2023-08-08 Meeting notes

Date

08 Aug 2023

Attendees

Attendee	Name	Affiliation
	Alex Kontur	ONC Public Health Analyst (COR)
X	Brett Marquard	HL7 US Realm Senior Advisor
X	Matthew Rahn	Acting Director, Standards Division
X	Gay Dolin	HL7 US Realm PM
X	Carmela Minicucci Couderc	ONC - Branch Chief, Terminology and Content Delivery
X	Albert W. Taylor	ONC - Medical Informatics Officer

Goals

• Discuss and agree on path forward with respect to vocabulary discrepancies and Facility Type and Location



Discussion items

Item	Notes	Acknowledgements of understanding ofcurrent design approach or public design approachdiscussion plans (attendee names)
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USCD I Vocab ulary Discre pancies

- Brett reviewed the analysis table and focused in on the main conflict (red) (HL7
 ObservationInterpretation codes required in FHIR Core (and used in V2 systems for 30+
 vears)
- Discussion ensued that selection of SNOMED CT was intentional based on a USCDI commenter:
 - o https://www.healthit.gov/isa/taxonomy/term/3711/uscdi-v4
 - Gay's post meeting note: However, CAP's comment actually indicated that <u>HL7</u>
 <u>ObservationInterpretation should be the minimal standard</u> and that SNOMED <u>also</u>
 be included as a vocabulary standard:
 - CAP Comment: The CAP applauds the ONC's decision to add this data element to USCDI v4, as this data element represents the categorical assessment of a laboratory value (e.g. "high", "low", "critical", etc.) and is required by CLIA. The CAP recommends that the HL7 interpretation code system and value set—which was in the original submission for this data element—be added as a minimum vocabulary standard for this data element. The CAP would also recommend that the ONC include SNOMED CT as a vocabulary standard for this element.
- HL7 Observation InterpretationCodes http://hl7.org/fhir/R4/valueset-observation-interpretation.html (inherited from and required in FHIR Core)
- Gay and Brett discussed system costs and high LOE for systems to change from vendor implementations using HL7 ObservationInterpretation to SNOMED
- In addition, because its an extensible binding type in FHIR Core, this means that unless the
 desired concept is absent in the bound value you must use that code system and not
 another.
- Carmela asked what are the options given that ONC is unlikely to rescind the SNOMED vocabulary requirement
- Brett reviewed: 3 options
 - o Ignore the FHIR Validator.
 - Require every system to include both ObservationInterpretation/SNOMED (even though this breaks the extensible binding definition)
 - US Core uses ObservationInterpretation. ONC uses flexibility to not test for SNOMED CT.
- Gay and Brett drove the point that, in this case, for the benefit of the industry (and interoperability), a USCDI errata should be issued wrt the USCDI vocabulary mandate @observationInterpretation:
 - From
 - Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) U.S. Edition, March 2023 Release Optional:
 - HL7 Code System ObservationInterpretation
 - To:
 - HL7 Code System ObservationInterpretation
 - Optional:
 - Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) U.S. Edition, March 2023 Release
- · Carmela suggested that the ONC team sleep-on the the next steps and get back to us
- Vocabulary discrepancies to continue next discussion
- Gay requested that the ONC team closely review the USCDI Vocabulary Discrepancies
 table as they are discussing the way forward, in case there are other changes needed in
 the USCDI Applicable vocabulary USCDI
- Gay requested that in the future (USCDI V5 and beyond) that Gay and Carmela (and
 others as deemed appropriate) review the vocabulary (semantic) standards being
 considered as applicable vocabulary standards within the context of the syntactic (aka
 FHIR and CDA (and V2 wrt labs)) historical and current use before final publication of new
 USCDI versions

FACIL ITY INFO RMAT ION Physic al place of availa ble servic es or resour ces.

- Brett reviewed discussions so far as present in the FACILITY INFORMATION analysis and notes document.
 - Looking for confirmation design of the intent of the data element. Albert W. Taylor stated this design approach look like a good start to represent the data element.
 - Question about location wrt Telehealth, and what would encounterLocation
 - Looking for confirmation that this is not a directory (service catogue) requirement FACILITY INFORMATION design notes

Received agreement from Albert W. Taylor and Carmela Minicucci Couderc that we will not be defining a catalogue or serivce directory to meet this data element, but rather will be met via encounters and /or locations within US Core profiles and C-CDA templates

Action items

Carmela Minicucci Couderc Albert W. Taylor Matthew Rahn: ONC team sleep-on the the next steps with respect to how to handle the vocabulary conflict at Observation Interpretation and get back to us with resepect to ONC's stance and next steps

Carmela Minicucci Couderc Albert W. Taylor Matthew Rahn: review the USCDI Vocabulary Discrepancies table as they are discussing the w forward, in case there are other changes needed in the USCDI Applicable vocabulary USCDI	vay