Health Information Technology Advisory Committee

U.S. Core Data for Interoperability Task Force 2021 Virtual Meeting

Meeting Notes | August 3, 2021, 10:30 a.m. – 12:00 p.m. ET

Executive Summary

The focus of the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF 2021) meeting was to discuss a letter from AHIMA summarizing the results of a survey of their members. TF members discussed the AHIMA survey results and submitted feedback. The TF continued to work on its Task 3 recommendations.

There were no public comments submitted by phone, but there was a robust discussion in the chat feature in Adobe Connect and a comment submitted via email.

Agenda

10:30 a.m. Call to Order/Roll Call
10:35 a.m. Past Meeting Notes
10:40 a.m. Discuss AHIMA USCDI Survey Results
11:00 a.m. Task 3 Recommendations
11:50 a.m. TF Schedule/Next Meeting
11:55 a.m. Public Comment
12:00 p.m. Adjourn

Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:30 a.m.

Roll Call

MEMBERS IN ATTENDANCE

Leslie Kelly Hall, Engaging Patient Strategy, Co-Chair
Steven Lane, Sutter Health, Co-Chair
Ricky Bloomfield, Apple
Grace Cordovano, Enlightening Results
Clem McDonald, National Library of Medicine
Mark Savage, Savage Consulting
Sasha TerMaat, Epic
Sheryl Turney, Anthem, Inc.
Daniel Vreeman, RTI International

MEMBERS NOT IN ATTENDANCE

Hans Buitendijk, Cerner
Jim Jirjis, HCA Healthcare

Ken Kawamoto, University of Utah Health
John Kilbourne, Department of Veterans Health Affairs
Les Lenert, Medical University of South Carolina
Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin
Brett Oliver, Baptist Health
Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)
Abby Sears, OCHIN
Andrew Truscott, Accenture
Denise Webb, Indiana Hemophilia and Thrombosis Center

ONC STAFF

Mike Berry, Branch Chief, Policy Coordination, Office of the Policy (ONC); Designated Federal Officer
Al Taylor, Medical Informatics Officers, Office of Technology (ONC)

General Themes

TOPIC: DISCUSS AHIMA USCDI SURVEY RESULTS

TF members discussed the results of the American Health Information Management Association (AHIMA) member survey, which was submitted to the USCDI TF by Wylecia Wiggs Harris, CEO of AHIMA.

TOPIC: TASK 3 RECOMMENDATIONS

The co-chairs and TF members discussed its Task 3 recommendations.

Key Specific Points of Discussion

TOPIC: USCDI TF 2021 HOUSEKEEPING

The USCDI TF 2021 co-chairs, Steven Lane and Leslie Kelly Hall, welcomed TF members and members of the public to the meeting, briefly reviewed the agenda, and highlighted the following housekeeping items:

- USCDI TF 2021 meeting materials, past meeting summaries, presentations, audio recordings, and final transcriptions are posted on the website dedicated to the TF located at https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021
- The TF will continue to meet on Tuesdays at the same time to discuss Phase 3 of its work in preparation for its presentation to the HITAC on September 9, 2021.
- Four social determinants of health (SDOH) data elements were added to the USCDI in Version 2 (USCDI v2).

TOPIC: DISCUSS AHIMA USCDI SURVEY RESULTS

Steven explained that as part of its Phase 3 work, the USCDI TF reached out to other organizations to inquire about their needs related to the USCDI v3. AHIMA responded by sharing the results of the American Health Information Management Association (AHIMA) member survey, which was submitted to the USCDI TF by Wylecia Wiggs Harris, CEO of AHIMA. The data was surveyed and compiled by AHIMA, not in response to any request by the TF or ONC, and it was also posted as a public comment on the USCDI website. Steven highlighted the positive impact the TF has had on stakeholder outreach, and Leslie added that each group of stakeholders that the TF contacted felt that there was value in reaching out to members.

In its letter, AHIMA explained that they conducted a survey, analyzed the results, and found that there were six (6) commonly requested data elements across all stakeholder types: laboratory and diagnostic test records; diagnostic imaging orders and reports; discharge summaries and instructions; procedure and operative reports; cardiology and/or neurology diagnostic tests; and emergency department records. AHIMA pointed out that all six of these types were already included in the USCDI V1 or were being added in V2.

Also, AHIMA determined that several other data elements were found to be commonly requested by at least one stakeholder type but not all. These data elements were ambulatory notes, rehabilitation services records, encounter diagnosis, and immunization records. AHIMA noted that not all of these were not called out specifically in the USCDI at this time.

Steven thanked AHIMA for their efforts and Grace Cordovano for suggesting that the TF reach out to access and review this type of information.

DISCUSSION:

- Grace Cordovano commented that the results were spot on with real-world experiences. She described alternate processes used by patients beyond requests to the health information management (HIM)/medical records department to request information (i.e., radiology, pathology) and inquired if the TF would be open to reaching out to alternate point people/experts to understand what they might need to support their data requests.
    - Steven Lane responded that radiology uses two file types, textual reports and images, and the TF already knows that the textual reports are in the USCDI, and images are not. He explained that there is a similar situation occurring with pathology, and there may not be much more to learn by reaching out to a point person. Any member of the TF could do outreach.
    - Grace responded that she intended to get a gauge on the volume of requests, including those received by radiology and pathology departments.
    - Leslie Kelly Hall responded that HIM departments would likely have knowledge of Release of Information transactions, even if they were processed by another department. She did not believe that any additional data elements for inclusion in USCDI would be identified through further outreach.
    - Steven explained that the TF reached out to the Codex HL7 FHIR acceleratorTeam on cancer-related data elements and explained that there are many people working to advance interoperability within their domains. The Codex Team has many projects and pilot programs underway now. The TF invited the Codex Group to post any feedback/information as a public comment on the USCDI website, as only then could the TF raise the topic(s) at a future meeting.
- Steven asked TF members to consider how/when the gap will close between the USCDI and all electronic health information (EHI). Does all EHI even belong in USCDI?
- Mark Savage directed TF members to the chart on page #8 of the AHIMA letter and highlighted the number of times that patients are the recipient of the various data elements listed, noting that patients often made up an equal to or higher percentage of recipients than providers and payers. This strengthens the argument for improved patient access.

TOPIC: TASK 3 RECOMMENDATIONS

Steven reviewed the fact that the USCDI TF submitted its Phase 1 and Phase 2 recommendations to the HITAC, and the HITAC voted to transmit them to the National Coordinator for Health IT. Now, the TF is focusing on Phase
3, which entails developing recommended ONC priorities for the USCDI Version 3 (USCDI v3) submission cycle. These recommendations will be presented to the HITAC on September 9, 2021. Work on draft USCDI v3 recommendations includes a focus on items that have been designated as Level 2 in the ONC New Data Element and Class (ONDEC) Submission System, as well as other items at lower levels or that are being submitted in the USCDI v3 cycle.

Steven explained that the co-chairs have reached out to the Argonaut Project, the Gravity Project, and the Codex Team, the Centers for Disease Control (CDC), National Institute for Occupational Safety & Health (NIOSH), AHIMA, and other Fast Healthcare Interoperability Resource (FHIR) Accelerators to determine if there are needs related to the USCDI that the TF should address at this time.

Steven asked Mark Savage to comment on the TF's future Task 3 work, based on his connection with the Gravity Project and their submissions and future work plans. At the previous TF meeting, Evelyn Gallego laid out the Gravity Project's plan for submissions for draft USCDI v3. Mark explained that another recommendation from the Gravity Project was to consider the multiplier effect with other data elements, especially the SDOH data elements, to improve care and address use cases. In connection with this recommendation, the Gravity Project supports advancing the following data elements: Functional Status, Cognitive Status, Pregnancy Status, and Health Insurance Information. He explained that these four would have cross-over benefits with the SDOH data elements, as well as with care coordination, value-based care, and other use cases.

Mark explained that the Gravity Project also discussed their proposed SDOH Outcomes data element and will clarify it prior to resubmission for USCDI v3. They also discussed the HL7 Security Tag and how that might work with Gravity's proposed Consent data element, but determined that they may be too different. Gravity and HL7 will work together to make a final determination and endeavor to coordinate their submissions for V3. Additionally, he passed along Al Taylor's question about whether the value sets could be constrained to SDOH value codes, not all of LOINC and SNOMED-CT for example, and they determined that the value sets can be constrained. This is in the Gravity Project's supplemental implementation guide (IG) and reference implementation; it is not in the IG that was just published. They will work on making this more explicit. Mark will continue to reach out to those who made submissions of SDOH-related data elements that are at Level 1 or lower to see if additional collaborations can be done.

Steven explained that part of the benefit of doing outreach is the opportunity to align submissions from various stakeholders, remove or merge duplicate/near duplicate submissions, and clarify the submission process.

Leslie Kelly Hall created a new table within the TF's shared working documents and added many TF comments and recommendations previously made in relation to Task 3. They were sorted into three columns: regulatory guidance, public health, and stakeholder engagement. She displayed a working document containing the table and discussed the TF's comments on Phase 3 work, noting that discussions around specific data elements for inclusion in USCDI v3 would occur later in the autumn. The TF discussed the draft recommendations.

DISCUSSION:

- Steven asked Mark if there is a need for the USCDI TF 2021 to include a specific recommendation around SDOH in its Task 3 recommendations.
    - Mark stated that including the four SDOH data elements in USCDI v2 made a tremendous impact in moving the ecosystem forward. Further support would be just as important, and he explained that the discussion around SDOH data elements would give good examples to the HITAC.
    - Steven responded that time is limited to finalize the TF's recommendations and invited Mark to craft one/a small set of SDOH-related recommendation(s) for inclusion in the presentation to the HITAC on September 9, 2021.
    - Mark will share his recommendations with TF members within the next several days to allow them time to review.
    - Dan Vreeman supported Mark's recommendations and added that there is a comment on the Functional Status data class and related data elements from the American Physical Therapy Association that the submission has been under-leveled (currently at the Comment Level). This class and its elements are especially important for patients with disabilities and are a topic that warrants further discussion.
    - Steven responded that there were many comments submitted on the website and thanked submitters.
- Al Taylor stated that Grace Cordovano has submitted a small collection of elements for draft USCDI v3, but there have not been many additional submissions or recommendations, though ONC continues to do outreach. ONC is also monitoring the comments on the USCDI website. Al

explained that ONC will perform a complete review to determine which elements/classes can be releveled/moved up.

- Leslie Kelly Hall inquired if there is a time stamp on leveling changes. This would be useful for the submitters but also for others who may be watching the level of the submission.
- Al responded that the submitter would receive a notice of a status change or any change to the document. There is no public notice of status change, however. He will look into a way to expose the metadata necessary to display this information on the website.

- Leslie Kelly Hall summarized the Task 3 TF comments from the table and asked for member feedback.
  - Steven Lane thanked her for her review and noted that he made a list of several high-level comments. He invited TF members to share feedback on the wording.
  - Dan Vreeman summarized a document he created, which was shared in October 2020: Proposal for precise modeling of entities in the U.S. Core Data for Interoperability. Two major recommendations included:
    - Clarify ambiguities around the meanings for what is included as a data class versus as a data element. For example, data elements are the same as the class, in some cases. He explained that the recommendation is to clarify the structural model to make it easier to make the right connections to the appropriate vocabulary standard. He explained that the data class should define the overall shape of the data (like a FHIR Resource or a table), whereas the data elements should be like specific fields under a FHIR Resource. This would allow for the bucketing work/support for Clem's suggestions to find places for commonly used elements (see below). He also included structural recommendations around describing a grouping of elements/classes, which would be applicable to the SDOH data elements. He proposed labeling these as "collections." He explained that the standards development community has approved of and would advocate for these recommendations.
      - Leslie responded that these recommendations seem useful and would allow for the repurposing, reusing, and reclassifying of things in ways that have a broader context. Mark agreed that he was looking for the simplest approach.
      - Al Taylor responded that he understood Dan's suggestions and asked to continue the discussion offline. Additional recommendations drafted as a result of the meeting would be shared with the TF at a later date.
      - Leslie added that additional work on the ONDEC system would be needed to allow it to demonstrate the collections Dan described.
      - Dan added that items could be added to multiple buckets/"collections." He explained that the Gravity Project's definitions for value sets for SDOH data elements is more granular and has been more useful for the ecosystem.
      - Leslie asked for definitions to be neutral in terms of the stakeholder originators, as well. Mark agreed.
      - Clem McDonald reinforced Dan's ideas around the need to stop mixing elements and classes.
      - TF members discussed the text of the potential recommendation, and, following the incorporation of their suggestions, the draft text read: "ONC to provide, for Clinical Tests, Assessments, and other applicable data classes, a list of specific items that would be included within the data class and share a common structure, with associated technical standards, value sets, implementation guides, or data models. This list would not be intended to be exhaustive, but it could grow over time to specify data that should be exchanged within the data element."
    - The USCDI should link directly to vendor-neutral technical specs to provide implementation information to users.
      - Al Taylor explained that the ONDEC system already asks for technical specifications and vocabulary representation and asked if this is what is

meant by "vendor-neutral technical specs."
- Dan responded that a variety of specs would be important, but what Al described are specifications shared by submitters. They may be incorrect. He is looking for those that are validated, proved, or have a stamp of approval from ONC. Steven asked if the reference and all details included in the submission are what are included in the actual USCDI.
- Al explained that information that was submitted is often collapsed for higher-level viewing, but it is typically available. ONC does a low-level edit on the submitted content (i.e., cleaning up fields for data element definitions and applicable standards). The bulk of the submission information is left as-is. ONC publishes what they feel are the best applicable standard and the best definition for each of the data elements and standards. He explained how USCDI is implemented and how users are referred to information (IGs, certification criteria, etc.) for the USCDI.
- Clem McDonald agreed that ONDEC does a good job of receiving submissions but suggested that they should be reviewed. He emphasized the need to enter information that is already in use in the field for the next round of the USCDI.
- Steven suggested keeping the submission for historical purposes but cleaning up submissions, including links to FHIR Profiles, etc., to allow for users to review specifications in the same place.
- Leslie asked Al and Clem to help clarify the recommendation, and Alexplained how ONC provides guidance. The additional information is there to aid implementers. Clem encouraged the TF to move forward on including data elements in use in hospitals and offered to share a list of examples that are not used in labs or with FHIR.
- Steven stated that Clem's idea to flesh out the new Clinical Test data class with specific examples within a finite list would be an appropriate inclusion in the TF's Task 3, USCDI v3 recommendations. Such examples could be appropriate for other data classes, like Assessments. He discussed the buckets ONC created to access, exchange, and use more detailed data, and he explained how they could be used to group data elements with value sets and standards. Clem agreed with the recommendation.
- The updated recommendation read: "For data classes/elements included in a published USCDI version, ONC should specify vendor-neutral technical specifications, applicable data sets, standards, and implementation guides that meet the USCDI requirement and be separated from the details submitted by the requester."

- TF members discussed how Dan's recommendations document could be turned into future TF recommendations.

Action Items

As homework, USCDI TF members were asked to:

1. Review the TF member recommendations editable documents and be prepared to discuss how these items should create specific recommendations of the TF.

TF members were encouraged to continue to review meeting materials on the TF website at https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021

Public Comment

Steven welcomed members of the public and encouraged them to submit comments within the chat feature in Adobe and/or by phone during the public comment period.

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Welcome to the USCDI Task Force. We will be getting started shortly.

Steven Lane: We will be discussing this document, submitted as part of a public comment by AHIMA: https://www.healthit.gov/isa/sites/isa/files/2021-07/USCDI%20Comments%20Memo.pdf It is posted on Page 7 of the comments at the bottom of the USCDI landing page https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi

Clement McDonald: Sorry I am late. But now I am here. CLem *[sic]*

Steven Lane: Welcome Clem!

Steven Lane: @DanVreeman - I think that we have time today for you to discuss your input posted at https://www.healthit.gov/isa/sites/isa/files/2020-10/Proposal%20for%20precise%20modeling%20of%20entities%20in%20the%20U.S.%20Core%20Data%20for%20Interoperability%20-%20Version%201.0.pdf

Steven Lane: Clem is referring to the new Clinical Tests data class: https://www.healthit.gov/isa/uscdi-data-class/clinical-tests#uscdi-v2

Clement McDonald: Dan is right on. THis *[sic]* will be less confusing and it applies equally to FHIR, CDA and V2

Grace Cordovano, PhD, BCPA: Fantastic work and discussions everyone!

Mark Savage: Thanks so much to all!

Resources

USCDI TF 2021 Website
USCDI TF 2021 – August 3, 2021, Meeting Agenda
USCDI TF 2021 – August 3, 2021, Meeting Slides
USCDI TF 2021 – August 3, 2021, Webpage
USCDI TF Meeting Calendar Webpage

Adjournment

Steven thanked everyone for their work at the current meeting and reminded TF members that the recommendations to the HITAC would be presented on September 9, 2021.

The TF co-chairs encouraged TF members to share feedback regarding the TF's approach to developing the recommendations. They also asked for feedback on how to include recommendations around better coordination efforts and improved clarity across multiple standards efforts. Al stated that these recommendations to ONC could be shared with the HITAC as a supplement to the TF's recommendations, as this information is not specifically within the scope of Phase 3. The HITAC could then decide to pass these on to ONC. Leslie will pull applicable items into a separate document.

The next meeting of the USCDI TF will be held on Tuesday, August 17, 2021.

The meeting was adjourned at 11:56 a.m. E.T.