cdhi | Center for Digital Health Innovation at UCSF

UCSF University of California San Francisco

Mark Savage, Director of Health Policy

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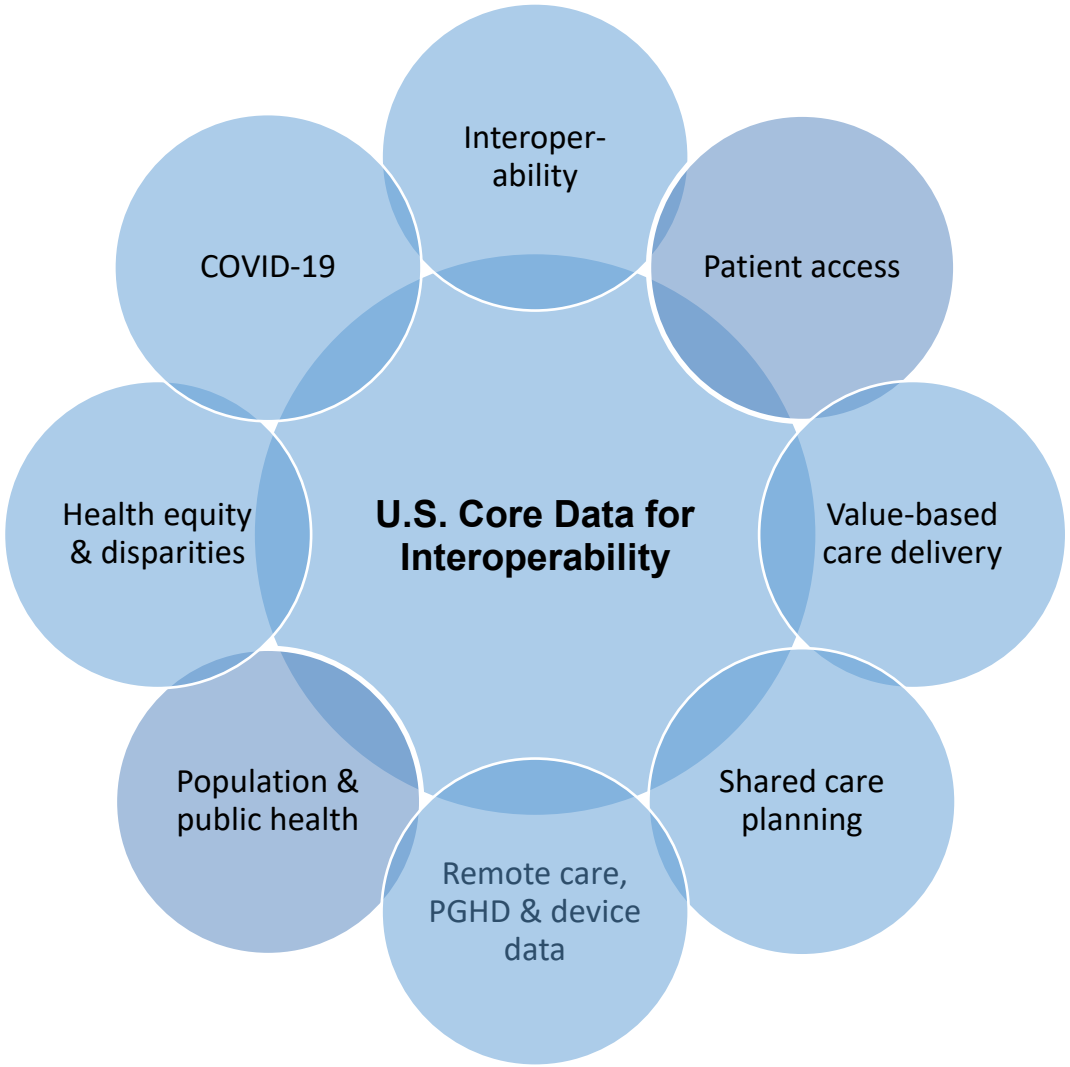
National use cases that depend on USCDI: USCDI serves myriad needs simultaneously

- Interoperability
- Patient access
- Value-based care delivery
- Shared care planning
- Remote care, PGHD, device data
- Health equity and disparities
- Social determinants of health
- COVID-19
- Public and population health
- Precision medicine
- Research
- API/app ecosystem
- Digital quality measures



Strategic priorities

- **For delivery of care:** Datasets that help advance referrals, especially from primary care physician to specialty care, and continuity of care and care coordination, have great importance.
- **For patients and family caregivers:** Datasets that help care planning and coordination are especially important. Key demographic datasets that help meet and understand the individual where one is are critical as well.
- **For providers, patients and family caregivers as partners in care:** Datasets that help care planning and coordination, and bidirectional access so providers have critical access to patient-reported outcomes, patient-generated health data, and social determinants of health, are especially important.
- Similar assessments should be considered for payers, public health, researchers, and other core stakeholders.

A potential framework for evaluating data elements

- Framework used by Advanced Health Models and Meaningful Use Workgroup in 2015 to prioritize interoperability use cases
- Framework evaluated:
  - Impact (Triple Aim)
  - National Programmatic Needs
  - Operational Readiness
  - Beneficiary Net Impact
- Each Workgroup member rated each use case across the four domains and subdomains; results were then aggregated.
- Framework could be used to evaluate Level 2 data elements for inclusion and identify Level 1 data elements that deserve additional consideration

Impact (Triple Aim)

1. **Health:** Data element supports proven interventions to address determinants of health.
2. **Care:** Data element makes health care more patient-centered, reliable, accessible, safe.
3. **Cost or Value:** Data element reduces cost or improves value of quality care for individual, employer, government, etc.

National Programmatic Needs

A. **National Quality Strategy**
   1. **Patient Safety:** To what degree does data element support safer care/reduce harm?
   2. **Patient Engagement:** To what degree does data element ensure that person and family are engaged?
   3. **Care Coordination:** To what degree does data element promote effective coordination of care?
   4. **Prevention:** To what degree does data element promote prevention and effective treatment?
   5. **Community:** To what degree does data element support communities to enable healthy living?
   6. **Affordability:** To what degree does data element make care more affordable/support new delivery models?

B. **Nationwide Interoperability Roadmap**

Operational readiness

1. **Business and Cultural:** To what degree do business and cultural factors support adding the data element?
2. **Technical Environment:** To what degree does the technical environment (e.g. available, mature standards) support adding the data element?
3. **Stakeholder Effort:** How significant is the financial/operational burden on stakeholders implementing the data element?
4. **Policy Environment:** To what degree does the federal/state/local policy environment support adding the data element?

Beneficiary net impact

1. Individual
2. Community
3. Health Professional
4. Public
5. Research
6. Payer