



U.S. Core Data for Interoperability Task Force Draft Recommendations to the HITAC

Christina Caraballo, Co-Chair

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Agenda

- USCDI Task Force Members
- USCDI Task Force Phase 1 Charge
- Draft Recommendations
- Phase 1 Work Plan
- USCDI Task Force Phase 2 Charge
- Questions



Membership

First Name	Last Name	Organization	Organization Type
CO-CHAIRS			
Christina	Caraballo	Audacious Inquiry	Consultant/Patient Advocacy
Terrence	O'Malley	Massachusetts General Hospital	Health & Hospital Organization
MEMBERS			
Tina	Esposito	Advocate Healthcare	Health & Hospital Organization
Valerie	Grey	New York eHealth Collaborative	Health IT Organization
Ken	Kawamoto	University of Utah Health	Health & Hospital Organization
Steven	Lane	Sutter Health	Health & Hospital Organization
Leslie	Lenert	Medical University of South Carolina	Health & Hospital Organization
Clem	McDonald	National Library of Medicine	Federal
Brett	Oliver	Baptist Health	Health & Hospital Organization
Steve	Ready	Norton Healthcare	Health & Hospital Organization
Sheryl	Turney	Anthem Blue Cross Blue Shield	Health IT Technology
ONC STAFF			
Stacy	Perchem	ONC	Federal
Adam	Wong	ONC	Federal
Johnny	Bender	ONC	Federal

Phase 1 Charge

- Principal Charge for Phase 1: Review the newly specified Data Elements proposed in the USCDI v1
- Specific Charge: Provide recommendations on the following:
 - » Inclusion of Address and Phone Number Data Elements
 - » Inclusion of Provenance Data Elements
 - » Inclusion of Clinical Notes Data Elements
 - » Inclusion of Pediatric Vital Signs Data Elements
 - » Missing Data Elements within Proposed Data Classes

USCDI v1

The highlighted Data Elements are those for which ONC is seeking recommendations in the Phase 1 charge.

Data Elements not highlighted are already included in the 2015 Common Clinical Data Set (CCDS).

A SET OF DATA CLASSES TO SUPPORT NATIONWIDE INTEROPERABILITY

The USCDI Version 1 (USCDI v1) is proposed as a standard (§ 170.213). It reflects the same data classes referenced by the CCDS definition and includes new required data classes and data elements, noted below.

If adopted, health IT developers will need to update their certified health IT to support the USCDI for all certification criteria affected by this change.

Author Time Stamp

USCDI v1

Assessment and Plan of Treatment

Clinical Notes *NEW

· Discharge Summary Note

· Laboratory Report Narrative

· Pathology Report Narrative

Consultation Note

· History & Physical

Imaging Narrative



Values/Results

Tests

Laboratory



Provenance *NEW

Author Organization

Smoking Status

Author



Care Team Members



Medications









Unique Device Identifier(s) for a Patient's Implantable Device(s)



100

Patient Demographics

· Previous Name · Ethnicity

 First Name Last Name

Middle Name

middle initial)

(including

· Date of Birth



Preferred

Phone

Language

Address *NEW

Number *NEW

Race

- - **Blood Pressure** Systolic
 - **Blood Pressure**
 - · Body Height

Vital Signs

Diastolic

- · Body Weight
- Heart Rate
- Respiratory rate
- Body **Temperature**

- Pulse oximetry
- Inhaled oxygen concentration



Pediatric Vital Signs *NEW

- BMI percentile per age and sex for youth 2-20
- Weight for age per length and sex
- Occipital-frontal circumference for children >3 years old

Procedure Note

Progress Note



Patient Goals

Health Concerns

Goals



Problems

Suffix

Birth Sex











Patient Demographics – Data Element Recommendations

- New Patient Demographics data elements proposed by ONC for inclusion in USCDI v1:
 - » Address; Phone Number
- Task Force recommendations:
 - » Address
 - Standardize format and content of Address
 - Standards for individuals experiencing homelessness and refugees
 - » Phone Number
 - Use mobile phone number
 - » See AHIMA, USPS, Association for Healthcare Documentation Integrity, current requirements for CEHRTs
- Additional data elements proposed for discussion:
 - » Nickname; last 4 digits of SSN; personal ID (e.g., driver's license, passports, etc.); e-mail; alternative address (e.g., work, school)



Provenance - Data Element Recommendations

- New Provenance data elements proposed by ONC for inclusion in USCDI v1 :
 - » Author's Time Stamp; Author's Organization
- Task Force recommendations:
 - » Author
 - Specify a permitted "Author Type" by data type? (e.g., lab director for labs, surgeon for procedure note)
 - Does this include setting, context, location? (e.g., vital signs collected at home, pharmacy, clinic, or hospital)
 - » Chain of Trust
 - Minimum Original Author and immediate source (if different from author)
- Additional Data Elements proposed for discussion:
 - » Unique identifiers (original ID of data, supplemental ID, Medicare code, National Provider Identifier)



Work Plan - Phase 1

Meeting Date	Potential Discussion Items
February 20, 2019	Announce USCDI Task Force charge to HITAC
March 5, 2019	 Kickoff Meeting for Phase 1 Discuss Patient Demographics Data Elements
March 11, 2019	Discuss Provenance Data Elements
March 25, 2019	Discuss Clinical Notes
Week of April 8, 2019	 Discuss Pediatric Vital Signs Data Elements Draft recommendations
Week of April 22, 2019	Update and refine recommendations
Week of May 6, 2019	Finalize recommendations
May 13, 2019	Present recommendations to full HITAC Committee

Phase 2 Charge

- Principal Charge: Review and provide feedback on the USCDI Data Element Draft Promotion Model
- Specific Charge: Provide recommendations on the following:
 - » Promotion Model Lifecycle for Submitted Data Elements
 - » Data Element Submission Information
 - » Data Element Promotion Criteria

Appendix

USCDI Fact Sheet



The United States Core Data for Interoperability Standard

We propose to replace the "Common Clinical Data Set" (CCDS) definition with the "United States Core Data for Interoperability" (USCDI) standard beginning with USCDI Version 1 (v1) in § 170.213. This will increase the minimum baseline of data classes that must be commonly available for interoperable exchange.



USCDI reflects the same data classes referenced by the CCDS definition and includes new required data classes and data elements:



Provenance



Clinical Notes



Pediatric Vital Signs



Address & Phone Number



If adopted in a final rule, health IT developers would be required to update their certified health IT to support the USCDI v1 for all certification criteria affected by this proposed change.

USCDI Standard Annual Update Schedule

ONC intends to establish and follow a predictable, transparent, and collaborative process to expand the USCDI, including providing stakeholders with the opportunity to comment on the USCDI's expansion.

PRE-DECISIONAL DO NOT DISCLOSE