Interoperability Standards Workgroup Meeting #1

Steven Lane, Co-Chair
Arien Malec, Co-Chair

January 25, 2022
Call to Order/Roll Call

Mike Berry, Designated Federal Officer, ONC
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Steven Lane (Co-Chair)</td>
<td>Sutter Health</td>
<td>Kensaku Kawamoto</td>
<td>University of Utah Health</td>
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<td>Leslie Lenert</td>
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<td>David McCallie</td>
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<td>HCA Healthcare</td>
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Agenda

10:30 a.m. Call to Order/Roll Call
  • Mike Berry, Designated Federal Officer, ONC

10:35 a.m. Workgroup Introductions
  • Steven Lane, Co-Chair
  • Arien Malec, Co-Chair

10:50 a.m. IS WG Charges and Timelines
  • Steven Lane, Co-Chair
  • Arien Malec, Co-Chair

11:10 a.m. Draft USCDI v3 Overview
  • Al Taylor, Office of Technology, ONC

11:40 a.m. Workgroup Work Planning
  • Steven Lane, Co-Chair
  • Arien Malec, Co-Chair

11:55 a.m. Public Comment
  • Mike Berry, Designated Federal Officer, ONC

12:00 p.m. Adjourn
Workgroup Introductions

Steven Lane, Co-Chair
Arien Malec, Co-Chair
## Interoperability Standards Workgroup Roster

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IS WG Charges and Timelines

Steven Lane, Co-Chair
Arien Malec, Co-Chair
Interoperability Standards Workgroup Charge

Overarching charge: Review and provide recommendations on the Draft USCDI Version 3 and other interoperability standards

Specific charges:

1. Evaluate Draft USCDI v3 and provide HITAC with recommendations for:
   1a - New data classes and elements from Draft USCDI v3
   1b - Level 2 data classes and elements not included in Draft USCDI v3

   Due: April 13, 2022

2. Identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications.

   Due: June 16, 2022
Interoperability Standards Workgroup Charge

Discussion of Specific Charges

1   Evaluate Draft USCDI v3 and provide HITAC with recommendations for:
   1a - New data classes and elements from Draft USCDI v3
   1b - Level 2 data classes and elements not included in Draft USCDI v3

Due
April 13, 2022

Potential areas of focus-

ONC called for general feedback on Draft USCDI v3 content
1. Are there any improvements needed in the data classes or elements included in Draft USCDI v3, including:
   a) Appropriate and meaningful data class and element names and definitions?
   b) Representative examples or value sets used by health IT developers and implementers to fully understand the intent of the data element?
2. Should other data elements classified as Level 2 be added to USCDI v3 instead, or in addition to those included in Draft USCDI v3? If so, why?
3. Are there significant barriers to development, implementation, or use of any of the Draft USCDI v3 data elements that would warrant not including them in USCDI v3?
Interoperability Standards Workgroup Charge

Discussion of Specific Charges

1 Evaluate Draft USCDI v3 and provide HITAC with recommendations for:
   1a - New data classes and elements from Draft USCDI v3
   1b - Level 2 data classes and elements not included in Draft USCDI v3

Additional areas of focus-
ONC called for additional feedback on 4 specific data elements in Draft USCDI v3
   • Sex assigned at birth
     • Realignment of concept with that of Gender Harmony “Recorded Sex or Gender”?  
       • This includes vocabulary (value set) and definition
   • Gender Identity
     • Realignment of ONC value set with that of Gender Harmony project
   • Current and Previous Address (Patient Address)
     • Use of newly published Unified Specification for Address in Health Care (Project US@)
     • Pronounced “U-S-A”

Due
April 13, 2022
Interoperability Standards Workgroup Charge

Discussion of Specific Charges

2. Identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications.

Potential areas of focus:
1. TEFCA standards enablement
   - FHIR roadmap, standards from FAST, patient access leveraging QHINs for national access
   - Additional exchange purposes that are contemplated in CURES but not perfectly enabled via initial TEFCA
   - Contemplate standards/IG for potential HIE certification
2. SDOH Standards
   - Gravity Standards
   - CDC Race/Ethnicity vocabulary subsets
3. Lab Orders/Results
   - SHIELD/LIVD, LIS to EHR/PH SYSTEMS
4. CDC
   - PH Data Systems Certification
   - eCR Standards

Due: June 16, 2022
Draft USCDI v3 Overview

Al Taylor, Office of Technology, ONC
USCDI Core Principles

• 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 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 v3 Submissions and Comments
At-a-Glance

• Comments on existing USCDI v2 and other Level 2 data elements
  • 204 Comments
  • 30 Submitters

• Submissions for new data elements considered for Draft USCDI v3
  • 233 Submissions
  • 16 Submitters
New Data Classes and Elements in Draft USCDI v3

Health Insurance Info
- Coverage Status
- Coverage Type
- Relationship to Subscriber
- Member Identifier
- Subscriber Identifier
- Group Number
- Payer Identifier

Health Status
- Functional Status
- Disability Status
- Mental Function
- Pregnancy Status

Laboratory
- Specimen Type
- Result Status

Patient Demographics
- Date of Death
- Tribal Affiliation
- Related Person’s Name
- Relationship Type
- Occupation
- Occupation Industry

Procedure
- Reason for Referral

New Data Classes
- Equity Based
- Underserved
- Public Health
- Add’l USCDI Needs
- ONC Cert
# Draft USCDI Version 3

## Interoperability Standards Workgroup

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

### Clinical Tests
- Clinical Test
- Clinical Test Result/Report

### Health Status
- Health Concerns
- Functional Status
- Disability Status
- Mental Function
- Pregnancy Status
- Smoking Status

### Patient Demographics
- First Name
- Last Name
- Middle Name (Including middle initial)
- Suffix
- Previous Name
- Date of Birth
- Date of Death
- Race
- Ethnicity
- Tribal Affiliation
- Sex (Assigned at Birth)
- Sexual Orientation
- Gender Identity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address
- Related Person’s Name
- Related Person’s Relationship
- Occupation
- Occupation Industry

### Procedures
- Procedures
- SDOH Interventions
- Reason for Referral

### Provenance
- Author Organization
- Author Time Stamp

### Unique Device Identifier(s) for a Patient's Implantable Device(s)
- Unique Device Identifier(s) for a patient’s implantable device(s)

### Vital Signs
- Systolic blood pressure
- Diastolic blood pressure
- Heart Rate
- Respiratory rate
- Body temperature
- Body height
- Body weight
- Pulse oximetry
- Inhaled oxygen concentration
- BMI Percentile (2 – 20 years)
- Weight-for-length Percentile (Birth - 36 Months)
- Head Occipital-frontal Circumference Percentile (Birth - 36 Months)

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

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

### Immunizations
- Immunizations

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

### Goals
- Patient Goals
- SDOH Goals

### Laboratory
- Test
- Values/Results
- Specimen Type
- Result Status

### Medications
- Medications

### Health Insurance Information
- Coverage Status
- Coverage Type
- Relationship to Subscriber
- Member Identifier
- Subscriber Identifier
- Group Number
- Payer Identifier

*New Data Classes and Elements*
## Health Insurance Information

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>APPLICABLE VOCABULARY STANDARD(S), VALUE SETS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage Status</strong></td>
<td></td>
</tr>
<tr>
<td>The presence or absence of coverage for a particular encounter or claim.</td>
<td></td>
</tr>
<tr>
<td><strong>Coverage Type</strong></td>
<td>Source of Payment Typology (SoPT)</td>
</tr>
<tr>
<td>Categories of health care payors (e.g., Medicare, TRICARE, Commercial Managed Care - PPO).</td>
<td>SoPT Payer Value Set</td>
</tr>
<tr>
<td><strong>Relationship to Subscriber</strong></td>
<td></td>
</tr>
<tr>
<td>Relationship of the person to the primary insured person in an insurance plan.</td>
<td></td>
</tr>
<tr>
<td><strong>Member Identifier</strong></td>
<td></td>
</tr>
<tr>
<td>Identifies an individual covered by the benefits offered by an employer or healthcare insurer.</td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber Identifier</strong></td>
<td></td>
</tr>
<tr>
<td>The identifier assigned to the individual that selects benefits offered by an employer or healthcare insurer</td>
<td></td>
</tr>
<tr>
<td><strong>Group Number</strong></td>
<td></td>
</tr>
<tr>
<td>The identifier associated with a specific health insurance plan typically provided through an employer</td>
<td></td>
</tr>
<tr>
<td><strong>Payer Identifier</strong></td>
<td></td>
</tr>
<tr>
<td>The identifier defining a payer entity.</td>
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# Health Status

Health-related matter of interest, importance, or worry to a patient, patient’s family, or patient’s healthcare provider

<table>
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<tbody>
<tr>
<td>Health Concern</td>
<td></td>
</tr>
<tr>
<td>Disability Status</td>
<td>LOINC 2.71</td>
</tr>
<tr>
<td>Represents assessments of an individual’s physical, cognitive, intellectual, or psychiatric disabilities (e.g., vision, hearing, memory, activities of daily living)</td>
<td></td>
</tr>
<tr>
<td>Mental Function</td>
<td>LOINC 2.71</td>
</tr>
<tr>
<td>Represents observations related to a patient’s current level of cognitive functioning, including alertness, orientation, comprehension, concentration, and immediate memory for simple commands.</td>
<td></td>
</tr>
<tr>
<td>Functional Status</td>
<td>LOINC 2.71</td>
</tr>
<tr>
<td>Represents assessments of a patient’s capabilities, or their risks of development or worsening of a condition or problem (e.g., Morse Scale - falls, Bradon Scale - pressure ulcer, VR-12 Health Survey, CAGE – alcohol use disorder)</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Status</td>
<td></td>
</tr>
<tr>
<td>Screening patient for potential pregnancy (e.g., pregnant, not pregnant, unknown) which relate to potential risks and exposures.</td>
<td></td>
</tr>
<tr>
<td>Smoking Status</td>
<td>SNOMED CT</td>
</tr>
<tr>
<td>Representing a patient’s smoking behavior.</td>
<td></td>
</tr>
<tr>
<td>DATA ELEMENT</td>
<td>APPLICABLE VOCABULARY STANDARD(S), VALUE SETS</td>
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<tr>
<td>-------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Specimen type</td>
<td>Type of specimen (e.g., nasopharyngeal swab, whole blood, serum, urine, wound swab) on which a lab test is performed.</td>
</tr>
<tr>
<td>Result Status</td>
<td>The current state of completion of a laboratory test and result.</td>
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= Equity Based  ⬆ Underserved  ⚪ Public Health  ⚫ Add’l USCDI Needs  § ONC Cert
## Patient Demographics

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<tr>
<td>Date of Death</td>
<td></td>
</tr>
<tr>
<td>Tribal Affiliation</td>
<td></td>
</tr>
<tr>
<td>Self-identified members of Indian entities recognized and eligible to receive services from the US Bureau of Indian Affairs.</td>
<td></td>
</tr>
<tr>
<td>Related Person’s Name</td>
<td></td>
</tr>
<tr>
<td>The name of a person involved in the care of a patient, but who is not the target of that care.</td>
<td></td>
</tr>
<tr>
<td>Related Person’s Relationship</td>
<td></td>
</tr>
<tr>
<td>The relationship between a Patient and a Related Person (e.g., emergency contact, next-of-kin, family member).</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>Occupational Data for Health</td>
</tr>
<tr>
<td>A self-reported term for the type of work done by a person. For a military position, this is the primary occupational specialty.</td>
<td></td>
</tr>
<tr>
<td>Occupation Industry</td>
<td>Occupational Data for Health</td>
</tr>
<tr>
<td>A self-reported term for the primary business activity of an entity for which a person works, including volunteer work. For a military position, this is the self-reported branch of service.</td>
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**Interoperability Standards Workgroup**
### Procedures

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<td>SNOMED CT</td>
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= Equity Based  § Underserved  ♦ Public Health  + Add’l USCDI Needs  § ONC Cert
Draft USCDI v3
Updated Applicable Standards Versions

• **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

• **Draft USCDI v3**
  - RxNorm – January 3, 2022
  - SNOMED CT – January 2022
  - LOINC 2.71
  - ICD-10-CM 2021
  - CVX – November 9, 2021
  - Vaccine NDC Linker – November 18, 2021
  - CPT 2021

Updated
Questions?
Workgroup Work Planning

Steven Lane, Co-Chair
Arien Malec, Co-Chair
Upcoming Meetings

- February 1, 2022
- February 8, 2022
- February 15, 2022
- February 22, 2022
- March 1, 2022
- March 8, 2022
- March 15, 2022
- March 22, 2022
- March 29, 2022
Public Comment

To make a comment please

Use the Hand Raise Function

If you are on the phone only, press “*9” to raise your hand

(Once called upon, press “*6” to mute/unmute your line)

All public comments will be limited to three minutes

You may also 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 Committee and made part of the public record
Adjourn