

USCDI V3 Input for Public Comment

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Encounter Disposition

In addition to the prior comments logged by Lisa Nelson on 2021-09-09, it is important to note that the encounter disposition data element is critical to new CMS mandates for the exchange of admission and discharge event notifications.

The CMS Interoperability and Patient Access Rule includes conditions of participation which mandate support for producing and receiving ADT notifications. These new requirements escalate the criticality of standardizing the expected vocabulary used to express the encounter disposition. This data element is established to represent the type of facility that a patient is discharged to following a hospitalization or episode of care. Without a single common vocabulary for expressing this concept, the benefit of exchanging ADT notification is undermined.

The vocabulary selected to encode a data element can introduce barriers to interoperability. Guidance about the vocabulary to express the encounter disposition data element is inconsistent between V2, CDA and FHIR and in some cases it uses a vocabulary called NUBC UB-04 FL17-Patient Status which must be licensed for use by the National Uniform Billing Committee. These inconsistencies and licensing barriers act to block information exchange.

For the encounter disposition data element to be recognized as a Level 3 USCDI element, the vocabulary required when expressing the element needs to be well established and freely available for access. Without a single required value set which does not use codes that come from a vocabulary that imposes licensing restrictions, this element should not be recognized as a mature and implementable data element that supports interoperability.

Encounter Diagnoses

The USCDI V3 notion of “encounter diagnosis” needs further refinement to differentiate different types of encounter diagnoses. Outpatient encounter diagnoses need to be differentiated from inpatient encounter diagnoses because inpatient encounter diagnoses include both admission diagnoses and discharge diagnoses. In other care settings, such as Physical Therapy, they utilize three different types of encounter diagnoses: the billing diagnoses, medical diagnoses, and treating diagnoses. The proposed data element is not granular enough to support valuable interoperability.

Greater standardization of the vocabulary used to express diagnoses also needs to be addressed. Current standards do not provide implementers with adequate and consistent guidance on mappings between ICD-10 and SNOMED CT. Duplicating the expression of problems in both SNOMED CT and ICD-10 adds burden and introduces complexities for information exchange. ICD-10, maintained by the World Health Organization, is the primary vocabulary for encoding diagnoses around the globe, and the vocabulary becomes increasingly expressive as it matures. SNOMED CT is well positioned to represent clinical findings and other non-diagnoses-related concepts. Focusing on the use of ICD for all diagnoses,

without mandating it be translated to SNOMED CT would reduce a great deal of burden, better support interoperability, and allow greater consistency across V2, CDA, FHIR and other administrative information such as explanation of benefits.

Health Insurance Information

This new USCDI V3 data category includes several data elements related to an individual's insurance coverage for health care. While the information is valuable and necessary to support interoperability, several of the proposed data elements are not mature enough to be listed as a V3 element.

If you consider the lack of clarity and consistency across V2, C-CDA Templates, and US Core Profiles for representing data elements such as Coverage Type, Member Identifier, Subscriber Identifier, Group Number, and Payer Identifier, these elements do not have sufficiently mature implementability compared to other USCDI V3 data elements.

While we agree the proposed Health Insurance Information data elements are critical to support valuable interoperability use cases focused on getting the right information to the right parties at the right time, without well-formed identifier systems for elements such as payer identification and member or subscriber identifier, and without a single, consistent, accessible vocabulary for Coverage Type, adding this category of information to USCDI V3 will fail. It also will undermine trust in the methodology used to assess the maturity of data elements promoted to the level of a recognized USCDI data element.

If ONC is in favor of keeping Health Insurance Information in the list of USCDI V3, consideration needs to be given to enabling an effort that supports creation of well-formed identifiers and code systems for these concepts, as well as an initiative to drive adoption across all Health IT standards used to exchange this category of information.

Health Status

In USCDI V3, Health Concerns are categorized under both Health Status and Problems, making this notion less clear for implementers.

There is a subtle relationship between Encounter Diagnoses, Problems, and Health Concerns. When an encounter diagnosis is an issue that requires follow-up and management over a span of time, the encounter diagnosis goes onto something called a "Problem List" which practitioners use to track progress as they manage the ongoing problem which the patient was diagnosed to have. When a patient has been diagnosed with a long-term condition that includes other risks and issues to be addressed or when a patient's social condition includes risk factors that should be addressed to ensure optimal health outcomes, these health concerns also become part of the issues addressed in a patient's care plan.

For clarity, consider moving Health Concerns out of the Health Status category. Having it here confuses things. A health status describes the assessment of the person's health in a certain area or dimension of wellness. Based on that health status, there may or may not be a health concern that needs to be addressed. Not all issues that are assessed to exist need to be addressed, mitigated, or resolved. For a variety of reasons, it may not be appropriate to make the issue a health concern that needs a plan and should be worked on to be changed.

While ICD-10 is the better single vocabulary for coding diagnoses, problems, and health concerns that will receive care services to address, SNOMED CT is ideally positioned to provide the clinical vocabulary for addressing clinical findings which are documented to describe a person's health status. In fact, many health status assessment tools use a combination of SNOMED CT and LOINC to effectively express and exchange health status assessment information. Separating the uses of ICD-10 for diagnoses and the use of SNOMED CT for clinical findings would eliminate the requirement to translate between these two code systems. ICD-10 and SNOMED CT do not align well. Removing the need to map between when populating a single data element would offer a significant reduction in the burden to provide coded information for interoperability.

Problems

The Problems Data Class in USCDI separates Problems as a distinct data element from SDOH Problems/Health Concerns. This approach to organizing the data elements is problematic because it doesn't draw a clear distinction. Problems, as a notion is being used for the Category as well as a data element, and as a data element Problems is differentiated from SDOH Problems/Health Concerns. The lack of semantic clarity creates an avoidable burden for implementers.

Problems are the conditions a person has. Health Concerns are the risks a person is working to reduce or the issues a person is working to address. Problems are an assertion that person has a particular condition. Health Concerns are the focus of change that is being managed toward an agreed upon outcome. Without disambiguating these notions, by definition, the overlap and confusion creates a barrier to interoperability. A Problem can be a Health Concern, but it doesn't necessarily need to be. A Health Concern that is a focus of care planning, may be a factor that is not, by definition, an issue that belongs on a patient's Problem list.

Historically, a patient's "Problem list" was the worklist of medical issues clinicians were addressing with a patient. The notion of Health Concerns came on the scene as new focus was placed on expressing and exchanging Care Plans to track a patient's progress toward goals that have been set for their care. Now that there is widescale agreement about the important of social determinants being important to address as part of achieving better health outcomes, we need to revise our understanding of what goes on a patient's Problem List and what issues may be the focus for improvement in a patient's plan of care.

SDOH Problems should be Problems and SDOH Health Concerns should be Health Concerns. The distinction between a person's medical and social problems is an arbitrary and outdated practice which does not advance whole-person care. Care Plans created to achieve optimal health outcomes need to address all types of concerns. Medical as well as social concerns can be the focus of interventions designed to support patients in making progress toward their health goals. The whole point of the SDOH movement is to integrate the thinking and treatment of SDOH issues in conjunction with other medical issues, and to recognize that SDOH issues can't be separated from medical issues when optimize health outcomes is the goal.

To reinforce and accelerate the important progress being made to incorporate care for social factors of health in concert with medical factors, the Problems Data Class should be reorganized. The Problems

data element should include medical as well as SDOH Problems and the Health Concerns data element should include medical as well as SDOH health concerns. This change would support clarity and consistency that would empower and enable standardization for SDOH information as an integral part of a patient's longitudinal health record.

Currently, the Problem data element has several standardized types:

- Diagnosis, Disease, Condition
- Clinical finding, Finding of functional performance and activity, Cognitive function finding
- Finding reported by subject or history provider
- Problem, Complaint, Symptom

This list of "problem types" could be expanded to include an additional problem type or types that are relevant for issues related to social determinants of health.

Assessment and Plan of Treatment

In USCDI V3 the Assessment and Plan of Treatment Data Class represents a health professional's conclusions and working assumptions that will guide treatment of the patient. This definition works well for describing the Plan of Treatment part of this Data Class. However, it does not describe the assessment part well.

Assessment information is different than Plan information. That's why Larry Weed's seminal work on defining the structure of a SOAP note separated the Assessment information from the Plan. Assessment information is much more closely related to Health Status information.

The organization of the Data Classes and Data Elements would make more sense if the Assessment and Health Status Data Classes were grouped together and the SDOH Assessment and Assessment Data Elements were moved under this adjusted Assessment and Health Status Data Class.