U.S. Core Data for Interoperability Task Force
Christina Caraballo, co-chair
Terry O’Malley, co-chair

March 21, 2018
Agenda

• Call to Order / Roll Call
• Overview of meeting (5 minutes)
• Review feedback from HITAC materials and meeting (25 minutes)
• Discuss expansion process (50 minutes)
• Review topics for next week’s discussion (5 minutes)
• Public comment (5 minutes)
Overview of the Meeting: Topics and Goals

• Discuss HITAC presentation materials and feedback from Committee

• **Specific Charge:** How the USCDI would be expanded and by how much
  
  » Discuss criteria for Expansion Process
    
    – Review preliminary recommendations

  **GOAL:** Determine criteria for expansion

  » Next week’s discussion
    
    – Confirm criteria for expansion
May 20 HITAC Meeting

- Discuss HITAC presentation materials and feedback from Committee
USCDI Expansion

- **Specific Charge:** How the USCDI would be expanded and by how much

- Preliminary Task Force Recommendations
  - There should be a limit on new additions to USCDI to avoid overburdening data class implementers
  - Expansion should result from the successful progress of each data class through all of the stages
  - Expansion should occur without a specific timeline for advancement through these stages
  - Regulatory body oversight required
    - Similar to the Interoperability Standards Advisory (ISA)
U.S. Core Data for Interoperability Task Force
Appendix
# USCDI Task Force Membership

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td><strong>Co-Chairs</strong></td>
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<tr>
<td>Christina</td>
<td>Caraballo</td>
<td>Get Real Health</td>
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<td>Terry</td>
<td>O’Malley</td>
<td>Massachusetts General Hospital</td>
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<tr>
<td><strong>Members</strong></td>
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<tr>
<td>Nancy</td>
<td>Beavin</td>
<td>Humana</td>
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<tr>
<td>Rich</td>
<td>Elmore</td>
<td>Allscripts</td>
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<tr>
<td>Valerie</td>
<td>Grey</td>
<td>New York eHealth Collaborative</td>
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<tr>
<td>Leslie</td>
<td>Hall</td>
<td>Healthwise</td>
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<tr>
<td>Rob</td>
<td>Havsay</td>
<td>HIMSS</td>
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<tr>
<td>Laura</td>
<td>Heermann-Langford</td>
<td>Intermountain Healthcare</td>
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<tr>
<td>Eric</td>
<td>Helfin</td>
<td>Sequoia Project</td>
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<tr>
<td>Ken</td>
<td>Kawamoto</td>
<td>University of Utah Health</td>
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<tr>
<td>Steven</td>
<td>Lane</td>
<td>Sutter Health</td>
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<tr>
<td>Clem</td>
<td>McDonald</td>
<td>National Library of Medicine</td>
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<tr>
<td>Kim</td>
<td>Nolen</td>
<td>Pfizer</td>
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<tr>
<td>Brett</td>
<td>Oliver</td>
<td>Baptist Health</td>
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<tr>
<td>Mike</td>
<td>Perretta</td>
<td>Docket</td>
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<tr>
<td>Dan</td>
<td>Vreeman</td>
<td>Regenstrief Institute, Inc</td>
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U.S. Core Data for Interoperability (USCDI) Charge

• **Overarching Charge**: Review and provide feedback on the U.S. Core Data for Interoperability (USCDI) structure and process.

• **Specific Charge**: Provide recommendations on the following:
  
  » Mechanisms/approaches to receive stakeholder feedback regarding data class priorities;
  
  » The proposed categories to which data classes would be promoted and objective characteristics for promotion;
  
  » How the USCDI would be expanded and by how much; and
  
  » Any factors associated with the frequency with which it would be published.
General Terminology

- Stakeholder – anyone with a vested interest in the USCDI
- Candidate Status - Data class has achieved technical level such that it can be tested in production settings
- Emerging Status - Data class has been defined and its future applications demonstrated
- USCDI Status - Data class is fully ready to be implemented in real-life settings
- Normative – Parts of a standard that specify what implementers should conform to
- Provenance – describes metadata, or extra information about data, that can help answer questions such as when and who created the data.
- Data element - single item with specific definition
- Data set - a group of data elements combined by a single stakeholder to serve a specific purpose
- Data class - a group of data elements that serve one or more purposes for more than one stakeholder
- Net value - equals value minus cost where the scale can be any type of cost or value (time, money, safety, quality, burden, etc.)
- Aggregate value: the combined net value derived by all stakeholders from implementing a specific data class
Prioritization Criteria

**Characteristics of the Data Class**
- Important to a high priority domain
- Based on TEP, Standards body type of review, real time consensus e.g. ISA
- Ease of standardization
- Currently being collected
- Mature standards exist
- Standards exist and are in production use
- High value to many domains
- Captured within current workflows
- "Capturability"
- Viewed as a critical need by someone
- Value to future workflows

**Characteristics of the Stakeholder**
- Provider/Clinician
- Consumer/Individual/Family
- Payer/Insurance
- Regulator
- Contributes to a valued health outcome
- Researcher
- Public health

**Characteristics of the Domain**
- High volume
- High cost
- High failure rate
- Cuts across other domains/broad applicability

**Characteristics of the Subject Population**
- High risk
- High utilizers
- Policy Priority

**Characteristics of the Data Management Process**
- Cost
- Availability
<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Potential Discussion Items</th>
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<tbody>
<tr>
<td>February 21, 2018</td>
<td>• Discuss USCDI Task Force charge scope and feedback</td>
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<td>February 28, 2018</td>
<td>• Proposed categories to which data classes would be promoted</td>
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<tr>
<td>March 7, 2018</td>
<td>• Mechanisms and approaches to receive stakeholder feedback regarding data classes and elements</td>
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<td>March 14, 2018</td>
<td>• Objective characteristics for data class promotion</td>
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<td>• Prepare Draft Recommendations for HITAC review</td>
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<td>March 21, 2018</td>
<td>• Draft recommendations shared with HITAC committee</td>
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<td>• Continued discussion on objective characteristics</td>
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<td>March 28, 2018</td>
<td>• How the USCDI would be expanded and by how much</td>
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<td>April 4, 2018</td>
<td>• Frequency of USCDI publication and associated factors</td>
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<td>April 11, 2018</td>
<td>• Update and refine recommendations</td>
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<td>April 17, 2018</td>
<td>• Finalize recommendations</td>
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<tr>
<td>April 18, 2018</td>
<td>• Present recommendations to full HITAC Committee</td>
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Reference Materials

- Health IT Standards Committee recommendation letter incorporating Standards & Interoperability Task Force recommendations (March 26, 2015)