



CMSS WEBINAR SERIES:
Registry Science and Research

CMSS Presents:

***Overview of the United States Core Data
for Interoperability and USCDI+ for
Quality***

July 25, 2022 | 4:00 - 4:45 pm ET



CMSS WEBINAR SERIES: Registry Science and Research

ABOUT THE SERIES:

As part of CMSS' Digital Transformation strategic priority, the Registry Science and Research Initiative will advance CMSS member knowledge and expertise in clinical registries and research through shared learning and collaboration with stakeholders in the broader clinical and research environment.

An advisory committee comprised of specialty society staff, society volunteer leadership, and federal agency representatives will advise on and seek to address key topics of interest to specialty societies in clinical registries and research.

KEY GOALS:

- Advancing CMSS member knowledge and expertise
- Informing future collaborative CMSS activities
- Identifying issues that require more focused development

STAY UP TO DATE:

Sessions are being planned for July 2022 through Winter 2023. Visit the website for more details on the series and be sure to follow **@CMSSMed** on Twitter for updates.



CMSS WEBINAR SERIES:
Registry Science and Research

Today's Webinar:

Overview of the United States
Core Data for Interoperability
and USCDI+ for Quality

July 25, 2022 | 4:00 - 4:45 pm ET

Speaker:



Alex Baker

Federal Policy Branch Chief
Office of Policy, Office of the National
Coordinator for Health Information
Technology (ONC)

Moderator:



Helen Burstin, MD, MPH, MACP
Chief Executive Officer
Council of Medical Specialty Societies



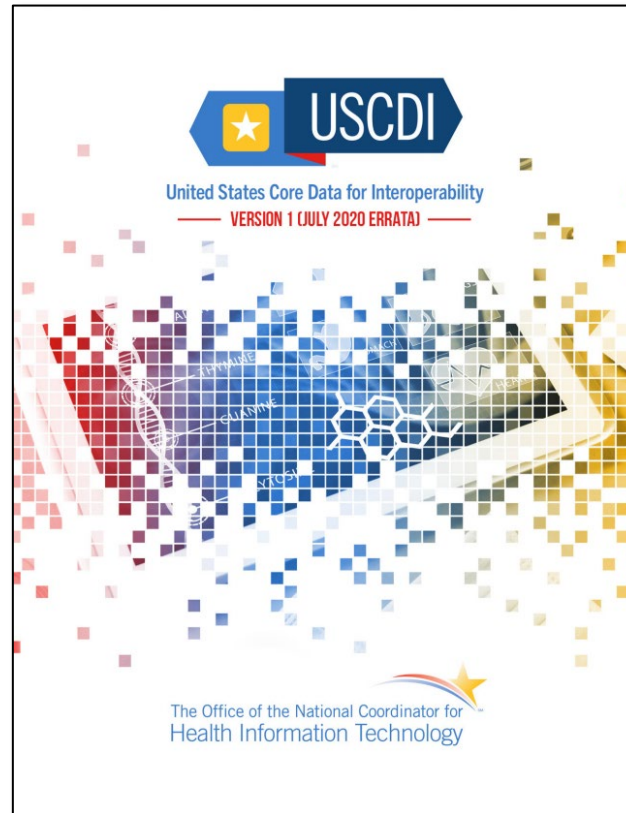
United States Core Data for Interoperability and USCDI+

Alex Baker, Branch Chief

Federal Policy Branch, Office of Policy, Office of the National Coordinator for Health IT

United States Core Data for Interoperability (USCDI)

- **New standard established by ONC in the 2020 21st Century Cures Act Final Rule**
- **Minimum dataset required for interoperability**
 - Defines required data elements and vocabulary standards
 - Agnostic to format
 - Focuses on patient access/care coordination use cases
- **Updated on annual cycle with federal agency and industry input**
 - Updates based on multiple criteria including standards maturity and public/industry priority



USCDI v1 Summary of Data Classes and Data Elements		
Allergies and Intolerances <ul style="list-style-type: none"> • Substance (Medication) • Substance (Drug Class) • Reaction 	Laboratory <ul style="list-style-type: none"> • Tests • Values/Results 	Smoking Status <ul style="list-style-type: none"> • Smoking Status
Assessment and Plan of Treatment <ul style="list-style-type: none"> • Assessment and Plan of Treatment 	Medications <ul style="list-style-type: none"> • Medications 	Unique Device Identifier(s) for a Patient's Implantable Device(s) <ul style="list-style-type: none"> • Unique Device Identifier(s) for a Patient's Implantable Device(s)
Care Team Members <ul style="list-style-type: none"> • Care Team Members 	Patient Demographics <ul style="list-style-type: none"> • First Name • Last Name • Previous Name • Middle Name (incl Middle Initial) • Suffix • Birth Sex • Date of Birth • Race • Ethnicity • Preferred Language • Current Address • Previous Address • Phone Number • Phone Number Type • Email Address 	Vital Signs <ul style="list-style-type: none"> • Diastolic Blood Pressure • Systolic Blood Pressure • Body Height • Body Weight • Heart Rate • Respiratory Rate • Body Temperature • 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)
Clinical Notes <ul style="list-style-type: none"> • Consultation Note • Discharge Summary Note • History & Physical • Imaging Narrative • Laboratory Report Narrative • Pathology Report Narrative • Procedure Note • Progress Note 	Problems <ul style="list-style-type: none"> • Problems 	
Goals <ul style="list-style-type: none"> • Patient Goals 	Procedures <ul style="list-style-type: none"> • Procedures 	
Health Concerns <ul style="list-style-type: none"> • Health Concerns 	Provenance <ul style="list-style-type: none"> • Author Time Stamp • Author Organization 	
Immunizations <ul style="list-style-type: none"> • Immunizations 		

USCDI: Core Principles



Comprises a core set of 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 incrementally over time via a transparent, established, and collaborative process, weighing both anticipated benefits and industry-wide impacts.

Why USCDI Matters?

- Required for new Certification Criteria in the Cures Act Final Rule: standards-based application programming interface (API) to access patient data
- Replaces the Common Clinical Data Set in existing Certification Criteria:
 - Transitions of Care document (create, send, and receive)
 - Clinical Information reconciliation and incorporation
 - Patient View, Download, and Transmit of their health data
 - Electronic case reporting transmission to public health agencies
 - Create C-CDA document
- Required for other HHS programs like API requirements for payers finalized by CMS in 2020

Allergies and Intolerances <ul style="list-style-type: none"> • Substance (Medication) • Substance (Drug Class) • Reaction 	Goals <ul style="list-style-type: none"> • Patient Goals 	Patient Demographics <ul style="list-style-type: none"> • First Name • Last Name • Middle Name (Including middle initial) • Suffix • Previous Name • Birth Sex • Date of Birth • Race • Ethnicity • Preferred Language • Current Address • Previous Address • Phone Number • Phone Number Type • Email Address 	Smoking Status <ul style="list-style-type: none"> • Smoking Status
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	Medications <ul style="list-style-type: none"> • Medications 	Procedures <ul style="list-style-type: none"> • Procedures 	
		Provenance <ul style="list-style-type: none"> • Author Organization • Author Time Stamp 	

USCDI Version 2 and Version 3

USCDI updates:

- Represent important data needs not included in the previous USCDI version
- 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

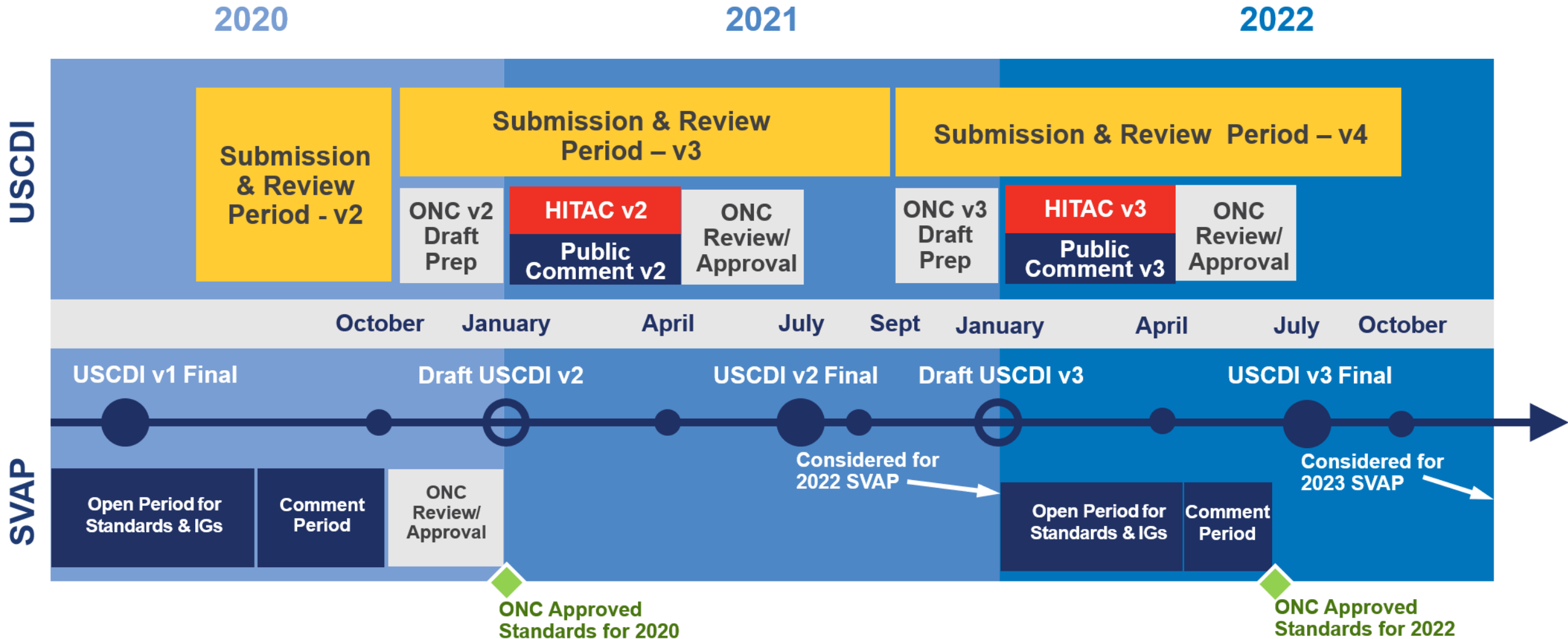
USCDI Version 2 (finalized in July 2021)

Assessment and Plan of Treatment <ul style="list-style-type: none"> • SDOH Assessment 	Care Team Member(s) <ul style="list-style-type: none"> • Care Team Member Name • Care Team Member Identifier • Care Team Member Location • Care Team Member Telecom • Care Team Member Role 	New Data Class & Elements Clinical Tests <ul style="list-style-type: none"> • Clinical Test • Clinical Test Result/Report
New Data Class & Elements Diagnostic Imaging <ul style="list-style-type: none"> • Diagnostic Imaging Test • Diagnostic Imaging Report 	New Data Class & Elements Encounter Information <ul style="list-style-type: none"> • Encounter Diagnosis • Encounter Disposition • Encounter Location • Encounter Time • Encounter Type 	Goals <ul style="list-style-type: none"> • SDOH Goals
Patient Demographics <ul style="list-style-type: none"> • Gender Identity • Sexual Orientation 	Problems <ul style="list-style-type: none"> • SDOH Problems/Health Concerns • Date of Diagnosis • Date of Resolution 	Procedures <ul style="list-style-type: none"> • SDOH Interventions

USCDI Version 3 (finalized in July 2022)

New Data Class Health Insurance Information <ul style="list-style-type: none"> • Coverage Status • Coverage Type • Relationship to Subscriber • Member Identifier • Subscriber Identifier • Group Number • Payer Identifier 	New Data Class Health Status <ul style="list-style-type: none"> • Functional Status • Disability Status • Mental Function • Pregnancy Status 	Laboratory <ul style="list-style-type: none"> • Specimen Type • Result Status
Patient Demographics <ul style="list-style-type: none"> • Date of Death • Tribal Affiliation • Related Person's Name • Related Person's Relationship • Occupation • Occupation Industry 	Procedures <ul style="list-style-type: none"> • Reason for Referral 	

USCDI Version Update Process



Standards Version Advancement Process (SVAP)

- SVAP established in 21st Century Cures Act final rule.
- Allows Health IT developers of certified Health IT to voluntarily update their products to newer versions of standards
- Public process to identify versions of standards that are ready for use in the Certification Program.
 - First SVAP Approved Standards for 2020
 - Annual process
 - [HealthIT.gov/SVAP](https://www.healthit.gov/SVAP)

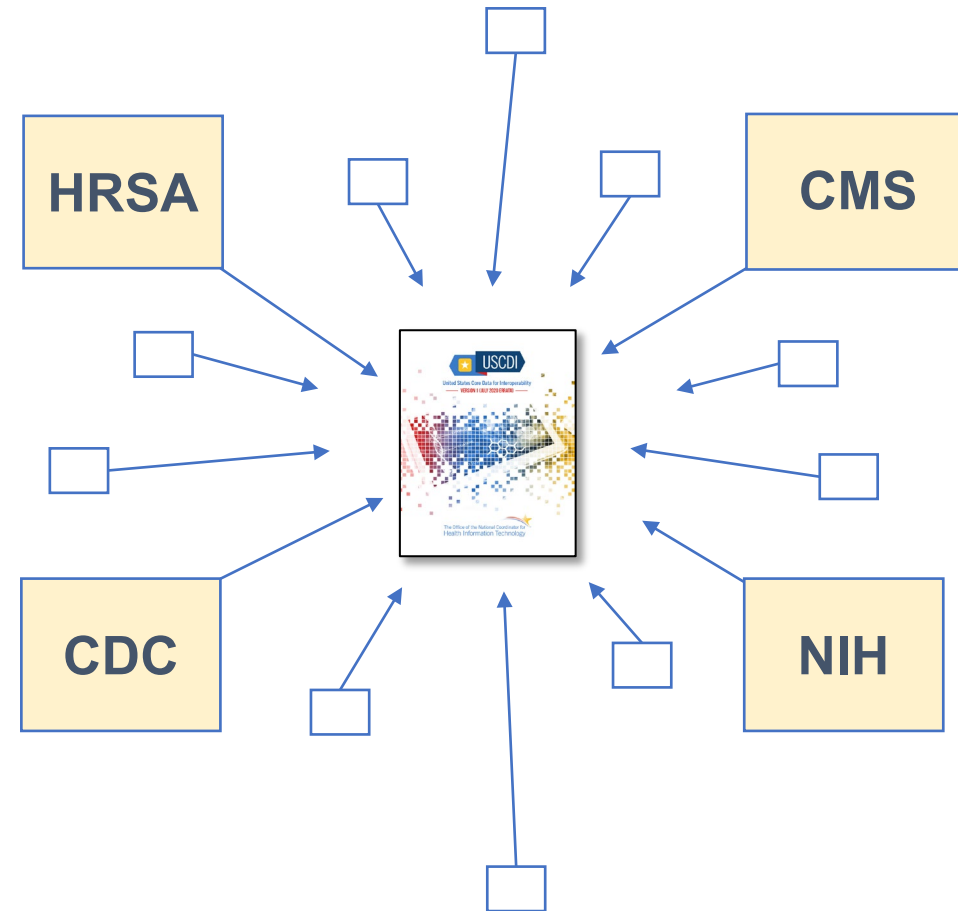
What is USCDI+?

- Announced October 2021 in the Health IT Buzz Blog: <https://www.healthit.gov/buzz-blog/health-it/thinking-outside-the-box-the-uscdi-initiative>
- USCDI+ is a service that ONC provides to federal partners who have a need to establish, harmonize, and advance the use of interoperable datasets that extend beyond the core data in the USCDI in order to meet agency-specific programmatic requirements.
- USCDI+ allows ONC to better serve federal partners, assure that extensions build from the same core USCDI foundation, and create the opportunity for aligning similar data needs across agency programs.



USCDI+: Extending Beyond the USCDI

- Unique agency or program-specific data systems and requirements sometimes not fully met by USCDI.
- ONC USCDI+ initiative helps federal partners build on USCDI to support specific program needs.
- Applies USCDI processes for submission and harmonization while focusing on agency-led priorities.
- Seeks to leverage programs and authorities across HHS to drive adoption.
- USCDI+ for Quality Measurement and Public Health kicked off with CDC, CMS & HRSA.



USCDI+ for Quality

ONC, CMS and other federal partners are establishing the USCDI+ for quality to address core data and interoperability for quality measurement and reporting needs beyond the scope of USCDI.

- Support CMS' dQM strategy and development of harmonized data sets for FHIR-based quality reporting.
- Capture the data needs of other federal agencies for quality reporting that fall outside the scope of USCDI to support streamlined development and reporting of quality measures.
- Identify opportunities for policy alignment around quality reporting programs under existing authorities across HHS agencies.
- Engage a wide range of public and private stakeholders in the measurement space to pursue opportunities for alignment across data elements used by federal as well as other stakeholders.

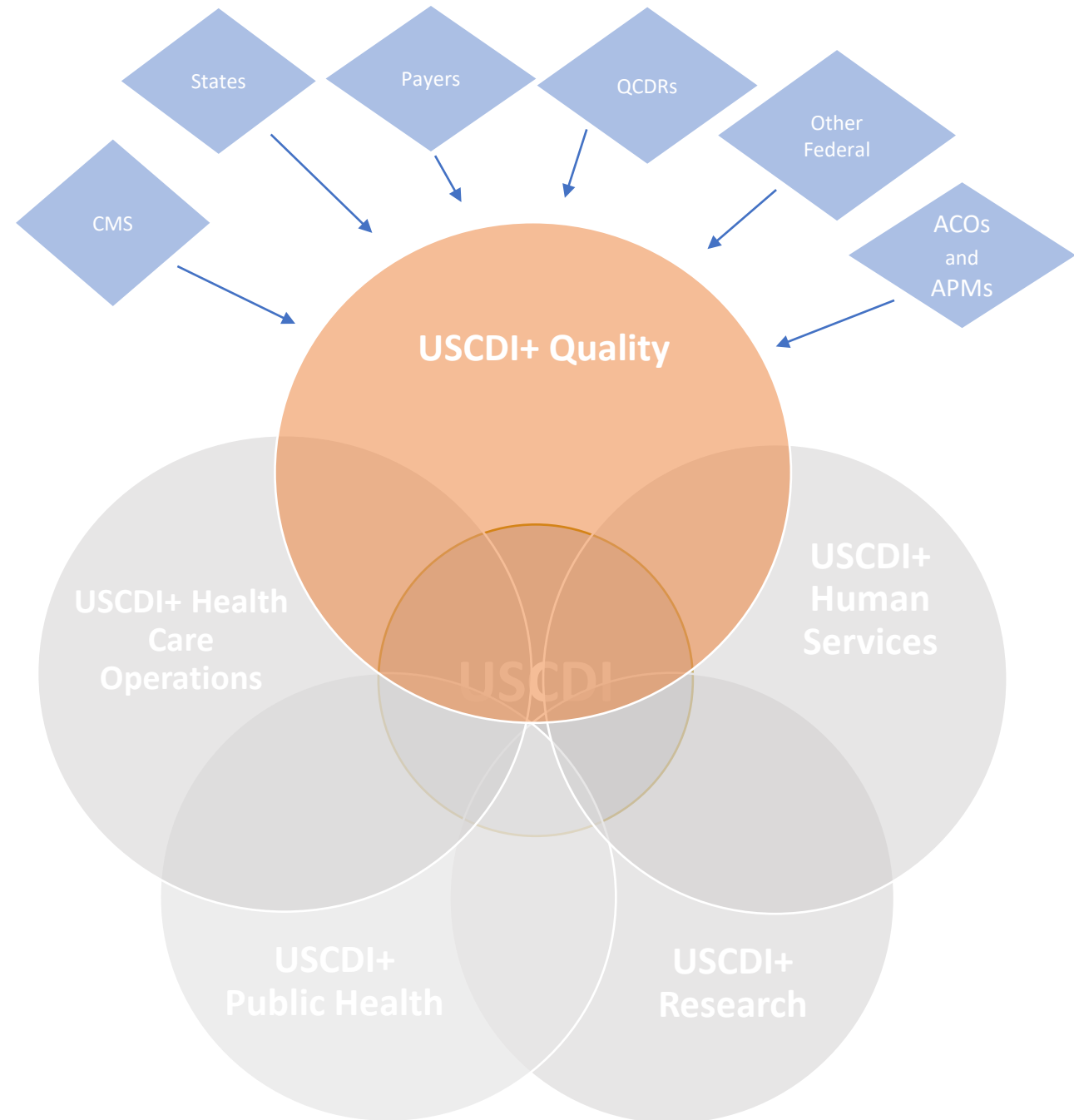
CMS-ONC Collaboration for Quality: Goals & Objectives

ONC and CMS are collaborating to address core data and interoperability for CMS' quality reporting needs, including:

- Establishing a data model reflecting the current universe of CMS eCQMs.
- Supporting development of FHIR profiles and implementation guides.
- Addressing regulatory framework/certification program considerations.
- Developing FHIR testing tools, resources, etc. to support quality measures.
- Informing CMS systems development for measure reporting and calculation.

USCDI+ Quality Domain

- While quality measurement in CMS programs is a key starting point, it is just one part of the broader USCDI+ Quality Domain.
- ONC will collaborate with federal partners to identify a wide range of use cases within the Quality Domain that address partner needs.
- The USCDI+ Quality Domain seeks to engage a wide range of public and private stakeholders in the measurement space to support federal partner quality reporting.



USCDI+ Quality Domain Next Steps for 2022

- ONC/CMS collaboration around digital quality measures and certification will develop throughout 2022.
- ONC/CMS are planning listening sessions with stakeholders to further define USCDI+ Quality strategy in different areas.
- ONC will be exploring additional tools to gather input on USCDI+ data sets.

Questions for Specialty Societies

- What initiatives are you working on with members to improve quality reporting activities today?
- How could a focus on creation of standardized data sets for quality measures and the use FHIR APIs for reporting reduce current burden associated with quality measurement?
- What are current technical capabilities among your members?
- What are key barriers to pursuing streamlined approaches to quality reporting among members?



Questions & Discussion



The Office of the National Coordinator for
Health Information Technology

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