COMBINED JOINT PUBLIC HEALTH FORUM &
CDC NATIONWIDE AND PUBLIC HEALTH –
EHR VENDORS COLLABORATION INITIATIVE
WEBINAR

JULY 18, 2019
Joint Public Health Forum & CDC Nationwide

Community Profile

The Office of the National Coordinator for Health IT (ONC) and the Centers for Disease Control & Prevention (CDC) jointly sponsor this initiative, which features monthly webinars to foster collaboration amongst the public health jurisdictions across the nation, in response to the widespread adoption of electronic health records (EHRs) for Meaningful Use.

The objectives for this initiative includes:

- Identify common questions and concerns around meaningful use
- Provide updates on federal partner activities in preparing for meaningful use
- Allowing public health jurisdictions to share useful practices and current progress
- Identify technical assistance needs and priorities

Note: Webinar pre-registration is required and the instructions to register are provided in the Monthly Webinar Registration section below.

Please send your feedback, questions, and/or suggestions for these Joint Public Health Forum & CDC Nationwide Webinars to the Meaningful Use Mailbox meaningfuluse@cdc.gov.

Meeting Schedule and Webinar Information

Meeting Schedule:
QUESTION AND ANSWER SESSION
HOW TO SUBMIT OR ASK QUESTIONS IN READY TALK FOR THE PANEL MEMBERS?

Submit or Ask Questions
Submit your text question and comments using the Question Panel

Please raise your hand to be unmuted for verbal questions.
The US Core Data for Interoperability (USCDI) & USCDI Data Element Promotion Model

Steve Posnack and Al Taylor
ONC
Agenda

- Context: Transition from Common Clinical Data Set (CCDS) to US Core Data for Interoperability (USCDI)
- Relevance/Impact to Public Health
- USCDI Promotion Model and Expansion Process
The US Core Data For Interoperability (USCDI v1) (proposed)

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<th>Assessment and Plan of Treatment</th>
<th>Medications</th>
<th>Problems</th>
<th>Vital Signs</th>
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<td>Care Team Members</td>
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<td>• Medication Allergies</td>
<td>• Diastolic BP</td>
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<td>Clinical Notes</td>
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<td>• Patient Goals</td>
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<td>• BMI percentile per age and sex for youth 2-20</td>
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<td>• Provenance</td>
<td>• Weights for age per length and sex</td>
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<td>• Author</td>
<td>• Occipital-frontal circumference for children &lt; 3 years old</td>
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**Patient Demographics**
• First Name
• Last Name
• Previous Name
• Middle Name (incl. middle initial)
• Suffix
• Birth Sex
• Date of Birth
• Race
• Ethnicity
• Preferred Language
• Address
• Phone Number

**Procedures**
• Author
• Author Time Stamp
• Author Organization

**Provenance**
• Author
• Author Time Stamp
• Author Organization

**Smoking Status**
• Client
• Age
• Sex
• Have you smoked in the past 24 hours?
• Have you used tobacco products in the past 24 hours?

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

**Laboratory**
• Tests
• Values/Results

[https://www.healthit.gov/sites/default/files/nprm/ONCCuresNPRMUSCDI.pdf](https://www.healthit.gov/sites/default/files/nprm/ONCCuresNPRMUSCDI.pdf)
USCDI and its impact on Public Health Certification Context

• We proposed to revise the following “CCDS dependent” 2015 Edition certification criteria to incorporate the USCDI:
  » “Transitions of care” (§ 170.315(b)(1));
  » “view, download, and transmit to 3rd party” (§ 170.315(e)(1));
  » “consolidated CDA creation performance” (§ 170.315(g)(6));
  » “transmission to public health agencies—electronic case reporting” (§ 170.315(f)(5)); and
  » “application access—all data request” (§ 170.315(g)(9)).

• We proposed as a Maintenance of Certification requirement that health IT developers would have to update certified health IT to the proposed revisions.

• We also proposed as a Maintenance of Certification that health IT developers must provide the updated certified health IT to all their customers no later than 24 months after the effective date of a final rule.

• Here’s the deal:
  » If a state has specific IG that leverages CCDS, it may need to revise the IG or evaluate the impact of USCDI changes to their receipt of data.
  » Smoking status: current CCDS limited to 8 SNOMED-CT codes, future USCDI permits SNOMED overall.
Level 3 “USCDI”

- Updated by Stakeholders
- Classified by ONC

Vetted for entry by HITAC, Public, & ONC

Nationwide Adoption

N<=10s

Level 2

- Updated by Stakeholders
- Classified by ONC

Evidence of Impact/Use

N=10s

Level 1

- Updated by Stakeholders
- Classified by ONC

Specified and Pilot Tested/Prototype Use

N<100

Comments

- Open Submission

Novel Usage/Prepared for Testing

N=100s
• Any individual or entity may submit a Data Element to the USCDI process and contribute to a Data Element’s promotion.

• The USCDI Promotion Process guidelines and criteria will be transparent to the public.

• The Data Element information submitted for entry to the USCDI Promotion Process will determine whether the Data Element enters Level 1, Level 2, or requires more development before entering the Process.

• No newly-proposed Data Element can proceed directly into the USCDI.

• Data Elements that do not demonstrate technical development activities will be removed from the promotion process after specified periods of time.
Promotion Model Lifecycle for Submitted Data Elements

- Submitted Data Elements exist as “Comments” and are then classified by ONC.
- Data Elements not classified into Level 1 or Level 2 have three submission cycles from the ONC final decision period before they are removed. Data Element submissions may be updated and resubmitted to be reviewed again.
- Once classified into Level 1 or Level 2, a Data Element has up to three submission cycles to be promoted to its next level (from Level 1 to Level 2, or Level 2 to USCDI).
- When a Data Element is removed from the process due to lack of progress, it is archived in the Comments section.
- After a Data Element’s classification has been published a submitter will have an opportunity to ask for a debrief on the classification decision.
Data Element Promotion Criteria: 
From “Comment” to Level 1 classification

• A new Data Element submission must include the following information:
  » Data Element name and description
  » Why should this Data Element be captured and exchanged nationwide?
  » Do systems currently capture this Data Element?
  » Do standards exist to represent and exchange this Data Element?
  » Please describe any testing, pilots, or production use of the Data Element.

• To be formally entered into the Promotion Process at Level 1, a Data Element must meet the following requirements:
  » Identify at least one developed use case, including its relevance to nationwide exchange
  » Identify at least one content standard (or implementation guide) with which it can be used
  » Demonstrate that it has been tested for exchange
Comment Level and Level 1 Examples

• **Comment Level**
  
  » **Veteran’s Status/Military History**
    
    – Indicates the current or former military service of the individual. This may be included with employment status and history or captured separately.

  » **Travel Status/History Travel history**
    
    – Any travel, foreign and domestic and dates of travel. It could also include future travel.

• **Level 1**
  
  » **Employment Status**
To move from Level 1 to Level 2 classification

To be eligible to move to Level 2, a Data Element must demonstrate that it has achieved sufficient technical development to be tested at scale:

» Have a definition for the Data Element, including technical representation (structured or unstructured) in at least one content standard (or implementation guide) and, if applicable, vocabulary or value set binding; and

» Has been tested successfully in at least two independent systems.
Level 2 Examples

• Data Elements included in the “transitions of care” certification criterion since 2012 (i.e., both 2014 Edition and 2015 Edition)
  » Encounter diagnoses (ICD-10-CM or SNOMED-CT)
  » Cognitive status
  » Functional status
  » Discharge instructions
Data Element Promotion Criteria
To move from Level 2 to the USCDI

1. Technical Maturity – The Data Element must demonstrate that it:
   » Has been tested successfully in at least four independent systems.
   » Has formal, published documentation for its representation and exchange.

2. Nationwide Applicability – The Data Element submission must include the following information:
   » How it impacts healthcare costs for individuals and populations
   » Estimated number of providers who would use this Data Element
   » Whether there are any restrictions to the Data Element’s standardization
   » Estimated industry burden to implement the Data Element
• The Health IT Advisory Committee (HITAC) would be charged to review Level 2 Data Elements that seek to move into the USCDI, including
  • assess the cumulative impact of USCDI-recommended Data Elements; and
  • provide recommendations to the National Coordinator on an annual basis.

• A Data Element would be added to the USCDI when the National Coordinator approves its promotion, weighing feedback from public comment and HITAC recommendations.
USCDI and Standards Versions Advancement Process
Annual Relationship (Example Post-Final Rule)

Note: the SVAP could be of significant benefit to public health community with respect to implementation guide development.
Questions?