

Draft USCDI V2 Section Referenced	Draft USCDI V2 Page # Referenced	Critical / Substantive / Administrative	Comments
Encounter Information	3, 4, 7	Substantive	The addition of the encounter type doesn't designate a standard. Will each health systems encounter types be "universally" interpreted and understood by personnel who access the HIEs?
Provider Identifier	3, 4, 8	Substantive	What will the standard for Provider Identifier be? Recommend requiring all healthcare workers to obtain an NPI to be the standard identifier (see nppes.cms.hhs.gov).
Care Team Member(s)	6	Substantive	We agree with multiple commenters that: (1) "Provider Name" and "Provider Identifier" should be renamed to "Care Team Member Name" and "Care Team Member Identifier" as Provider can have a variety of meanings depending on how and where it is being used. (2) "Care Team Member Identifier" should be optional, as some care team members have numerical identifiers associated with their licensure and some do not. (3) Newly proposed data classes/elements need to be more clearly defined with more specific parameters and use cases.
Care Team Member(s)	6	Substantive	"Healthcare provider" definitively includes the following roles, according to US code: physicians and other practitioners practicing under direct physician supervision according to their state law, including physician assistants, nurse practitioners and certified midwives; hospitals and other institutional providers; suppliers of durable medical equipment, prosthetics, and orthotics; pharmacies and pharmacists; and other group practices, including HMOs and health plans providing patient care services. These entities and individuals should have "Provider Identifiers," which include a name and NPI for each provider, and any information exchange must support the exchange of these data elements.
Care Team Member(s)	6	Substantive	Confirmation from the Office of the National Coordinator (ONC) for Health Information Technology (HIT) would be helpful as far as defining which types of care team members qualify as "Providers," as who is considered a "provider" can vary depending on US state law and healthcare company rules regarding clinical scope of practice, although the list above is taken from federal documents. In the event "Provider" extends beyond the definition specified by US federal laws and codes, it is advisable to rename the USCDI V2 draft data element to "Care Team Member," as the meaning of "Provider" varies depending on context of use.
Care Team Member(s)	6	Substantive	The data elements and their cardinality are as follows, per FHIR US Core IG: The "Practitioner" resource must support an NPI (if available), and a name (always).
Care Team Member(s)	6	Substantive	"Identifier: NPI" has 0..1 cardinality and data type: "Identifier."
Care Team Member(s)	6	Substantive	"Name" has 1..* cardinality and must have data type: "Human Name."
Public Comment Process, Item 3	3	Substantive	HPO requests that the Social Determinants of Health and Social History elements be considered for inclusion in the final USCDI V2. These elements are utilized in safety and clinical evaluations and documentation for Homeless Programs. Additionally, HPO requests that the elements within Substance Use and Work Information (Level 1) be included in the final USCDI V2 for the same reasons noted above.
Data Class - Immunizations	8	Substantive	Recommend defining a new data element that references the Dose # in the series. https://www.healthit.gov/isa/uscdi-data/encounter-diagnosis Pandemic requires that a new data element move quickly, including Vaccination Administration Date
Data Class- Assessment and Plan of Treatment	5	Substantive	Recommend using data class for structured nursing concepts to promote complete framework of clinical information and interoperability.
Allergies	3	Substantive	As requested in the Public Comment Process Section on p.3, this comment is for the proposed Level 2 Data Element, Allergies Substance (Non-Medication) listed on the ONC USCDI website. It is recommended that this data element be added to represent non-medication allergens in patient records. The current version of the USCDI does not have a data element for this content, which is very important for patient safety. As noted in the use case description, latex, egg, nut, and many other non-medication allergens need to be recorded as they have patient safety ramifications in all healthcare settings. This content can be represented using SNOMED CT.
Health Concerns	8	Substantive	The distinction between Health Concerns and Problems is unclear. What purpose does the Health Concerns data element serve beyond what could be represented as a Problem? Recommend the addition of clear definitions that distinguish these data elements. Both could be represented using SNOMED CT.
Patient Demographics	10	Substantive	Is "Previous Name" intended to refer to previous first name, previous last name, previous middle name, or all or any of these? This data element needs definition.

Diagnostic Imaging	7	Substantive	The distinction between "Diagnostic Imaging Report" and "Diagnostic Imaging Narrative" is non-intuitive, and should be explained. A reply provided in a recent ONC meeting was quite informative and could be utilized: "LOINC supports diagnostic imaging report structured components panels, which can include narrative components. We kept the diagnostic imaging narrative but moved it out of Clinical Notes, but recognize that Diagnostic Imaging Report can include narrative components or elements. The intent is to require the ability to record and exchange narrative components of diagnostic imaging reports, as well as structured lab and path reports".
Encounter Information	7	Substantive	To support semantic interoperability, it would be advisable to specify required terminology to express "Encounter Type". The SNOMED CT "Patient encounter procedure (procedure)" hierarchy (SNOMED CT concept #308335008 and its descendants) would be appropriate. The HL7 value set mentioned in the original proposal for this data element (https://www.healthit.gov/isa/uscdi-data/encounter-type) seems somewhat random and likely not well suited to purpose.
Goals	8	Substantive	The HL7 Gravity project has a definition for a patient goal that could be incorporated and aligned to (https://confluence.hl7.org/display/GRAV/Gravity+Project+Glossary). These goals could be represented in SNOMED CT.
Health Concerns	8	Substantive	It could be worth noting in the definition that these are concerns not yet documented as a problem diagnosis for clarification. These Health Concerns could be represented using SNOMED CT.
Medications	9	Substantive	The HL7 FHIR MedStatement resource will be changed in FHIR R5 (which is due to be published at the end of December of this year due to contracting) and RENAMED TO Medication Usage (which is the name of the data element we submitted to ONC)(https://www.healthit.gov/isa/uscdi-data/medication-usage). However, Medication Usage data element is only at a Level 1 in USCDI and we would like to see it moved to Level 2 when it is supported.
Throughout		Administrative	The USCDI is an amalgamation of various encoding standards. It represents initial steps in the right direction. The standards being identified for specific data elements do not themselves provide consistency for how encoding is represented, how those encoding standards change over time, and how those encoding standards are distributed. The UMLS is not a sufficient resource for the consistency of encoding, consistent representation of history, distribution of content, or of currency of content. As demonstrated by COVID-19 data needs, coordinated extension of content, timely distribution of updates, and consistency of representation are required to effectively respond to needs of public health and syndromic surveillance. As an example, the CDC person under investigation form for COVID-19 might have corresponding entries in USCDI, but currently it does not. I think this is an opportunity for USCDI and ONC. I recommend that ONC work with HL7 Vocab on efforts to standardize the representation, distribution, version and configuration management, and ability to share extensions to the USCDI as well as the underlying terminology systems themselves.
Patient Demographics Data - Lack of Inclusivity	10	Critical	As defined, the demographic section will contribute to inequity in medicine as LGBT patients cannot be identified in the medical record. The reference to "birth sex" is frankly offensive when viewed through the eyes of a transgender patient. As defined this section presents a barrier to care.
Patient Demographics Data - Lack of Inclusivity	10	Critical	As defined, the demographic section is not consistent with the January 20, 2021, Executive Order 13998, Preventing and Combatting Discrimination on the Basis of Gender Identify or Sexual Orientation, Section 2.
Patient Demographics Equity and Inclusion	10	Critical	Inability to identify LGBT persons, and persons with related identities, in the medical record is a known contributor to inequity in medicine, including in terms of access and quality; extensive literature exists on this topic. It also does not align with Executive Order 13998, nor with recent interagency policy actions to improve equity and inclusion. Additionally, identifying individuals by 'birth sex' is neither medically accurate nor ethically sound. This would represent discrimination against persons served by the agencies implementing this policy.
Laboratory Value/Result	9	Substantive	The values for this field could be assigned to SNOMED CT.
Data Class- Care Team Members	6	Substantive	Agree with Provider Name and Provider Identifier. To increase clinical usefulness of the Care Team data, VHIE would recommend including a data element to clarify the Provider's association to the patient so that when the data is made available to the patient and/other Providers there is some additional context of how/why the Provider Name is associated to the patient - for example, Provider Type or Provider Role.

Data Class - Care Team Members	6	Administrative	Use Case Example https://www.healthit.gov/isa/uscdi-data/provider-name . Provider Role http://nucc.org/provider-taxonomy link does not work.
Data Class - Care Team Members	6	Administrative	For CCDA R2.1; Encounters Section (entries required) (V3) http://www.hl7.org/implement/standards/product_brief.cfm?product_id=492 - Hyperlink does not rap.
Data Class - Care Team Members	6	Substantive	Recommend Provider Role move from Level 2 to Draft USCDI v.2 Care Team Members. Use Case Example https://www.healthit.gov/isa/uscdi-data/provider-name . Provider role is required for CDS alerts, otherwise if individual is unavailable, the alert will wait. The better design is for the role level alerts so patient care is continuous.
Data Class - Care Team Members	6	Substantive	Recommend Provider Telecom information move from Level 2 to Draft USCDI v2 Care Team Members. Use Case Example https://www.healthit.gov/isa/uscdi-data/provider-name . Provider role is required for CDS alerts, and telecom information is required for the alert to go to provider.
Data Class - Care Team Members	6	Substantive	General Comment on missing data element in Care Team Section https://www.healthit.gov/isa/uscdi-data/provider-name . If the Care Team is the class, there is no detailed explanation / definition. If the Care Team is the umbrella level, then Provider Names / Provider Identifiers / Provider Role are required data elements within that class. Questions - Is it an NPI that makes a provider because they are billable? Is it another undefined identifier? What about Care Team members (e.g., nutritionist) that may not have an NPI?
Data Class - Encounter Information	7	Administrative	General Comment on Use Case https://www.healthit.gov/isa/uscdi-data/encounter-time . Supporting links - Many of the hyperlinks are not active.
Data Class - Encounter Information	7	Substantive	General Comment - Applicable standards not included https://www.healthit.gov/isa/uscdi-data/encounter-information . Need to list the appropriate standards.
Data Class - Encounter Information	7	Administrative	General Comment on Use Case https://www.healthit.gov/isa/uscdi-data/encounter-diagnosis . Supporting links - Hyperlinks do not wrap.
Data Class - Immunizations	7	Substantive	Recommend Vaccination Administration Date move from Level 2 to Draft USCDI V2. https://www.healthit.gov/isa/uscdi-data/encounter-diagnosis . Pandemic requires that additional data elements move quickly, including Vaccination Administration Date.
Immunizations	8	Critical	We agree with the recommendation from CDC in the comments on the ONC website (https://www.healthit.gov/isa/uscdi-data/immunization-administered-date) to <u>add Immunization Administered Date, Immunization Status, and the Reason why the Immunization is not given</u> . As noted in the CDC comments, "Immunization information, including the coded identification of the vaccine administered, date the immunization is administered, immunization status and the reason why an immunization was not performed are important to multiple public health reporting and research use cases to track and analyze information about treatment for various health conditions." We also agree with the CDC comment, "The Making EHR Data More Available for Research and Public Health (MedMorph) project has the goal to create a reliable, scalable, and interoperable method to get electronic health record
Vital Signs	14	Critical	We agree with the recommendation from CMS Center for Clinical Standards and Quality in the comments section on the ONC website (https://www.healthit.gov/isa/uscdi-data/bmi). As noted, BMI percentile is already in the data set for children. CMS makes the recommendation that BMI for adults should be included – "BMI for adults is used in quality measurement among CMS quality measures in IQR and QPP. As obesity is a challenge for adults in the United States, this important vital sign [should be] captured for assessment of appropriate care