USCDI Task Force 2021 Call #21

Leslie Kelly Hall, Co-Chair
Steven Lane, Co-Chair

July 20, 2021
## Task Force Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leslie Kelly Hall (Co-Chair)</td>
<td>Engaging Patient Strategy</td>
</tr>
<tr>
<td>Steven Lane (Co-Chair)</td>
<td>Sutter Health</td>
</tr>
<tr>
<td>Ricky Bloomfield</td>
<td>Apple</td>
</tr>
<tr>
<td>Hans Buitendijk</td>
<td>Cerner</td>
</tr>
<tr>
<td>Grace Cordovano</td>
<td>Enlightening Results</td>
</tr>
<tr>
<td>Jim Jirjis</td>
<td>HCA Healthcare</td>
</tr>
<tr>
<td>Ken Kawamoto</td>
<td>University of Utah Health</td>
</tr>
<tr>
<td>John Kilbourne</td>
<td>VA</td>
</tr>
<tr>
<td>Leslie Lenert</td>
<td>Medical University of South Carolina</td>
</tr>
<tr>
<td>Clement McDonald</td>
<td>National Library of Medicine</td>
</tr>
<tr>
<td>Aaron Miri</td>
<td>The University of Texas at Austin, Dell Medical School and UT Health Austin</td>
</tr>
<tr>
<td>Brett Oliver</td>
<td>Baptist Health</td>
</tr>
<tr>
<td>Mark Savage</td>
<td>Savage Consulting</td>
</tr>
<tr>
<td>Michelle Schreiber</td>
<td>CMS</td>
</tr>
<tr>
<td>Abby Sears</td>
<td>OCHIN</td>
</tr>
<tr>
<td>Sasha TerMaat</td>
<td>Epic</td>
</tr>
<tr>
<td>Andrew Truscott</td>
<td>Accenture</td>
</tr>
<tr>
<td>Sheryl Turney</td>
<td>Anthem, Inc.</td>
</tr>
<tr>
<td>Daniel Vreeman</td>
<td>RTI International</td>
</tr>
<tr>
<td>Denise Webb</td>
<td>Indiana Hemophilia and Thrombosis Center</td>
</tr>
</tbody>
</table>
Meeting Agenda

- Call to Order/Roll Call
- Past Meeting Notes
- USCDI Version 2
- Task 3 Recommendations
- TF Schedule/Next Meeting
- Public Comment
- Adjourn
USCDI Version 2
USCDI Core Principles

USCDI:

• Comprises a core set of structured and unstructured data needed to support patient care and facilitate patient access using health IT

• Establishes a consistent baseline of harmonized data elements that can be broadly reused across use cases, including those outside of patient care and patient access

• Will expand over time via predictable, transparent, and collaborative process, weighing both anticipated benefits and industry-wide impacts
USCDI Version 2

Allergies and Intolerances
- Substance (Medication)
- Substance (Drug Class)
- Reaction

Assessment and Plan of Treatment
- Assessment and Plan of Treatment
- SDOH Assessment

Care Team Member(s)
- Care Team Member Name
- Care Team Members Identifier
- Care Team Members Role
- Care Team Members Location
- Care Team Members Telecom

Clinical Notes
- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

Clinical Tests
- Clinical Test
- Clinical Test Result/Report

Diagnostic Imaging
- Diagnostic Imaging Test
- Diagnostic Imaging Report

Encounter Information
- Encounter Type
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

Goals
- Patient Goals
- SDOH Goals

Health Concerns
- Health Concerns

Immunizations
- Immunizations

Laboratory
- Tests
- Values/Results

Medications
- Medications

Problems
- Problems
- SDOH Problems/Health Concerns
- Date of Diagnosis
- Date of Resolution

Provenance
- Author Time Stamp
- Author Organization

Procedures
- Procedures
- SDOH Interventions

Patient Demographics
- First Name
- Last Name
- Previous Name
- Middle Name (Incl. Middle Initial)
- Suffix
- Sex (Assigned at Birth)
- Sexual Orientation
- Gender Identity
- Date of Birth
- Race
- Ethnicity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address

Smoking Status
- Smoking Status

Unique Device Identifier(s)
- Unique Device Identifier(s) for a Patient’s Implantable Device(s)

Vital Signs
- Diastolic Blood Pressure
- Systolic Blood Pressure
- Body Height
- Body Weight
- Heart Rate
- Respiratory Rate
- Body Temperature
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2-20 Years)
- Weight-for-length Percentile (Birth-36 Months)
- Occipital-frontal Head Circumference Percentile (Birth-36 Months)

New USCDI v2 Data Elements and Classes
USCDI v2 Highlighted Changes

USCDI v2 Supports Health Equity

• Sexual Orientation and Gender Identity (SOGI)
  • New Patient Demographics Data Elements using existing vocabulary standards

• Social Determinants of Health (SDOH)
  • SDOH Assessment
  • SDOH Goals
  • SDOH Problems/Health Concerns
  • SDOH Interventions
USCDI v2 Highlighted Changes

USCDI v2 Supports Broader Health Data Interoperability

- 3 new data classes
- 22 new data elements
- 4 data elements removed
# New Data Elements – Patient Demographics – SOGI

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
</table>
| **Sexual Orientation**| *Sexual orientation must be coded in accordance with SNOMED CT® and HL7 Version 3 Standard, Value Sets for AdministrativeGender and NullFlavor, attributed as follows:*  
  - Lesbian, gay or homosexual. 38628009  
  - Straight or heterosexual. 20430005  
  - Bisexual. 42035005  
  - Something else, please describe. nullFlavor OTH  
  - Don't know. nullFlavor UNK  
  - Choose not to disclose. nullFlavor ASKU  
  Adopted at 45 CFR 170.207(o)(1)                                                                 |                                                                                                                                                                                                                           |
| **Gender Identity**   | *Gender Identify must be coded in accordance with SNOMED CT® and HL7 Version 3 Standard, Value Sets for AdministrativeGender and NullFlavor, attributed as follows:*  
  - Male. 446151000124109  
  - Female. 446141000124107  
  - Female-to-Male (FTM)/Transgender Male/Trans Man. 407377005  
  - Male-to-Female (MTF)/Transgender Female/Trans Woman. 407376001  
  - Genderqueer, neither exclusively male nor female. 446131000124102  
  - Additional gender category or other, please specify. nullFlavor OTH  
  - Choose not to disclose. nullFlavor ASKU  
  Adopted at 45 CFR 170.207(o)(2)                                                                                                                                                                                                 |
# New Data Elements – Social Determinants of Health (SDOH)

Data related to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.

<table>
<thead>
<tr>
<th>DATA CLASS</th>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and Plan of Treatment</td>
<td><strong>SDOH Assessment</strong></td>
<td>LOINC 2.70 SNOMED CT March 2021</td>
</tr>
<tr>
<td></td>
<td><em>Structured evaluation of risk (e.g., PRAPARE, Hunger Vital Sign, AHC-HRSN screening tool) for any Social Determinants of Health domain such as food, housing, or transportation security. SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.</em></td>
<td></td>
</tr>
<tr>
<td>Goals</td>
<td><strong>SDOH Goals</strong></td>
<td>SNOMED CT March 2021 LOINC 2.70</td>
</tr>
<tr>
<td></td>
<td><em>Identifies a future desired condition or change in condition related to an SDOH risk in any domain and is established by the patient or provider. (e.g., Has adequate quality meals and snacks, Transportation security-able to access health and social needs). SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.</em></td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td><strong>SDOH Interventions</strong></td>
<td>SNOMED-CT March 2021 CPT 2021 HCPCS</td>
</tr>
<tr>
<td></td>
<td><em>A service offered to a patient to address identified Social Determinants of Health concerns, problems, or diagnoses (e.g., Education about Meals on Wheels Program, Referral to transportation support programs). SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.</em></td>
<td></td>
</tr>
<tr>
<td>Problems</td>
<td><strong>SDOH Problems/Health Concerns</strong></td>
<td>SNOMED-CT March 2021 ICD-10-CM 2021</td>
</tr>
<tr>
<td></td>
<td><em>An identified Social Determinants of Health-related condition (e.g., Homelessness (finding), Lack of adequate food Z59.41, Transport too expensive (finding)). SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.</em></td>
<td></td>
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</tbody>
</table>
New Data Elements – Care Team Member(s)

Represents information on a person who participates or is expected to participate in the care of a patient.

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Team Member(s)</td>
<td>Removed Data Element, replaced by following 5 data elements</td>
</tr>
<tr>
<td>Care Team Member Name</td>
<td></td>
</tr>
<tr>
<td>Care Team Member Identifier</td>
<td></td>
</tr>
<tr>
<td>Care Team Member Role</td>
<td>Function or functions that a person may perform while participating in the care for a patient</td>
</tr>
<tr>
<td>Care Team Member Location</td>
<td>Physical location of provider or other care team member</td>
</tr>
</tbody>
</table>
| Care Team Member Telecom           | • ITU-T E.123, Series E: Overall Network Operation, Telephone Service, Service Operation and Human Factors, International operation - General provisions concerning users: Notation for national and international telephone numbers, email addresses and web addresses (incorporated by reference in § 170.299), and  
  • ITU-T E.164, Series E: Overall Network Operation, Telephone Service, Service Operation and Human Factors, International operation - Numbering plan of the international telephone service: The international public telecommunication numbering plan |
New Data Class - Clinical Tests

Includes non-imaging and non-laboratory tests performed on a patient that results in structured or unstructured (narrative) findings specific to the patient, such as electrocardiogram (ECG), visual acuity exam, macular exam, or graded exercise testing (GXT), to facilitate the diagnosis and management of conditions.

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Test</td>
<td>LOINC 2.70</td>
</tr>
<tr>
<td>The name of the non-imaging or non-</td>
<td></td>
</tr>
<tr>
<td>laboratory test performed on a patient.</td>
<td></td>
</tr>
<tr>
<td>Clinical Test Result/Report</td>
<td></td>
</tr>
<tr>
<td>Interpreted results of clinical tests that may include study performed, reason performed, findings, and impressions. Includes both structured and unstructured (narrative) components.</td>
<td></td>
</tr>
</tbody>
</table>
New Data Class – Diagnostic Imaging

Tests that result in visual images requiring interpretation by a credentialed professional.

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Imaging Test</td>
<td>LOINC 2.70</td>
</tr>
<tr>
<td>The name of the test performed which generates visual images (radiographic, photographic, video, etc.) of anatomic structures; and requires interpretation by qualified professionals.</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Imaging Report</td>
<td></td>
</tr>
<tr>
<td>Interpreted results of imaging test that includes the study performed, reason, findings, and impressions. Includes both structured and unstructured (narrative) components.</td>
<td></td>
</tr>
<tr>
<td>Imaging Narrative</td>
<td>Part of Clinical Notes Data Class in USCDI v1</td>
</tr>
<tr>
<td>Interpreted results of imaging test that includes the study performed, reason, findings, and impressions. Includes both structured and unstructured (narrative) components.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Removed data element and incorporated narrative into definition of Diagnostic Imaging Report</td>
</tr>
</tbody>
</table>
# New Data Class – Encounter Information

An episode defined by an interaction between a healthcare provider and the subject of care in which healthcare-related activities take place.

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter Type</td>
<td></td>
</tr>
<tr>
<td>Encounter Diagnosis</td>
<td>SNOMED CT March 2021 ICD-10 2021</td>
</tr>
<tr>
<td>Encounter Time</td>
<td>Represents a date/time related to an encounter (e.g., scheduled appointment time, check in time, start and stop times).</td>
</tr>
<tr>
<td>Encounter Location</td>
<td>Physical location of facility which delivered a person’s health care or related services</td>
</tr>
<tr>
<td>Encounter Disposition</td>
<td>Identifies the location or type of facility to where the patient left the hospital or encounter episode.</td>
</tr>
</tbody>
</table>
# Changes to Data Elements - Laboratory

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td>Logical Observation Identifiers Names and Codes (LOINC®) version 2.70</td>
</tr>
<tr>
<td>Values/Results</td>
<td>Removed data element and incorporated narrative into definition of Laboratory Value/Result</td>
</tr>
<tr>
<td>Laboratory Report Narrative</td>
<td>Removed data element and incorporated narrative into definition of Laboratory Value/Result</td>
</tr>
<tr>
<td>Pathology Report Narrative</td>
<td>Removed data element and incorporated narrative into definition of Laboratory Value/Result</td>
</tr>
</tbody>
</table>

The name of the analysis of specimens derived from humans which provide information for the diagnosis, prevention, treatment of disease, or assessment of health.
### Changes to Data Elements - Problems

Data related to the episode of health care or related services that were performed for or delivered to a person

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
</table>
| **Problems**                          | • SNOMED International, Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, March 2021 Release  
  • International Classification of Diseases ICD-10-CM 2021                                                                                                           |
  • International Classification of Diseases ICD-10-CM 2021                                                                                                           |
| **Date of Diagnosis**                 | *Date of first determination by a qualified professional of the presence of a problem or condition affecting a patient.*                                                                                                          |
| **Date of Resolution**                | *Date of subsiding or termination of a symptom, problem, or condition.*                                                                                                                                                    |
USCDI v2
Updated Applicable Standards Versions

• USCDI v1
  • RxNorm - January 6, 2020
  • SNOMED CT - September 2019
  • LOINC 2.67
  • ICD-10-CM 2020
  • CVX - January 31, 2020
  • Vaccine NDC Linker - January 31, 2020
  • CPT 2020

• USCDI v2
  • RxNorm - June 7, 2021
  • SNOMED CT - March 2021
  • LOINC 2.70
  • ICD-10-CM 2021
  • CVX – April 6, 2021
  • Vaccine NDC Linker - May 18, 2021
  • CPT 2021
Standards Version Advancement Process (SVAP)
Standards Version Advancement Process (SVAP)

• ONC to consider USCDI v2 and other standards
  • Allows developers to voluntarily update health IT modules to newer standards
  • ONC wants your feedback on standards that should be included.
USCDI Version 3 Process
USCDI Version Update Process

2020

Submission & Review Period - v2
- ONC v2 Draft Prep
- Public Comment v2

USCDI v1 Final

October

USCDI v2 Draft

2021

Submission & Review Period – v3
- HITAC v2
- ONC Review/Approval

USCDI v2 Final

April

Considered for 2021 SVAP

July

2022

Submission & Review Period – v4
- ONC v3 Draft Prep
- Public Comment v3

USCDI v3 Draft

September

Considered for 2022 SVAP

January

USCDI v3 Final

April

July
USCDI v3 Prioritization Criteria

• USCDI v2 Prioritization Criteria to continue for v3
  • Represent important data needs not included in USCDI v2
  • Require only modest standards or implementation guide developmental burden
  • Require only modest developmental burden on health IT modules
  • Create only modest implementation burden on providers and health systems
  • Result in only modest aggregate lift for all new data elements combined

• New USCDI v3 Prioritization Criteria
  • Further mitigate health and healthcare inequities and disparities
  • Address the needs of underserved stakeholders
  • Address public health reporting, investigation, and emergency response
USCDI version 3 Update Process

Next Steps:

• ONDEC v3 submission process open through September 30, 2021
• Stakeholders encouraged to
  • Review ONC prioritization criteria
  • Review existing data elements that didn’t make USCDI v2
  • Consider collaborating with other submitters to strengthen or combine submissions
• Engage with ONC to find ways to improve submissions
Phase 3 Work

1. Evaluate Draft USCDI v2 and provide HITAC with recommendations for:
   1a. Data classes and elements from USCDI v1 including applicable standards version updates
   1b. New data classes and elements from Draft USCDI v2 including applicable standards
   1c. Level 2 data classes and elements not included in Draft USCDI v2

2. Evaluate the USCDI expansion process and provide HITAC with recommendations for:
   2a*. ONDEC submission system improvements
   2b* - Evaluation criteria and process used to assign levels to submitted data classes and elements
   2c* - Prioritization process used by ONC to select new data classes and elements for Draft USCDI v2

3. Recommend ONC priorities for USCDI version 3 submission cycle

Due

Complete

September 9, 2021
Phase 3 Scheduled Meetings

• July 27, 2021 - SDOH and the Gravity Project
• August 3, 2021
• August 17, 2021
• August 31, 2021
Public Comment

To make a comment please call:
Dial: 1-877-407-7192

(Once connected, press “*1” to speak)

All public comments will be limited to three minutes.

You may enter a comment in the “Public Comment” field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Task Force and made part of the Public Record.
Questions?
Meeting Adjourned