

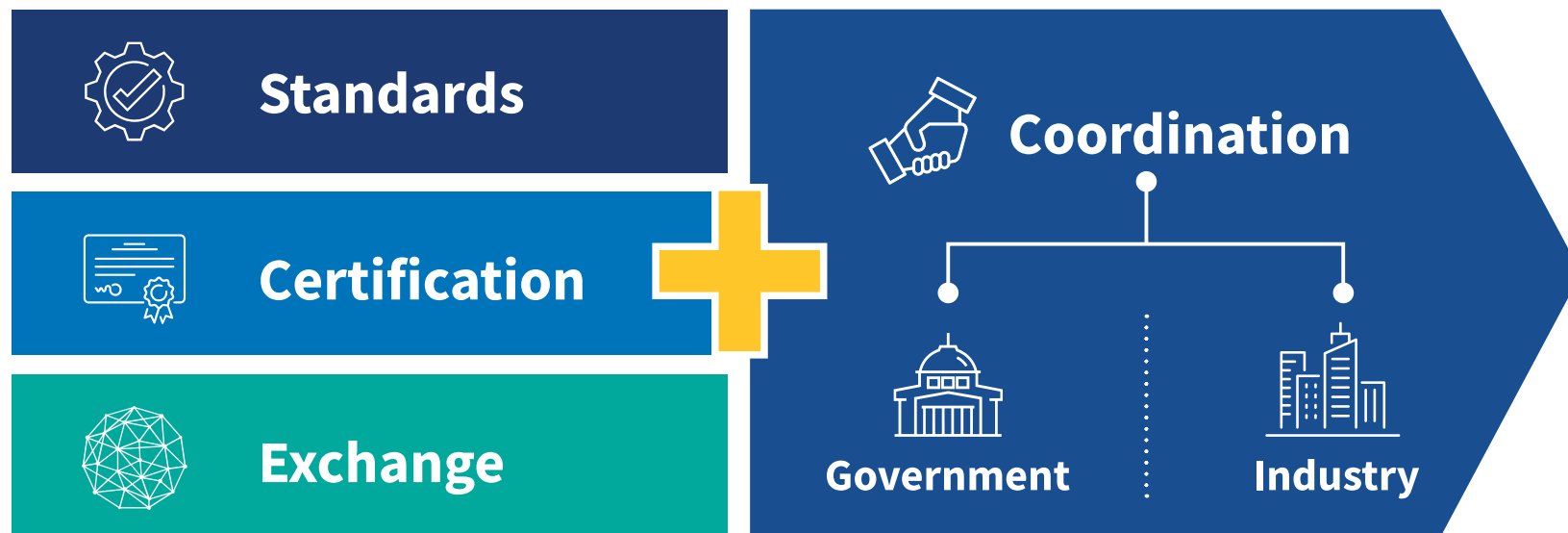


Certification & Testing Program: Possible Expansion to Support Future State of PHDS

ONC Update to BVI Health IT Conference

July 27, 2022

ONC Mission & Approach



Standards



Certification



Exchange



Coordination

Post ONC Health IT Certification Program Implementation

Through the combination of CMS payment incentives and ONC's Health IT certification program, hospitals and providers rapidly adopted certified EHRs and ushered the modernization of the U.S. health care system

This promoted:

- a more effective marketplace, greater competition, increased consumer choice, and improved health outcomes
- the seamless exchange of electronic health information across a variety of methods and platforms
- a safe and secure health IT infrastructure for patients and healthcare providers
- increased ease-of-use of health IT

The Use of Certified Health IT

Since ONC launched the Health IT Certification Program in 2010, almost all hospitals and approximately 3/4 of ambulatory providers now use certified EHRs.



22 Federal Programs

use ONC's Health IT Certification Program, accounting for hundreds of thousands of providers

Patient Empowerment

In the past ten years, the proportion of hospitals that let patients view their records has significantly increased.

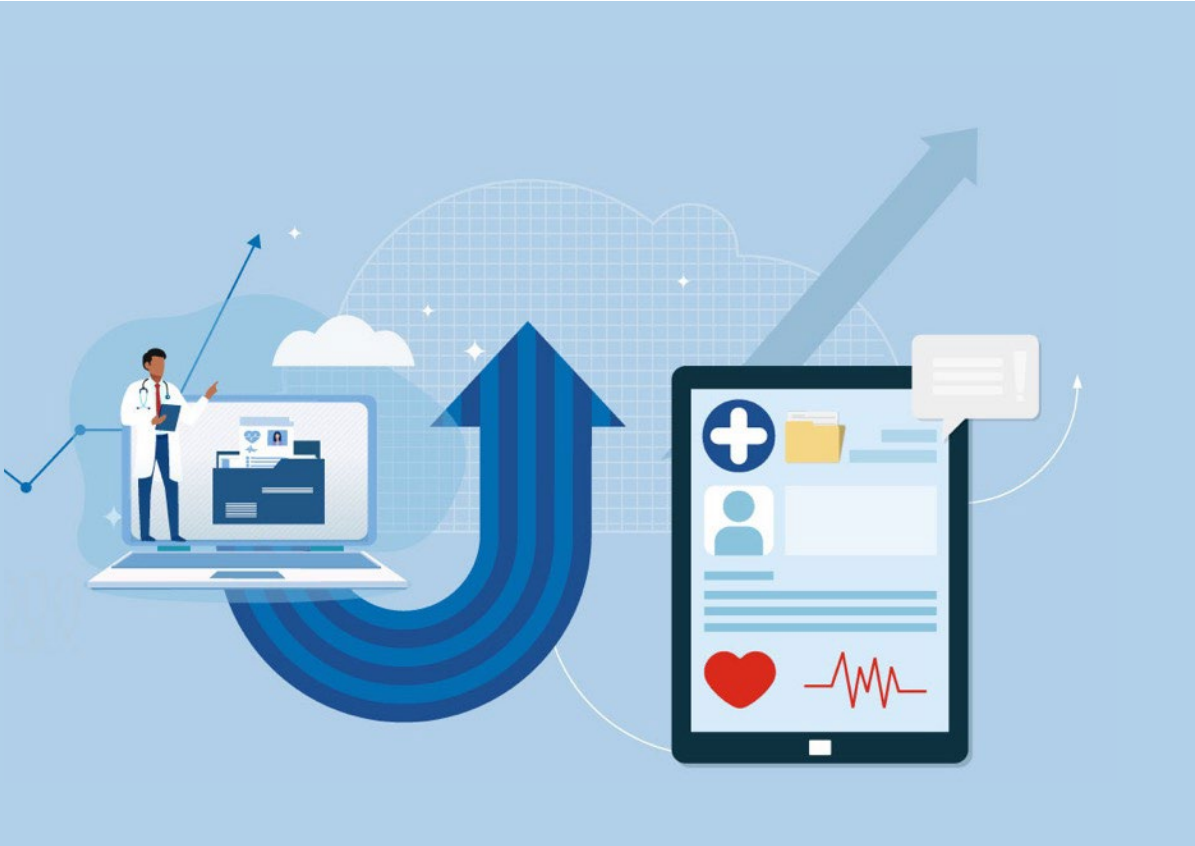


Interoperability

70% of hospitals reported integrating data into their EHR from sources outside their health system (as of 2019).



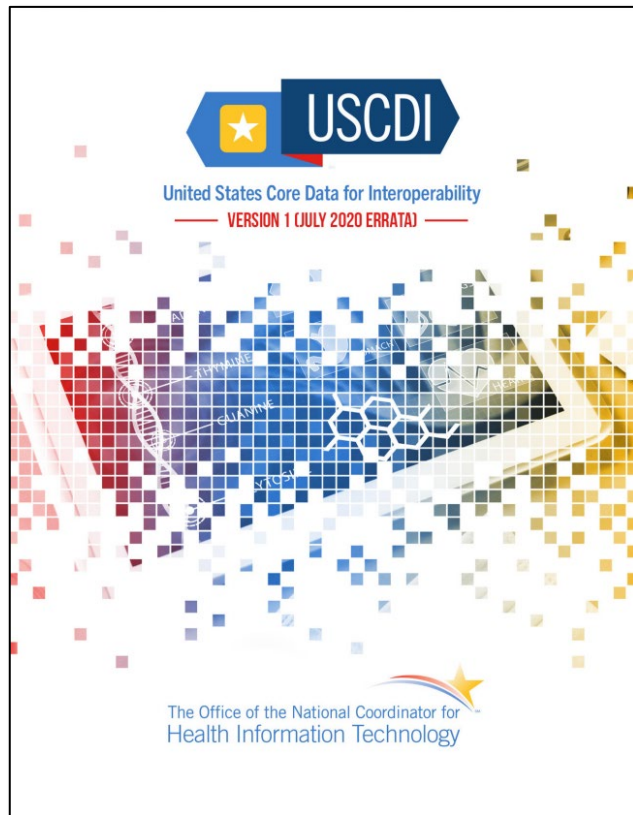
Use of Certified Health IT: Benefits



Systematic literature reviews have demonstrated that EHRs

- Lower costs
- Reduce duplicated procedures and images
- Improve patient safety
- Improve quality and efficiency outcomes

United States Core Data for Interoperability (USCDI)



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 		

- **ONC standard for minimum dataset required for interoperability**
 - Defines required data elements and vocabulary standards
 - Agnostic to format
- **Updated on annual cycle with federal agency and industry input**
 - Updates based on multiple criteria including standards maturity and public/industry priority

USCDI Version 2 and Version 3

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 draft (to be finalized in summer 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 	

TEFCA Goals



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+ for Quality Measurement and Public Health are beginning with CMS and CDC partners.



ONC FHIR API Requirements: Access “without special effort”



- **Open “application programming interfaces” (APIs) and apps are what make it easy to check your bank account or buy stocks or order meal delivery on your smartphone**
 - We want providers and patients to have that same experience the health care system
- **21st Century Cures Act requires availability of APIs that can be accessed “without special effort”**
 - ONC rule takes steps to prevent business and technical barriers to information-sharing
- **By December 31, 2022, all certified technology developers required to deploy a standard FHIR API across their entire customer base**
 - Will create a climate for innovation as apps can now be developed that will work across all EHR systems

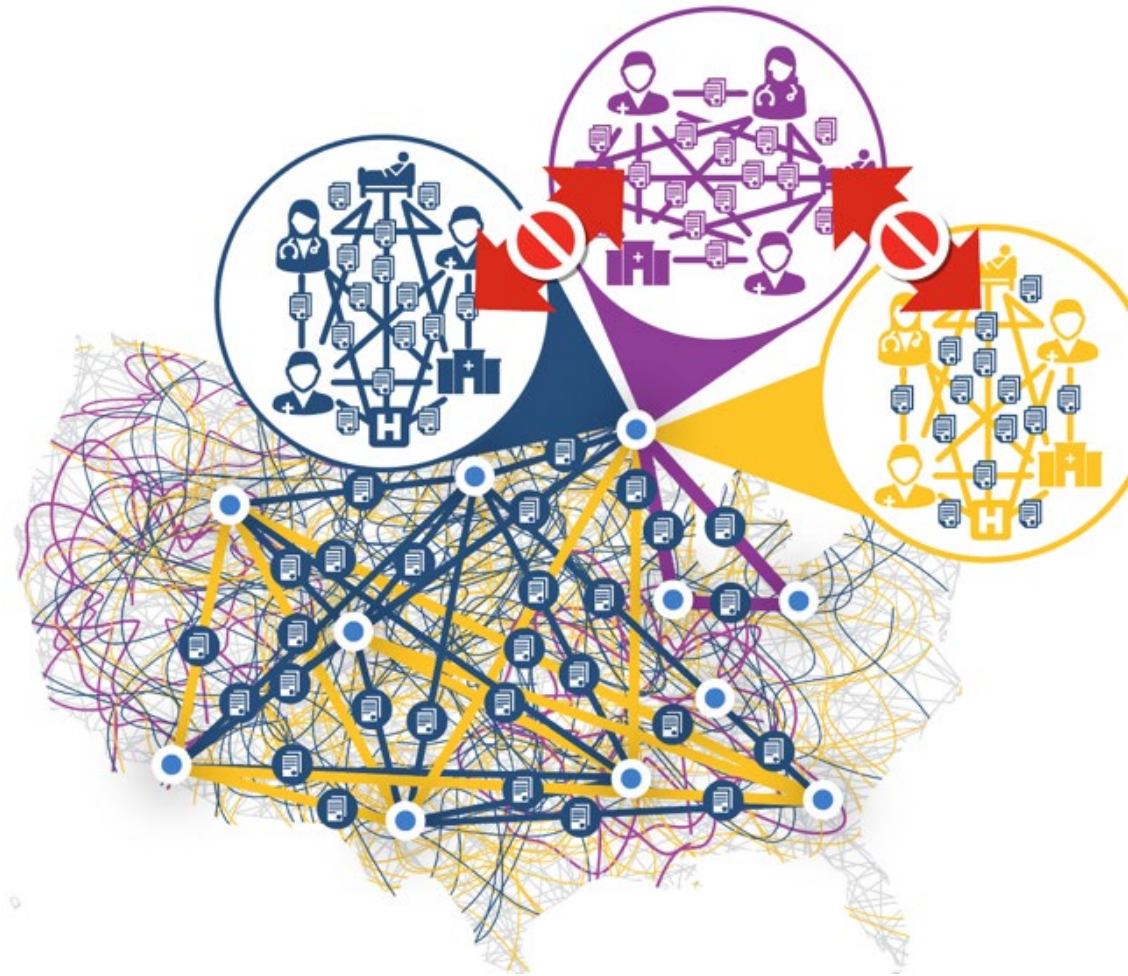
TEFCA Will Simplify Health Data Exchange

Proliferation of Agreements

While there has been growth in national networks, many organizations must join multiple Health Information Networks (HINs)*, and many HINs do not share data with each other.

The COVID pandemic also underscored the need to share information for care and public health purposes.

Health data exchange must be simplified in order to scale.



21st Century Cures Act - Section 4003(b)

*“[T]he National Coordinator shall convene appropriate public and private stakeholders to **develop or support** a **trusted exchange framework** for trust policies and practices and for a **common agreement** for exchange between health information networks.”*
[emphasis added]



TEFCA Goals



GOAL 1

Establish a universal policy and technical floor for nationwide interoperability



GOAL 2

Simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value



GOAL 3

Enable individuals to gather their health care information

For more detail on the benefits of TEFCA for stakeholders, see factsheets at:
<https://rce.sequoiaproject.org/tefca-and-rce-resources/>

Benefits of TEFCA

Relevant, trusted information from nationwide sources for:



Individuals

Use an app to access their own records from TEFCA-connected sources located across the nation.



Providers and Health Systems

Improve care, coordination and population health by obtaining a more informed picture of care across settings through fewer connection points.



Public Health

Improve quality, reduce costs, and expand public health interoperability.



Payers

Get and share data needed for care management, value-based care, payer-to-payer exchange, etc.



Health Information Networks

Enhance the value of network participation and lower the cost of connecting with other networks.



Technology Developers

Provide a scalable policy and technical ecosystem for innovation.



Researchers (Future)

Improve quality, reduce costs, and expand participation in clinical research.

For more detail on the benefits of TEFCA for stakeholders, see factsheets at:

<https://rce.sequoiaproject.org/tefca-and-rce-resources/>



Contact ONC

Ryan Argentieri: Ryan.Argentieri@hhs.gov



Phone: 202-690-7151



Health IT Feedback Form:

<https://www.healthit.gov/form/healthit-feedback-form>



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