/MOLS. Michelle discussed the usefulness to a facility of being aware that a DNR order was ordered in the past as a way of making decisions going forward.
- Michelle suggested that, if the TF does not push this recommendation now, it should be high on the priority list for USCDI v3. Leslie supported this suggestion.
- Following a TF discussion, the reference to DNR/DNI orders (above) was removed from the recommendation, as they are at the Comment Level.

- Task 1c: Michelle/CMS submitted a recommendation:
  - Include in USCDI v2 the Level 2 data elements Assessments, Goals, Interventions, Outcomes, and Problems/Health Concerns, which are under the Social Determinants of Health (SDOH) data class.
  - Steven summarized the TF's previous discussions on this topic and asked for members to create a final recommendation. He suggested that a similar comment be added to the recommendation that, because the standards/implementation guides supporting these data elements have not been finalized, the completion of such guides should be specified as a prerequisite.
  - Mark and Hans responded that the implementation guide is underway, so this suggestion will be supported by the standards/guides in time. Sasha voiced her agreement.
  - Steven included the following sentence to the suggested recommendation from CMS: Include in the recommendations to the HITAC a specific request to HL7 to prioritize the relevant implementation guides for finalization as a prerequisite to adding these to USCDI.

Steven asked USCDI TF 2021 members to submit any further comments or suggestions that were not addressed in the TF member recommendations documents.

- Clem discussed the definition for the Procedures data class/element currently in USCDI v1 and noted that the definitions are separated between diagnostic and therapeutic. He asked if the TF would like to discuss the definition of Procedure in the standards, as it can be ambiguous but is clear in FHIR. There is confusion around "Procedure" and if it means invasive/surgical or diagnostic.
  - Clem and Hans discussed the definitions, and Clem suggested using the definition from FHIR.
  - The TF discussed if the suggestion would fit within the scope of the TF's current work, and Steven listed several potential areas under the various Tasks and Levels, adding that it might be something they could use now. Al suggested requesting clarification in the definition and scope of Procedures because such a request would be in scope for the TF.
  - All suggested adding Results to the Procedure data class. He stated that the definition in C-CDA would have to be compared
- Clem suggested adding additional options for attributes in the Vital Signs data class.
  - Steven responded that this was well-captured in USCDI v1, and additional suggested attributes were in Level 1 and Level 2. Draft USCDI v2 does not add more. To capture the items Clem suggested, someone would have to properly submit them through the ONDEC system.
- Mark suggested including Sexual Orientation and Gender Identity (SOGI) as data elements under Patient Demographics data class. They would be included, contingent upon the completion of the relevant implementation guides.
  - CMS noted its support for this suggestion, and Steven and Ricky voiced their support.
  - Hans stated that HL7 is working on the related implementation guides, but they are not finished.

  - Ricky included related information from the Patient Resource in US Core in the chat in Adobe.
- Steven thanked everyone who brought forward the data elements for inclusion and emphasized their importance.

Action Items

As their homework, USCDI TF 2021 members will review the TF Recommendations Report that will be delivered to the HITAC on April 15, 2021. Members must contact the co-chairs if they identify any major issues with the report.

Review meeting materials on TF website at https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021

Be prepared to discuss ideas and priorities regarding Tasks 2 and 3 of the TF's phase 2 scope, focus, and summer 2021 meeting schedule.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Good morning, and thank you for joining the USCDI task force. We be starting soon.

Grace Cordovano, PhD, BCPA: Sharing as an FYI: https://ehrintelligence.com/news/pew-urges-onc-to-expand-uscdi-to-boost-patient-data-exchange

Sasha TerMaat: I did some research and I think our recommendation would be that US Core take on profiling work for Coverage (perhaps based on what CARIN has already done in their implementation guide), and then once a US Core IG is balloted, consider some of its elements (such as member ID) for inclusion in USCDI.

Mark Savage: Just want to flag that some (myself, for example), have recommended including entire health insurance data class from Level 2, of which beneficiary number is one element.

Grace Cordovano, PhD, BCPA: +1 Mark

Hans Buitendijk: There is a general sense that in HL7 v2, C-CDA, and FHIR the MBI is captured as part of insurance information.

Grace Cordovano, PhD, BCPA: Amen Leslie

Sasha TerMaat: There's a black box over your notes, I think.

Sasha TerMaat: Can the note taker dismiss the pop up box that is causing a black box over the displayed notes?

Leslie Kelly Hall: @al there is a box over your screen

Daniel Vreeman: +1 for the recommendation. Let US Core catch up.

Hans Buitendijk: @Clem: FHIR US Core and C-CDA are explicitly included to support USCDI. HL7 v2 is

not. So when USCDI version is ticked up it is all about US Core and C-CDA needing to support it.

Leslie Kelly Hall: are many not synchronized?

Clement McDonald: hear! hear !

Sasha TerMaat: I also agree it would make sense to communicate our prioritization and the need for US Core IGs for this information, and then recommend adoption into USCDI when available.

Leslie Kelly Hall: Data class for coverages in total for V@ pending standards alighenment *[sic]*

Al Taylor, ONC: All, i will have to drop off at 11:10 and will return at 11:30

Daniel Vreeman: Thanks for the background on encounter disposition @Hans

Clement McDonald: Al hear! hear !

Daniel Vreeman: +1 on Al's position
Hans Buitendijk: @Leslie: They are not fully synchronized. More between HL7 FHIR US Core and HL7 CDA C-CDA, less with HL7 v2 and others. USCDI versions beyond USCDI v2 should start to be outlined so they can earlier the direction and phasing so respective updates to US Core and C-CDA guidance can be done ahead rather than in response to the immediate USCDI version being finalized.

Sasha TerMaat: So is the current recommendation to include the whole class? I'm struggling to parse column J.

Al Taylor, ONC: i have to drop now. someone else please take the share screen

Clement McDonald: perfect

Sasha TerMaat: I think there's duplication in Provider ID and Provider Identifier and Provider NPI-- we should clean that up in the recommendation.

Leslie Kelly Hall: This is discharge meds @grace. We do not have dc meds in this scope

Daniel Vreeman: I'm going to have to drop now...good discussion and progress

Hans Buitendijk: Procedure in US Core has status, code, subject, performed (DateTime or Period) as Must Support in the profile.

Hans Buitendijk: Procedure def in FHIR: An action that is or was performed on or for a patient. This can be a physical intervention like an operation, or less invasive like long term services, counseling, or hypnotherapy.

Hans Buitendijk: Full definition here: http://hl7.org/fhir/procedure.html

Mike Berry (ONC): The task force welcomes public comments and we will open up the line to comment soon. To make a comment please call: 1-877-407-7192 (once connected, press "*1" to speak).

Hans Buitendijk: Pretty sure that C-CDA and FHIR are synced on the boundary. Need to check.

Andy Truscott: Hans: The intent was they were.

Mark Savage: Any time to discuss the SO and GI recommendations from Level 2 to v2?

Mark Savage: Rows 28 and 30

Ricky Bloomfield: http://hl7.org/fhir/R4/patient.html#gender

Denise Webb: I support Mark's recommendation for inclusion with the IG caveat

michelle schreiber: apologies to group but I need to jump off call now. Deep appreciation to all of you for your insights and to Steven for a masterful job at leading these conversationsl *[sic]*

Resources

USCDI TF 2021 Website
USCDI TF 2021 – April 6, 2021 Meeting Agenda
USCDI TF 2021 – April 6, 2021 Meeting Slides
USCDI TF 2021 – April 6, 2021 Webpage
HITAC Calendar Webpage

Adjournment

Steven thanked everyone for their work at the current meeting, including TF members and ONC staff. The USCDI TF 2021 will hold its next meeting on Tuesday, April 13, 2021 to finalize its work in advance of the presentation of its recommendations to the HITAC at its April 15, 2021 meeting.

The meeting was adjourned at 12:00 p.m. E.T.