USCDI ONDEC Submission Form Prep Sheet

This resource provides all of the USCDI ONDEC submission form questions and allows stakeholders to gather necessary information in advance of submission. You may choose to copy/paste your information from this document directly into the USCDI ONDEC submission form.

**Please visit** [**www.healthIT.gov/ONDEC**](http://www.healthIT.gov/ONDEC) **to submit information through the USDCI ONDEC system.**

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| Submitter Details |
| **Name of Submitter\*:** |
|  |
| **Email Address of Submitter\*:**  |
| (auto-populated from [Interoperability Standards Advisory](http://www.healthit.gov/isa) user account) |
| **Secondary Email Address:**  |
|  |
| **Organization of Submitter:** |
|  |
| *Please note: your name and organization will be visible and associated with your submission. Email addresses will only be visible to ONC and used for communication regarding your submission.* |

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| Data Element |
| **Data Class Name:** (or select an existing USCDI Data Class)**:\*** |
| Consent |
| **Data Element Name:\*** |
| Consent Type |
| **Data Element Description:\*** |
| Type of consent – such Advanced Directive, DNR, consent to share, etc. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [ ]  NoX [ ]  Unknown**If yes, why should this data element be considered separately?** |
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| *You may optionally submit up to five additional data elements within this data class, using the same information below:* |
| **Data Element Name - 1:\*** |
| Consent Status |
| **Data Element Description:\*** |
| Proposed, Draft, Active/Signed, Revoked |

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| Are there similar or related data elements in USCDI?\* (select one)[ ]  Yes [ ]  No X [ ]  UnknownIf yes, why should this data element be considered separately? |
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| **Data Element Name - 2:\*** |
| Consent In Effect Time Period |
| **Data Element Description:\*** |
| The Start and End Date and Time for which the consent in active – could be openended |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [ ]  NoX [ ]  Unknown**If yes, why should this data element be considered separately?** |
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| **Data Element Name - 3:\*** |
| Consent Content |
| **Data Element Description:\*** |
| The actual consent/directive such as “I do not want to be put on life support” or “Do not share my information except for emergency treatment” |

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| Are there similar or related data elements in USCDI?\* (select one)[ ]  Yes [ ]  No X [ ]  UnknownIf yes, why should this data element be considered separately? |
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| **Data Element Name - 4:\*** |
|  |
| **Data Element Description:\*** |
|  |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [ ]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
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| **Data Element Name - 5:\*** |
|  |
| **Data Element Description:\*** |
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| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [ ]  **X** No [ ]  Unknown**If yes, why should this data element be considered separately?** |
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| **Use Case**  |
| **Briefly describe the main use cases to support adoption of the data element into the USCDI:\*** |
| Advanced Directives/Consents/Life Wishes are key legal documents that directly impact quality of life and end of life decisions for patients. Having the ability to exchange this information means that as a patient goes between providers, their wishes will not be lost and incongruent decisions will not be made. The ability for patients and their proxies to have this list on their patient app allows them to ensure that all the right consents are in place and if not enable them to act accordingly, improving quality and experience. |
| **Estimate the number of stakeholders who would capture, access, use or exchange this data element or data class:\*** |
| This data is already captured in EHRs so should be available across the country. Will be especially useful to electronically receive on care transition. |
| **Link to use case project page:** |
|  |
| *Please add if there are additional use cases for this data element that could affect significant numbers of other stakeholders.*  |
| **Please describe the additional use case:\*** |
|  |
| **Estimate the number of stakeholders who would capture, access, use or exchange this data element or data class:\*** |
|  |
| **Link URL:** |
|  |
| **Attachment describing this use case:** |
|  |
| **Does this data element support the following aims in healthcare?** (check all that apply):**\***  |
| [ ]  XImproving patient experience of care (quality and/or satisfaction) [ ]  Improving the health of populations [ ] X Reducing the cost of care [ ]  XImproving provider experience of care [ ]  None of the above |

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| Maturity  |
| **Does a vocabulary, terminology, content, or structural standard exist for this data element? (e.g., SNOMED CT, LOINC, RxNorm) \*** (select one)[ ]  YesX [ ]  No [ ]  Unknown**If yes, please cite the applicable standard\*:** |
| **FHIR 4.0 has a Consent resource which would be applicable here. And LOINC codes for consents and advanced directives** |
| **If yes, link URL:** |
| [www.hl7.org/fhir/](http://www.hl7.org/fhir/), https://loinc.org/42348-3/ |
| **Are there additional technical specifications such as an implementation guide (IG) or profile using this data element?** (e.g., HL7® FHIR® US Core Implementation Guide v3.1.0 based on FHIR R4) [ ]  Yes [ ]  No [ ]  X Unknown**If yes, please cite the relevant technical specification(s)\*:** |
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| Which of the following best describes the use of this data element?\* (select one) |
| **[ ]** Not currently captured or accessed with an organization [ ]  In limited use in test environments only [ ]  In limited use in production environments [ ]  X Extensively used in production environments [ ]  This data element has been used at scale between multiple different production environments to support the majority of anticipated stakeholders |
| **Please cite supporting artifacts:\*** |
| **Most EHRs capture consents in inpatient and post acute care.** |
| **Link URL** |
|  |
| **Attachment:**  |
|  |

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| Has this data element been electronically exchanged with external organizations or individuals (including patients)?\* (select one)[ ]  Yes [ ]  NoIf yes, with how many outside entities has this been exchanged?\* [ ]  1 [ ]  2-3 [ ]  4 [ ]  5 or more. This data element has been tested at scale between multiple different production environments to support the majority of anticipated stakeholders.  |
| **Please cite supporting artifacts:\*** |
| **Not sure. Limited by its lack of inclusion in USCDI** |
| **Supporting Link** |
|  |
| **Attachment:**  |
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| Challenges |
| **Describe any restrictions on the standardization of this data element** (e.g., proprietary code).\* |
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| **Describe any restrictions on the use of this data element (e.g., licensing, user fees).\*** |
|  |
| **Describe any privacy and security concerns with the use and exchange of this data element.\*** |
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| **Please provide an estimate of overall burden to implement. Overall estimate of burden to implement, including those not affected by the primary use case(s)** (i.e., impact to broader healthcare community for specialty-specific data element submission.)**\*** |
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| **Please provide information on other challenges to implementation** |
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