

April 15, 2021

Comments from Wolters Kluwer on the
United States Core Data for Interoperability, Version 2

Below are Wolters Kluwer's comments on the proposed Version 2 of the United States Core Data for Interoperability (USCDI). We appreciate the opportunity to share our views.

As way of background, Wolters Kluwer is a leading global provider of information, business intelligence and point-of-care solutions for the healthcare industry. Key solutions include UpToDate®, Medi-Span®, Lexicomp®, Facts & Comparisons®, Pharmacy OneSource®, Health Language®, Emmi® and POC Advisor®. Wolters Kluwer had annual revenue in 2020 of €4.6 billion.

We commend the Office of the National Coordinator for Health Information Technology (ONC) for developing the USCDI as the standardized set of health data classes and constituent data elements necessary for nationwide, interoperable health information exchange. Our comments below request clarification on the proposed *Encounter Type* element and recommend adding several Level 2 data elements to USCDI Version 2.

Clarification on *Encounter Type*

We request ONC provide clarification on the proposed new *Encounter Type* data element. In FHIR, there are two different elements: *Encounter.type* and *Encounter.class*. USCDI describes this element as the classification for an encounter, such as inpatient or outpatient. This description more closely reflects the *Encounter.class* element in FHIR. To avoid confusion and create more accurate alignment when USCDI is translated to FHIR, we suggest changing the name of this element from *Encounter Type* to *Encounter Class*. We also recommend that *Encounter Class* have a set of standardized values in order to better promote interoperability. We recommend ONC adopt the HL7 v3 Value Set called *ActEncounterCode* (<http://www.hl7.org/fhir/v3/ActEncounterCode/vs.html>).

Recommended Additional Data Elements for Version 2

We understand why ONC has chosen a conservative approach to expanding the USCDI. This past year, providers, health software developers and other health system stakeholders have had to focus on responding to COVID-19, and will still require the balance of 2021 to revive projects and initiatives that were sidelined because of the pandemic. That said, we had hoped ONC would be more ambitious in proposing new data classes and elements to Version 2. We therefore recommend the addition of the data elements listed below. These elements represent dates, codes, values and status in various classes, and are all included in Level 2, having demonstrated extensive use in and exchange between certified systems. The inclusion of the *Immunizations* class of constituent elements seems particularly relevant given the nationwide vaccination effort currently underway. Specifically, ONC should include:

- *Laboratory*
 - *Laboratory Result Status*
 - *Laboratory Result Value*

- *Laboratory results: date and timestamps*
 - *Laboratory Test Performed Date*
 - *Laboratory Test/Panel Code*
- *Immunizations*
 - *Immunization Administered Date -OR- Vaccine Administration Date (they seem to be redundant)*
 - *Immunization Code*
 - *Immunization Status*
- *Medications*
 - *Date Medication Administered*
 - *Date Medication Prescribed*
 - *Dosage*
 - *Medication Administered Code*
 - *Medication Administration Dose*
 - *Medication Administration Dose Units*
 - *Medication Prescribed Code*
 - *Medication Prescribed Dose*
 - *Medication Prescribed Dose Units*
- *Procedures*
 - *Procedure Timing*
- *Vital Signs*
 - *Vital sign results: date and timestamps*

We also reiterate our previous recommendation from comments submitted on the Cures Act draft rule that classes and elements representing social determinants of health (SDOH) be added as quickly as possible to USCDI. We note that several SDOH elements are included in Level 2, including *Assessment, Interventions* and *Problems/Health Concerns*. The country's response to the COVID-19 pandemic has revealed significant health equity problems that disproportionately impact communities of color and lower income populations. Collection and widespread exchange of SDOH data is a critical step to address this problem, so adding SDOH elements to USCDI should be fast-tracked.

Thanks again for the opportunity to share our views. If you have questions or want to discuss our response in more detail, please contact Bob Hussey at bob@bobhussey.com or (612) 281-8741 who can connect you with the appropriate staff at Wolters Kluwer.