



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

The United States Core Data for Interoperability (USDCI) and Public Health

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What is the USCDI?

- Office of the National Coordinator (ONC)-defined set of health data that must be included in Certified Health IT and made available for exchange using exchange standard protocols and messages such as FHIR or C-CDA
- Focuses on **core data requirements** for patient data and patient care-related exchanges.
- Included data elements represent individual concepts such as medication, allergy, procedure, or health concern.
- Included data elements may be expressed using specific health IT vocabulary standards, such as SNOMED CT or RxNorm.
- USCDI doesn't specify how and to what extent included elements are exchanged.

Core Principles

The USCDI

- Comprises a core set of **structured** and **unstructured** data needed to support patient care and facilitate patient access using health IT,
- Establishes a consistent compendium of harmonized data elements that can be broadly reused across use cases, including those outside of patient care and patient access, and
- Will expand over time via a predictable, transparent, and collaborative process that weighs both anticipated benefits and industry-wide impacts.

USCDI Version 1

Allergies and Intolerances



- Substance (Medication)
- Substance (Drug Class)
- Reaction

Assessment and Plan of Treatment



Care Team Members



Clinical Notes



- Consultation Note
- Discharge Summary Note
- History & Physical
- Imaging Narrative
- Laboratory Report Narrative
- Pathology Report Narrative
- Procedure Note
- Progress Note

Goals



Health Concerns



Immunizations



Laboratory



Medications



Patient Demographics



- 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

Problems



Procedures



Provenance



- Author Time Stamp
- Author Organization

Smoking Status



Unique Device Identifier(s) for a Patient's Implantable Device(s)



Vital Signs



- 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 old)
- Weight-for-length Percentile (Birth - 36 months)
- Occipital-frontal Head Circumference Percentile (Birth - 36 months)

USCDI Version 2

Allergies and Intolerances

- Substance (Medication)
- Substance (Drug Class)
- Reaction

Assessment and Plan of Treatment

- Assessment and Plan of Treatment
- SDOH Assessment

Care Team Member(s)

- Care Team Member Name
- Care Team Members Identifier
- Care Team Members Role
- Care Team Members Location
- Care Team Members Telecommunication

Clinical Notes

- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

Clinical Tests

- Clinical Test
- Clinical Test Result/Report

Diagnostic Imaging

- Diagnostic Imaging Test
- Diagnostic Imaging Report

Encounter Information

- Encounter Type
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

Goals

- Patient Goals
- SDOH Goals

Health Concerns

- Health Concerns

Immunizations

- Immunizations

Laboratory

- Tests
- Values/Results

Medications

- Medications

Patient Demographics

- First Name
- Last Name
- Previous Name
- Middle Name (Incl. Middle Initial)
- Suffix
- Sex (Assigned at Birth)
- Sexual Orientation
- Gender Identity
- Date of Birth
- Race
- Ethnicity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address

Problems

- Problems
- SDOH Problems/Health Concerns
- Date of Diagnosis
- Date of Resolution

Procedures

- Procedures
- SDOH Interventions

Provenance

- Author Time Stamp
- Author Organization

Smoking Status

- Smoking Status

Unique Device Identifier(s) for a Patient's Implantable Device(s)

- Unique Device Identifier(s) for a Patient's Implantable Device(s)

Vital Signs

- 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)
- Occipital-frontal Head Circumference Percentile (Birth-36 Months)

USCDI Update Process

2020

2021

2022

Submission
& Review
Period - v2

Submission & Review Period – v3

Submission & Review Period – v4

ONC v2
Draft
Prep

HITAC v2
Public
Comment v2

ONC
Review/
Approval

ONC v3
Draft
Prep

HITAC v3
Public
Comment v3

ONC
Review/
Approval

October

January

April

July

September

January

April

July

USCDI v1 Final

USCDI v2 Draft

USCDI v2 Final

USCDI v3 Draft

USCDI v3 Final

Considered for 2021 SVAP

Considered for 2022 SVAP

Useful Links

- **ONC:**
 - <http://www.healthit.gov>
- **HL7 US Realm Contract and Cooperative Agreements:**
<https://confluence.hl7.org/display/PMO/ONC+Grant+Project+Page>
- **USCDI:** www.healthit.gov/uscdi
- **Interoperability Standards Advisory:** www.healthit.gov/isa
- **C-CDA Scorecard**
 - <https://ccda.healthit.gov/scorecard/>
 - **One-Click Scorecard:**
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabTU/ONC+One+Click+Scorecard>
- **SVAP**
 - [Standards Version Advancement Process | Interoperability Standards Advisory \(ISA\) \(healthit.gov\)](#)

How Standardized Data Exchange and the USCDI Impacts Public Health

- Reduces costs for providers and public health by reducing the need for customization
- Reduces administrative time to complete reporting
- Supports data element reuse
- Supports increased frequency of data collection without significantly increasing costs
- Facilitate data aggregation and comparison across jurisdictions

Sample Public Health Use Cases That Can Leverage the USCDI

- Immunization Registries
- Maternal Mortality
- Birth Defects Registries and Care
- Cancer Registries
- Syndromic Surveillance (ADT)
- Electronic Case Reporting
- Electronic Laboratory Reporting
- Tuberculosis Treatment- Coordination of care
- Vital Events- Birth and Death Reporting
- Trauma and Injury Reporting
- Laboratory Services
- HIV Services

How to Improve the USCDI to Better Benefit Public Health

- Clarify that data classes and elements included in the USCDI and exchange guides are required to be implemented, populated if data are available and clinically relevant, and ensure all classes and elements are available for exchange.
- Support review by state and local public health experts in addition to Centers for Disease Control and Prevention staff of data elements and classes submitted for consideration for inclusion in the USCDI.
- Prioritize elements and classes recommended by public health-related organizations.

How to Improve the USCDI and to Better Benefit Public Health

- Review implementation timelines to reflect what can be achieved within resource constraints and urgency.
- Provide additional guidance on maturity for considered, but not included, standards.
- Clarify that API retrieval of classes and elements must be supported.

Questions/Discussions/Contact

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