Ask the ONC:
Hear updates and get answers to your questions regarding regulations, certifications, USCDI, ONC Scorecard, and more.
Matt Rahn, Al Taylor

Follow up from Previous IATs
- Why did ONC remove (e)(2) Clinical Summary?
  - CMS has identified this criterion as supporting the coordination of care through patient engagement objective and measure, which is expected to remain operational for Medicaid until January 1, 2022; after 2021 there will be no further incentives under the Medicaid Promoting Interoperability Program.
  - Removing this criterion will encourage market to innovate on patient engagement and interaction functionalities that providers and patients request.
  - Reduce burden and costs without negative impact on future innovations in patient engagement and secure information exchange.
- Clarify support regarding the use of unstructured information (e.g., pdf) as a clinical note?
  - ONC is exploring how we would test whether the note is good or not. Do IAT participants have any ideas of how to assess unstructured notes?
- Can all questions submitted through the feedback tool and answers to those questions should be publicly viewable?
  - You can submit all your comments on GoogleGroups so everyone will be able to see it. Proposal that HL7 continue to push the specific rubric JIRA page. Inquiries or questions, email edge-test-tool@googlegroups.com.
Follow up (continued)

- Is it possible to architect the scorecard so that it validates all the information that is provided regardless of whether it is required - i.e. provide validation for these “bonus sections” but do not have it count against the score?
  - This is another instance where we can define further rubrics. We can clarify which rubrics we can do an evaluation, but don’t lower the score.

- Can the Scorecard score other document types besides CCD?
  - Yes, it should score any document type with a valid id, but only to a certain point. We would need to create more rubrics on a specific document template (e.g. care plan doesn’t have most of the sections we are scoring).

- Follow up with NLM with respect to a tool to show differences between one value set release to another.

What is the U.S. Core Data for Interoperability (USCDI)?

- ONS-defined set of health data that must be expressed in Certified Health IT modules and made available for exchange using certain exchange standards, such as FHIR or C-CDA.

- USCDI focuses on core data requirements for patient data access and patient care related exchanges.

- USCDI data elements represent individual concepts: medication, allergy, procedure, or health concern.

- Some USCDI data elements must be expressed using specific health IT vocabulary standards, such as SNOMED CT or RxNorm.

- USCDI is “content exchange standard agnostic” USCDI doesn’t specify how and to what extent its elements are included in FHIR or C-CDA.

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

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

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>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Identity</td>
<td>A person’s internal sense of being a man, woman, another person...</td>
</tr>
</tbody>
</table>

### New Data Elements – Social Determinants of Health (SDOH)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and Plan of Treatment</td>
<td>A structured evaluation of risk (e.g., PRAPARE, HRSN screening tool) for a service offered to a patient to address identified SDOH concerns, which is established by the patient or provider.</td>
</tr>
<tr>
<td>Goals</td>
<td>Identifies a future desired condition or change in condition related to an SDOH risk in any domain such as food, housing, or transportation security.</td>
</tr>
<tr>
<td>Interventions</td>
<td>A service offered to a patient to address identified SDOH concerns, which is established by the patient or provider.</td>
</tr>
<tr>
<td>Problems</td>
<td>An identified SDOH problem or health concern, which people live, learn, work, and play and their effects on health risks and outcomes. SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes. SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.</td>
</tr>
</tbody>
</table>

### New Data Elements – Care Team Member(s)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Care Team Member Name</td>
<td>Care Team Member Name is a person who participates or is expected to participate in the care of a patient.</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 participating in the care for a patient.</td>
</tr>
<tr>
<td>Care Team Member Identifier</td>
<td>Electronic contact information of a provider or other care team member participating in the care for a patient.</td>
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</table>

### DATA ELEMENTS

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**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.

**DATA ELEMENT**  
**APPLICABLE VOCABULARY STANDARD(S)**

- Clinical Test
- LOINC 2.70

**Clinical Test Result/Report**

Interpreted results of clinical tests that may include study performed, reason performed, findings, and impressions. Includes both structured and unstructured (narrative) components.

**Diagnostic Imaging Test**

The name of the test performed which generates visual images (radiographic, photographic, video, etc.) of anatomic structures; and requires interpretation by a qualified professional.

**Diagnostic Imaging Report**

Interpreted results of imaging test that includes the study performed, reason, findings, and impressions. Includes both structured and unstructured (narrative) components.

**Imaging Narrative**

Interpreted results of imaging test that includes the study performed, reason, findings, and impressions. Includes both structured and unstructured (narrative) components.

**Part of Clinical Notes Data Class in USCDI v1**

Removed data element and incorporated narrative into definition of Diagnostic Imaging Report

**New Data Class - Diagnostic Imaging**

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

**DATA ELEMENT**  
**APPLICABLE VOCABULARY STANDARD(S)**

- Diagnostic Imaging Test
- LOINC 2.70

**Diagnostic Imaging Report**

Interpreted results of imaging test that includes the study performed, reason, findings, and impressions. Includes both structured and unstructured (narrative) components.

**New Data Class - Encounter Information**

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

**DATA ELEMENT**  
**APPLICABLE VOCABULARY STANDARD(S)**

- Encounter Type
- ENCOUNTER
- ENCOUNTER DATE
- ENCOUNTER TIME
- ENCOUNTER LOCATION
- ENCOUNTER DISPOSITION
- ENCOUNTER DIAGNOSIS
- ENCOUNTER EXAMINATION
Changes to Data Elements - Laboratory

**DATA ELEMENT**
The name of the analysis of specimens derived from humans which provide information for the diagnosis, prevention, treatment of disease, or assessment of health.

**APPLICABLE VOCABULARY STANDARD(S)**
- Logical Observation Identifiers Names and Codes (LOINC®) version 2.70

**Values/Results**
Documented findings of the analysis of a tested specimen. Includes both structured and unstructured (narrative) components.

**Laboratory Report**
Narrative

Removed data element and incorporated narrative into definition of Laboratory Value/Result

**Pathology Report**
Narrative

Removed data element and incorporated narrative into definition of Laboratory Value/Result

Changes to Data Elements
- Laboratory
  - For ONC Internal Use Only
  - Do Not Distribute

Changes to Data Elements - Problems

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

<table>
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<th>APPLICABLE VOCABULARY STANDARD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Onset</td>
<td>Date of first determination by a qualified professional of the presence of a problem or condition affecting a patient.</td>
</tr>
<tr>
<td>Date of Resolution</td>
<td>Date of first determination by a qualified professional of the resolution of the presence of a condition or problem</td>
</tr>
</tbody>
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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)

- 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.
  - Comment period open until September 30th, 2021
  - [www.healthit.gov/svap](http://www.healthit.gov/svap)

USCDI Version 3 Process
USCDI Version Update Process

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
Key Links

- USCDI: www.healthit.gov/uscdi
- SVAP: www.healthit.gov/svap
- ISA: www.healthit.gov/isa
- C-CDA Validators: https://www.healthit.gov/validators
- C-CDA Scorecard: https://ccda.healthit.gov/scorecard
- One-Click Scorecard: https://oncprojectracking.healthit.gov/wiki/display/TechLabTU/ONC+One+Click+Scorecard

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