2023-12: Review of Pre-ballot Profile and Template designs going to January 2024 ballot

Date

28 Nov 2023

(November and December preballot review)

Attendees

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

Goals

- Confirmation of ONC understanding of USCDI Design in US Core and C-CDA that is going to ballot
- Link to public HL7 Core Tracker (USCDI v4 only)
  - US Core Build Site
- Link to public HL7 C-CDA Tracker (USCDI v1-V4)
  - C-CDA Build Site

USCDI v4 QA Table

		QA - ONC Assessment of Ballot Design in US Core		QA - ONC Assessment of Ballot Design in C-CDA	
Category	Fields	**USCDI Terminology Present?** **(Do Terminology bindings agree with what is declared in USCDI)**	**Design covers USCDI Definition?**	**USCDI Terminology Present?** **(Do Terminology bindings agree with what is declared in USCDI)**	**Design covers USCDI Definition?**
Allergies and Intolerances					
	Substance (Non-Medication)	Yes	Yes	Yes	Yes
Encounter Information					
	Encounter Identifier	yes	yes	No terminology required in USCDI	Yes
Facility Information					
	Facility Identifier	yes	yes	No terminology required in USCDI	Yes

	Facility Type	yes	yes	No terminology required in USCDI	Yes
	Facility Name	yes	yes	No terminology required in USCDI	Yes
Goals and Preferences					

	Treatment Intervention Preference	IG notes that the 'treatment-intervention-preference' will be added to LOINC. I assume this means the 'system' value under .code is a placeholder and will be fixed to LOINC when the code is available?
		
		GD Comments:
		• *"75773-2" Goals, preferences, and priorities for medical treatment* Should be used at Category.code in US Core (used in C-CDA and the AD Guides)
		• Observation value MS text and codable concept
		• Confirmed on and found in meeting notes that 2023-08-15+Meeting+notes that the recommendation of LOINC is associated with the category or question. Other codes systems are allowed (for example) SNOMED as the answers
		• Treatment Intervention Prefences (if found in the EHR) are often text (and not often encoded in EHRs) and in US Core should (start) to be queried for by looking for *"75773-2" Goals, preferences, and priorities for medical treatment category code*
		• The actual Preference would be found most likely in text at observation.value
		
		The IG also notes that implementers can include additional codes where appropriate (in .code or .category), however it is unclear where these codes would go. The system and code elements of the coding are fixed, is the intent that any additional codes would go in the text element of the codeableConcept?
				Goal obs SHOULD use LOINC
				
				GD Comments:
				• Generic (aka) Patient Goals (including SDOH goals):
				  ○ USCDI Requires SNOMED **OR** LOINC
				  ○ US Core and C-CDA reuse Gravity which uses SNOMED for Goals
				  ○ Goals are often text (and not often encoded in EHRs) and should be queried for by looking for MoodCode GOL or "8689-2 "History of Social function" @observation.code (which is LOINC)
				• Treatment Intervention Preference
				  ○ **LOINC is used at Observation.code " 75773-2" Goals, preferences, and priorities for medical treatment**
				  ○ Confirmed on and found in meeting notes that 2023-08-15+Meeting+notes that the recommendation of LOINC is associated with the category or question. Other codes systems are allowed (for example) SNOMED as the answers
				  ○ Treatment Intervention Prefences (if found in the EHR) are often text (and not often encoded in EHRs) and in C-CDA should (start) to be queried for by looking for *"75773-2" Goals, preferences, and priorities for medical treatment*
				  ○ The actual Preference would be found most likely in text at observation.value
					unclear

	Care Experience Preference	Similar issue as above: The IG notes that implementers can include additional codes where appropriate (in .code or .category), however it is unclear where these codes would go. The system and code elements of the coding are fixed, is the intent that any additional codes would go in the text element of the codeableConcept?		Goal obs SHOULD use LOINC
				
				• Generic (aka) Patient Goals (including SDOH goals):
				  ○ USCDI Requires SNOMED **OR** LOINC
				  ○ US Core and C-CDA reuse Gravity which uses SNOMED for Goals
				  ○ Goals are often text (and not often encoded in EHRs) and should be queried for by looking for MoodCode GOL or "8689-2 "History of Social function" @observation.code (which is LOINC)
				• Care Experience Preference
				  ○ LOINC is used at Observation.code *"95541-9" Care Experience Preference*
				    ■ Note when ADVault changes the name and scope of Care Experience Preferences at End of Life LOINC value set - we can use
				  ○ Confirmed on and found in meeting notes that 2023-08-15+Meeting+notes that the recommendation of LOINC is associated with the category or question. Other codes systems are allowed (for example) SNOMED as the answers
				  ○ Care Experience Prefences (if found in the EHR) are often text (and not often encoded in EHRs) and in C-CDA should (start) to be queried for by looking for *"95541-9" Care Experience Preference*
					unclear

Health Status Assessments					
	Alcohol Use			yes	yes

	Subst ance Use			yes	yes
	Physi cal Activi ty			yes	yes
Lab orat ory					
	Resul t Unit of Meas ure	The IG provides guidance about "Using UCUM codes in the Quantity da tatype". The guidance begins by saying some quantity types are bound to UCUM, however the quantity type in this profile is not bound to UCUM. Should it be bound to UCUM? Does the guidance still apply in cases where a quantity type is not bound to UCUM?		yes	yes
	Resul t Refer ence Range	Profile doesn't appear to have any guidance indicating that implementers should use UCUM for this element.		Template doesn't appear to have any guidance indicating that implementers should use UCUM for this element.	yes
	Resul t Interp retati on	yes	yes	yes	yes
	Speci men Sourc e Site	yes	yes	yes	Members of Specimen type 2.16.840.1.113762 .1.4.1099.54 concatena te Specimen Type and Specimen Source Site
	Speci men Identi fier	yes	yes	No terminology required in USCDI	
	Speci men Condi tion Acce ptabili ty	yes	yes	yes	yes
Med icati ons					
	Medi catio n Instru ctions	yes	yes	No terminology required in USCDI	yes
	Medi catio n Adhe rence			no?	no?
Pro ced ures					
	Perfo rman ce Time	yes	USCDI definition references medication administration... should the USCDI table point to an appropriate profile?	No terminology required in USCDI	yes
Vital Sig ns				yes	yes
	Avera ge Blood Press ure				

Action items

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