



April 15, 2021

Micky Tripathi, Ph.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW, Floor 7
Washington, DC 20201

Submitted electronically at healthit.gov

RE: Draft Version 2 of the United States Core Data for Interoperability

Dear Dr. Tripathi:

On behalf of Allina Health, I am writing in response to the Draft Version 2 of the United States Core Data for Interoperability (USCDI) standards. We offer comments requesting clarification, raise potential issues, and offer suggestions for improvement. Overall, we appreciate ONC's continued efforts with stakeholder outreach to help progress toward standardizing certain data elements in pursuit of an improved interoperable exchange of health information.

Allina Health is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families, and communities throughout Minnesota and western Wisconsin. We serve our communities by providing exceptional care, as we prevent illness, restore health, and provide comfort to all who entrust us with their care. As a not-for-profit health care system with 30,000 employees, Allina Health provides care to our patients from beginning to end-of-life through our 11 hospitals, 90+ clinics, 15 pharmacies, specialty care centers and specialty medical services providing home care, senior transitions, hospice care, and emergency medical transportation. We are focused on eliminating health disparities and unnecessary variations in care to improve the health of the communities we serve.

Background

The USCDI is a standardized set of data that is ready for interoperable exchanges across the healthcare industry. The data set was to be built over time to allow for staged implementation for improved interoperability. The USCDI version 1 (USCDI v1) was adopted as a standard in the ONC Cures Act Final Rule published May 1, 2020. The standard was included as a required part

of certain certification criteria in the 2015 Edition Cures Update and is also referenced in the context of information blocking.

Size and scope of Draft USCDI v2

After publishing USCDI v1, ONC sought recommendations for continued expansion of the data elements to be included in the second version (USCDI v2). ONC would require the expanded data elements to “meet two general priorities: 1) impose minimal new development burden, and 2) complement existing data elements in USCDI in order to support the broadest possibilities of use.”¹ As a result, ONC released the Draft Version 2, which would introduce 9 new data elements, establish 2 new data classes, and reclassify 3 existing data elements. We believe it is especially important to allow health information systems and vendors ample time to build and incorporate the new data standards that ONC is proposing to add, as we have spent much of the past year mobilizing to address the challenges brought forth by the pandemic.

New data elements, data class, and reclassification of existing elements

Care Team Members

Under the data class “Care Team Members”, ONC has proposed two new data elements for caregivers; “Provider Name” and “Provider Identifier”. Currently, there lacks a consistent definition for identifying “Care Team Members” within the context of USCDI standards. Therefore, expanding the scope of the care team member data elements provides more specificity, but is still a bit ambiguous. For example, we understand “Provider Identifier” to mean the provider’s National Provider Identifier (NPI) number, but we request consideration and guidance on how to address provider types who do not have an NPI.

Problems

In USCDI v2, ONC has added two new elements: “Date of Diagnosis”, and “Date of Resolution”. The “Date of Diagnosis” is likely captured in the audit trail when entered into the active problem list and/or medical history information but could vary in the interpretation of the date to mean symptoms onset, laboratory abnormalities, etc. In implementing this data field, we suggest that there should be a clear definition for the date of diagnosis given by the provider so there is consistency across providers and specialty areas.

The “Date of Resolution” data field may be even more ambiguous than diagnosis. As noted by other commenters, this data element may generate numerous questions about what constitutes and defines a medical condition or diagnosis as “resolved.” Given the complexities of diagnosing and treatment of problems, additional definition clarity and consistency is needed to eliminate ambiguities and inconsistencies that will likely occur.

¹ [ONC USCDI Draft Version 2](#)

Conclusion

On behalf of Allina Health, we appreciate the opportunity to provide comments on the proposed ONC USCDI v2. We ask the agency continue with stakeholder outreach as this moves forward in conjunction with regulations that incorporate USCDI standards.

Sincerely,

A handwritten signature in black ink that reads "Brian Vamstad". The signature is written in a cursive style with a large initial "B".

Brian Vamstad, PhD
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