Health Information Technology Advisory Committee℠

The Office of the National Coordinator for Health Information Technology

USCDI TASK FORCE WORKING DRAFT

U.S. Core Data for Interoperability Task Force 2021
Report to the Health Information Technology Advisory Committee

PHASE 3 - RECOMMENDATIONS ON ONC PRIORITIES FOR THE USCDI VERSION 3 SUBMISSION CYCLE

September 9, 2021

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Background

Leveraging significant input from the Health IT Advisory Committee and its United States Core Data for Interoperability (USCDI) Task Force, in March 2020, ONC published USCDI version 1, a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange. The USCDI Task Force further provided recommendations on the expansion process ONC established to develop newer versions of USCDI that could be adopted by health IT developers and provided to their customers to improve interoperable health information exchange and patient access to their data. These recommendations included how to implement the ONC New Data Element and Class (ONDEC) submission system which received over 600 recommendations for new data elements for USCDI Version 2 (v2) in 2020.

On January 12, 2021, ONC published its Draft USCDI version 2 and sought public feedback on data elements included in this version, as well as on data elements that ONC did not include in it. As part of this public feedback process, ONC charged the HITAC to establish a new USCDI Task Force for 2021 to make specific recommendations on the content in the Draft USCDI v2, and to provide feedback on the entire process of expanding the USCDI in future versions.

ONC CHARGES TO THE USCDI TASK FORCE

Overarching Charge

The USCDI Task Force 2021 was charged with reviewing and providing feedback on the Draft USCDI Version 2 content and process.

Detailed Charge

The Task Force's specific charges were to provide recommendations on the following:

1. **(Delivered April 15, 2021)** 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. **(Delivered June 9, 2021)** 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. **(Due September 9, 2021)** Recommend ONC priorities for USCDI version 3 submission cycle

ADDITIONAL BACKGROUND INFORMATION

The Task Force (TF) includes a robust group of subject matter experts across various stakeholder groups, including direct patient care, patient advocacy, health IT development, standards development organizations, and others. The roster included in the Appendix to this document reflects the TF membership at the time these recommendations were finalized.

On June 9, 2021, the USCDI TF delivered its recommendations to the full HITAC and all 22 recommendations were unanimously approved by the HITAC. These recommendations were then transmitted to the National Coordination for consideration. Key recommendations in that report included:

1. Implement changes to the ONDEC submission system to improve usability and accessibility to a broader set of potential contributors with an emphasis on education and inclusion stakeholders who have not traditionally participated in the standards development process, such as patients, their advocates, and public health professionals.
2. Promote awareness and development of high priority data elements within each level so that they can be matured quickly for inclusion in a future version of USCDI.
3. Make modifications to the Leveling Criteria to support the advancement of data classes/elements that may apply to a narrow stakeholder group when the impact is high.
4. Make additions to the Prioritization Criteria to promote advancement of data elements that address goals of health equity and health data equity, as well as public health and other identified high priority initiatives and use cases, which may change over time.

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Recommendations

INTRODUCTION

The focus of the 2021 USCDI TF in Phase 3 was to address charge 3, which was to make specific recommendations on ONC priorities for USCDI version 3 submission cycle, focusing on how best to implement ONC's new priorities for selecting data elements for inclusion in the draft of USCDI version 3. These new prioritization criteria include mitigating health and healthcare disparities, the needs of underserved stakeholders, and addressing public health reporting, investigation, and emergency responses.

High level recommendations include:

TASK FORCE RECOMMENDATIONS

General/Process Improvement for USCDI Expansion Process

- **USCDI-TF-2021-Phase 3_Recommendation 01 – Change requirement for exchange between 4 HIT vendors as a requirement for advancement to Level 2 to 2 HIT vendors.**

- **USCDI-TF-2021-Phase 3_Recommendation 02 – Adopt a clear and extensible with emphasis on data class and element definitions.**

  > **Commented [TA(1):** This recommendation needs significant clarification to make it actionable

- **USCDI-TF-2021-Phase 3_Recommendation 03 – 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 requestor.**

- **USCDI-TF-2021-Phase 3_Recommendation 04 – For Clinical Tests, Assessments and other applicable data classes, ONC to provide a list of examples that would be included within the data class if data are collected and exchanged, and share a common structure, with associated technical standards, value sets, implementation guides or data models.**

- **USCDI-TF-2021-Phase 3_Recommendation 05 – Prioritize adoption of data elements and classes that benefit multiple use cases and stakeholders**

- **USCDI-TF-2021-Phase 3_Recommendation 06 – Prioritize data elements/classes within USCDI that aid the following national imperatives and use cases:**
  - **Patient access**
  - **Value-based care delivery**

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- **Shared care planning/plans**
- **Remote care, telehealth**
- **PGHD, PROs, device data**
- **Health equity and disparities**
- **Social determinants of health**
- **COVID-19 and pandemic preparedness**
- **Patient safety**
- **Public and population health**
- **Precision medicine**
- **Research**
- **Robust API/app ecosystem (constrained by available data)**
- **Digital quality measures**
- **Disaster preparedness**
- **Registries**

Address Public Health Use Cases' Unique Data Needs

- **USCDI-TF-2021-Phase 3_Recommendation 07 – Support the development of companion implementation guides to reinforce public health use cases.**

- **USCDI-TF-2021-Phase 3_Recommendation 08 – Support the development of companion implementation guides to reinforce public health use cases.**

- **USCDI-TF-2021-Phase 3_Recommendation 09 – Provide guidance for and encourage the use of Read and Write APIs in public health interoperability use cases.**

- **USCDI-TF-2021-Phase 3_Recommendation 10 – Assign and support ONC staff champion(s) to focus on public health, registry, and pandemic-related interoperability and standards.**

- **USCDI-TF-2021-Phase 3_Recommendation 11 – Encourage and support registry organizations and stakeholders to participate in the USCDI/ONDEC process.**

- **USCDI-TF-2021-Phase 3_Recommendation 12 – Encourage and support public health SMEs to participate in the USCDI/ONDEC process, particularly providing comments on leveling of submitted data classes/elements.**

- **USCDI-TF-2021-Phase 3_Recommendation 13 – Develop a certification program for public health IT systems as a companion to existing clinical HIT certification.**

Commented [TA(2)]: Is "promote" closer to what the TF is asking for?

Commented [TA(3)]: This may be out of scope of USCDI since it is exchange standards agnostic. More in the realm of the exchange standards development (US Realm Steering Committee)

Commented [TA(4)]: Similar to Rec #8, this may be out of scope of TF. Implementing new USCDI data elements through the development of APIs is within the scope of US Realm and applies to how (g)(10) is implemented

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- **USCDI-TF-2021-Phase 3_Recommendation 14 – Develop a roadmap for registries to evolve from an exclusively provider-to-public health push model to support bidirectional query based exchange, i.e., provider queries of public health and public health queries of data holders such as providers, labs, and pharmacies.**

- **USCDI-TF-2021-Phase 3_Recommendation 15 – Provide guidance on core patient data elements and content standards beyond USCDI needed to support public health interoperability. (Reference SANER and ASPR discovery work)**

Improve Stakeholder Engagement

- **USCDI-TF-2021-Phase 3_Recommendation 16 – Develop guidance (e.g., priorities, clarifications, FAQs) to support providers, HIT vendors, HIE/HINs, patients, caregivers, and other stakeholders in compliance with the 2022-23 requirements to exchange All EHI (at both individual and population levels).**

- **USCDI-TF-2021-Phase 3_Recommendation 17 – Invite stakeholders to identify data classes/elements that may be difficult to access, exchange and/or use, in the absence of inclusion in USCDI, when required by expanded Information Blocking scope in 10/2022.**

- **USCDI-TF-2021-Phase 3_Recommendation 18 – Assign and support ONC staff champion(s) to focus on and champion the data needs related to patient/caregiver and other minority use cases.**

Other Recommendations

Appendix A

Task Force Roster

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