Agenda

- Call to Order / Roll Call (5 minutes)
- Overview of meeting (5 minutes)
- Discuss task force sub-charges (40 minutes)
- Discuss value criteria (30 minutes)
- Review topics for next week’s discussion (5 minutes)
- Public comment (5 minutes)
Overview of the Meeting: Topics and Goals

• Finalize task force sub-charges:
  » How the USCDI would be expanded and by how much
  » Any factors associated with the frequency with which it would be published
  » Mechanisms/approaches to receive stakeholder feedback regarding data class priorities

• Discuss value criteria in preparation for finalization next week

• Next week’s discussion:
  » Finalize value criteria used to evaluate stage promotion
  » Finalize technical criteria used to evaluate stage promotion
USCDI Expansion

- **Specific Charge**: How the USCDI would be expanded and by how much
- **Task Force Recommendations**
  - Data classes should be added to the USCDI based upon successful progression through all prior stages *(meeting all criteria)*
  - There should be no limit to the number of data classes added to the USCDI *(There should be no limitation on WHO or WHAT individual/organization can propose data classes. Any individual, any organization – public sector or private sector, commercial enterprise or not-for-profit. Even international organizations (e.g. NHS, WHO) can propose)*
  - There should be no predetermined timeline for advancement through Stage 5 *(Should there be a timeline of 1 or 2 years, or no predetermined timeline? (incentive for vendors to prioritize this work))*
  - Progress through Stage 5 may be impacted by vendor and other stakeholder capacity and business cases
  - A data class will move to Stage 6 *as determined by the RCE, which will measure data exchange with associated standards*
  - The ratio of available data classes in Stage 5 to those that have progressed to Stage 6 in the preceding 12 months should be used to review the processes for prioritization and implementation
  - *Data classes should be available at minimum in both English and Spanish*
USCDI Frequency of Publication

- **Specific Charge:** Any factors associated with the frequency with which it would be published.

- **Task Force Recommendations**
  - Publish USCDI annually with necessary details of new items added
  - Provide periodic bulletins to announce the addition of new data classes to Stage 5 USCDI as they become available
  - Provide periodic bulletins to announce the addition of new data classes to Stage 4 Candidate
  - (Rationale: give industry as long a lead time as possible)
USCDI Process for Stakeholder Feedback

- **Specific Charge:** Mechanisms/approaches to receive stakeholder feedback regarding data class priorities

- Preliminary Task Force Recommendations
  - Annual release of new USCDI followed by public comment period of at least 90 days
  - Two annual opportunities for public comment
  - Provide an open, public platform for each stage in this process
  - Record all proposed data classes in a searchable, sortable resource that facilitates interaction through review and discussion among potential stakeholders and enables public comments
  - Feedback needs during each stage TBD as we build out criteria
Value: To Whom

• **Tier 1:**
  » Patients (current and future): as Individuals, as Population / Public / Community
  » Providers: Clinicians, Caregivers, Clinical support staff

• **Tier 2 (everyone else):**
  » Research: Academia, other R&D
  » Technology: Vendors, IT staff
  » Payment: Payers
  » The ecosystem
  » others
Value: Evidence

• Very convincing
  » Data; quantitative measurements; surveys; peer-reviewed research; meta-studies; multiple case studies/pilots; multiple use cases; empirical validation of the beneficial exchange of the data element

• Sort of convincing
  » Single case study/pilot; single use case

• Not convincing
  » Anecdotes; quotes
Value: Measures for Tier 1

- **For Patients**
  - Quality-adjusted life years
  - Patient quality of life
  - Lives/procedures impacted
  - Improvements in disease condition
  - Patient satisfaction
  - Total value (magnitude/patient * # patients)

- **For Providers**
  - Time saved
  - Better decisions made
  - Simplifies workflows
Value: Measures for Tier 2

- Dollars saved for the system
- Savings, efficiency, ease of use, outcomes that matter
- Cost to implement
- Near/long-term feasibility
- Cost of sharing without structure, cost of sharing with semantics
- Change in cost of collection when implemented
- Enough content in a data class to increase the value of getting it into the USCDI, but not so much that it creates an undue burden by increasing the cost of getting final approval
- Promotes outcomes that matter
- Promotes access to data
- Value to future workflows
- Contributes to a valued outcome
- Fills essential data need
Value: Questions

• high value to smaller number of patients, but total value is very high
  » life/death v tiny thing for many

• benefits outweigh the costs for widespread, mandatory data collection and sharing, both in aggregate and also at the patient and provider levels individually

• benefit:cost; not negative for patients/providers
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>
<td></td>
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<tr>
<td>Christina</td>
<td>Caraballo</td>
<td>Get Real Health</td>
</tr>
<tr>
<td>Terry</td>
<td>O’Malley</td>
<td>Massachusetts General Hospital</td>
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<tr>
<td><strong>Members</strong></td>
<td></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>
</tr>
<tr>
<td>Eric</td>
<td>Helfin</td>
<td>Sequoia Project</td>
</tr>
<tr>
<td>Ken</td>
<td>Kawamoto</td>
<td>University of Utah Health</td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Mike</td>
<td>Perretta</td>
<td>Docket</td>
</tr>
<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 Data Management Process**
- Cost
- Availability

**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
## Workplan

<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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<tr>
<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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<tr>
<td>March 14, 2018</td>
<td>• Objective characteristics for data class promotion&lt;br&gt;• Prepare Draft Recommendations for HITAC review</td>
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<tr>
<td>March 21, 2018</td>
<td>• Draft recommendations shared with HITAC committee&lt;br&gt;• Continued discussion on objective characteristics</td>
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<tr>
<td>March 28, 2018</td>
<td>• How the USCDI would be expanded and by how much</td>
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<tr>
<td>April 4, 2018</td>
<td>• Frequency of USCDI publication and associated factors</td>
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<tr>
<td>April 11, 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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</table>
Reference Materials

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