OCHIN
A driving force for health equity

Submitted via https://www.healthit.gov

April 14, 2021

The Honorable Micky Tripathi, PhD MPP
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, DC 20201

RE: U.S. Core Data for Interoperability (USCDI) v2 Draft

Dear National Coordinator Tripathi,

On behalf of OCHIN, I appreciate the opportunity to submit the following comments in response to the draft U.S. Core Data for Interoperability (USCDI) version 2. OCHIN is a national, non-profit community-based health innovation and research network serving as a virtual nationwide health care system and a national leader in promoting high-quality health care in underserved communities across the country. OCHIN strongly supports the Office of the National Coordinator of Health Information Technology's (ONC) efforts to drive interoperability through national standards. National standards are the foundation needed to improve the quality of care, bend the cost curve, and empower patients, while paving the way for payment and delivery transformations, particularly for community-based providers that do not have the resources to comply with varied local, regional, state, and national standards. Further, widely adopted national standards are essential to address structural inequality in health care as well as to mount timely, data-driven responses to public health emergencies.

OCHIN DRIVING EQUITY

The OCHIN network is a leader in research and data-driven best practices to reduce cost and improve health outcomes to medically- and socially-complex patient populations. As a national network supporting over 500 health care delivery sites with 21,000 providers in 47 states, OCHIN scales information technology and services through hosted electronic health record systems. OCHIN also offers a telehealth platform, medical-grade broadband, and other clinical support services to our members, in order to sustain and transform community-based delivery while bridging the digital divide in health care. OCHIN supports one third of the nation's federally qualified health centers, as well as community health centers, public health departments, rural hospitals, school-based clinics, correctional facilities, and behavioral health providers. OCHIN has grown to be one of the largest movers of health data in the nation, with 151 million clinical summaries exchanged. In addition, OCHIN is the *only* national research network that systematically includes data on the uninsured and under-insured.

RECOMMENDATION: Social Determinants of Health (SDH)

OCHIN strongly recommends that ONC prioritize and implement an expedited process for the inclusion, and if necessary, piloting, of SDH standards, currently listed at Level 2, in USCDI version 2. OCHIN strongly supports the adoption of one of the two Gravity Project alternatives. **OCHIN urges, at a minimum, including standards to report on food, transportation, and housing as there is substantial and clear evidence to support the clinical relevance.** The addition of SDH standards in USCDI version 2 is necessary to strengthen current community practices, improve public health, and to produce equitable payment and delivery reform. National SDH standards, particularly for safety net providers, informs clinical care, population health management, and data-driven risk contracts. The lack of SDH standards has a disparate and negative impact on underserved communities and their providers.

OCHIN members already have demonstrated the value of capturing this information. Members have conducted over 700,000 SDH screenings in OCHIN Epic for nearly 430,000 patients. As a result, OCHIN has been able to evaluate the impact of COVID-19 on medically- and socially-complex patients and has evidence-based recommendations on issues related to telehealth utilization among underserved communities. The data utilized by our research network reaches beyond the USCDI, showing how standardization of SDH data collected promises to improve clinical care, health equity, and public health if adopted at the national level. During 2020, OCHIN network members were able to identify and address the following:

- 3.5 out of 10 patients screened had at least one social need identified.
- 1.5 out of 10 patients screened experienced housing instability.
- 2 out of 10 patients screened experienced social isolation.
- 1.5 out of 10 patients screened have transportation needs.

OCHIN has also conducted an analysis of SDH among California network members in 2020 and found the following, which informs clinical care as well as important policy questions:

- Transportation insecure patients were 17% more likely to use telehealth.
- Housing insecure patients were 14% more likely to use telehealth.

By taking a leading role in developing SDH tools that are integrated into workflows and the electronic health record, OCHIN has helped SDH to become key elements informing clinical care and population health management within our network. Inclusion of SDH in USCDI version 2 would increase utilization and spur infrastructure supporting linkages between clinical and social service resources where they do not exist. With this additional support for patients and coordination for providers, health outcomes will improve, and public health resources can be utilized more efficiently.

RECOMMENDATION: Sexual Orientation and Gender Identity (SOGI)

OCHIN strongly recommends the inclusion to USCDI Version 2 of Patient, Sexual Orientation, and Gender Identity, currently listed at Level 2. SOGI standards are necessary to advance equity[1] while curtailing the proliferation of competing (and conflicting) local, state, and regional SOGI standards that would create complexity, cost, and, ultimately, undermine the intended goal of health equity.[2] It is important for health care providers and staff to record patients' administrative sex and gender identity separately and accurately. The user must be able to record whether the patient declined to specify gender identity. Administrative sex may affect gender-specific care and a patient's gender identity is relevant to whole

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[1] Why SOGI Best Practices Matter for Patients: SOGI Done Well Can Save Lives, OCHIN Blog, June 21, 2019. https://ochin.org/blog/sogi-grand-rounds-resources

[2] For example, in Oregon there is legislation pending that would establish state SOGI data reporting standards.

patient care and essential to quality clinical care and health outcomes.[3] For example, lesbian, gay, bisexual, and transgender youth receive poor quality of care due to stigma, lack of health care providers' awareness, and insensitivity to their unique needs.[4] SOGI standards provide a critical step forward to ensure clinicians are asking/gathering clinically relevant information and providing culturally competent care, and not engaging in discriminatory practices.

RECOMMENDATION: Laboratory Report, Pathology Report, Tests, and Values/Results

OCHIN supports the inclusion of Laboratory Report, Pathology Report, Tests, and Values/Results already listed for inclusion in USCDI version 2 and moving the Laboratory report narrative and the Pathology report from the Clinical Report. OCHIN also concurs with other stakeholders that values/results must include reference to units.

RECOMMENDATION: Alcohol Use and Drug Use

OCHIN recommends the inclusion to USCDI Version 2 of Alcohol Use and Drug Use, currently listed at Level 2. The Centers for Disease Control and Prevention (CDC) reports that the substance use disorder public health crisis has worsened during the COVID-19 pandemic. In order to equip public health agencies and clinicians with essential information to address this deepening crisis, national data standards are needed to coordinate and communicate among health care providers, medical homes and specialists, as well as local, regional and national public health officials. This information is critical to improving health outcomes. This clinical information is important for clinicians since it effects the differential diagnosis for many presenting complaints and could be lifesaving information in the seriously ill patient.

RECOMMENDATION: Advance Directive Observation

OCHIN recommends the inclusion to USCDI version 2, at a minimum, of the Advance Directive Observation currently listed at Level I. OCHIN understands the concerns that have been expressed regarding the risk of interpreting structured data elements out of context from, for example, the entire Physician's Orders for Life-Sustaining Treatment (POLST) form. However, any information included through this standard would not constitute the legal document. A disclaimer to that end could be added along with the most recent date and end-of-life decisions. This would prompt a search for the legal document or proxy for healthcare decision-making. At the very least an updated template for this should be a very high priority for USCDI version 3.

RECOMMENDATION: Unique Patient Identifier

OCHIN recommends that ONC invite stakeholders to document the varied patient identifiers and methods used to identify a patient currently in use and the implications for electronic exchange, administrative complexity and cost, as well as the impact on patient safety, public health, and clinical

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[3] Safer JD, Coleman E, Feldman J, et al. Barriers to healthcare for transgender individuals. Curr Opin Endocrinol Diabetes Obes. 2016;23(2):168-171. doi:10.1097/MED.0000000000000227

[4] Hafeez H, Zeshan M, Tahir MA, Jahan N, Naveed S. Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. Cureus. 2017 Apr 20;9(4):e1184. doi: 10.7759/cureus.1184. PMID: 28638747; PMCID: PMC5478215.

research of multiple, non-standard or varied identifiers.[5] Currently, there is at least one state legislature considering a bill that would mandate a state "solution" to uniquely identify patients. Multiple "unique" identifiers for patients who move among states, providers, health plans, and public health jurisdictions undermine efforts to improve interoperability as well as privacy, security, patient safety, and equity. For example, in the OCHIN network mismatching and duplication disproportionately affects communities of color, thus undermining health equity and contributing to structural inequality:

- Hispanic/Latinx patients make up 21% of the populations that our members serve, yet they make up 35% of the duplications.
- Black patients represent 13.6% of patients, 22% of the duplicates.

RECOMMENDATION: Maternal History

OCHIN recommends that ONC work with other federal agencies and stakeholders to expedite data standards that help clinicians and public health officials to address maternal health inequity. What is currently available as data in the CCD is insufficient to care for an obstetric patient. Because there is no data element that is transmitted as the prenatal history, the data that is transferred is disjointed and incomplete. There is not enough data conveyed. The CCD which contains a plethora of information does not contain the obstetric history, prenatal flow sheet vitals, how the pregnancy was dated, the genetic history, obstetrics risk factors, and other pertinent information. It is impossible to get a gestalt of the patient from the individual pieces because they are scattered with in the document or non-existent and therefore do not include essential clinical information to drive appropriate clinical care.

RECOMMENDATION: Pilot Testing of USCDI Candidates

OCHIN recommends that ONC support pilot testing of USCDI candidates for potential inclusion of certain specific Level 1 items in USCDI version 2 and version 3, as most of these items represent discrete, granular data elements that are significant for direct clinical care, as well as research and clinical decision support and measurement. OCHIN welcomes the opportunity to work with ONC to that end to ensure clinically and socially complex patients across the nation are included as well as federally qualified health centers, safety net providers, public health agencies, school-based providers, corrections, and Ryan White HIV/AIDs Clinics.

CONCLUSION

As a learning collaborative and research network, OCHIN knows first-hand that the quality of data has a direct impact on the quality of care, particularly for people of color and other underserved or marginalized communities. Health equity has come front and center not only for the Biden Administration, but for health care organizations across the nation. SDH and SOGI play a critical role in patient health outcomes and collecting this data consistently across the nation is one means of quantifying certain aspects of structural inequality and health disparities. Now is the time to standardize the utilization of SDH and SOGI by including the proposed standards in the USCDI v2.

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[5] Although the U.S. Department of Health and Human Services (HHS) is prohibited from spending any federal dollars to promulgate or adopt a national unique health identifier standard, this would allow Congress to have information on the impact of this prohibition on innovation, interoperability, privacy and security, as well as patient safety and equity in healthcare.

Please contact me at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer L Stoll

Jennifer Stoll
Executive Vice President
Government Relations & Public Affairs