OCHIN

A driving force for health equity

Submitted via https://www.healthit.gov

September 30, 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: Draft U.S. Core Data for Interoperability (USCDI) version 3

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 3*. OCHIN is a national nonprofit health IT organization with two decades of experience transforming health care delivery, providing leading-edge technology, data analytics, research, and support services to more than 500 community health care sites, reaching nearly 6 million patients. OCHIN strongly supports the Office of the National Coordinator of Health Information Technology's (ONC) efforts to drive widespread adoption of national data standards and interoperability. We applaud the focus on prioritizing data classes and elements needed to address public health emergencies and structural inequality.

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 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 federally qualified health centers, 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 over 200 million clinical summaries exchanged. In addition, OCHIN is the *only* national research network that systematically includes data on the uninsured and under-insured.

OCHIN is committed to driving the widespread development, testing, and adoption of national standards that support interoperability and the suitability of health data for a full range of uses in health care. National data 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. Finally, reducing complexity and duplication not only decreases costs and resource needs, but can facilitate solutions that address clinician cognitive fatigue and can contribute to streamlined clinical practice that are critical to address workforce challenges.

RECOMMENDATION: Prioritize, Accelerate Development and Testing, and Include Additional Social Determinant of Health (SDOH) data classes (domains) and elements in USCDI version 3

In brief, OCHIN supports the recommendations of the Health Information Technology Advisory Committee U.S. Core Data for Interoperability Task Force concerning the classes and elements that should be added to USCDI version 3 as outlined in the USCDI Task Force 2021 Report to the Health Information Technology Advisory Committee, Phase 3 – Recommendations on ONC Priorities for the USCDI version 3 Submission Cycle. **However, OCHIN strongly urges ONC to prioritize SDOH classes and elements that have not, yet, been incorporated, but that are near completion through the Gravity Project process.** OCHIN continues to engage and support the work of the Gravity Project to develop, test, and drive adoption of SDOH domains and data elements.

In addition, OCHIN urges ONC to allocate resources to accelerate adoption of the remaining SDOH domains and elements in development and undergoing testing in order to scale what the OCHIN network is already doing. Specifically, OCHIN members have already completed over 1 million SDOH screenings. As a result, our members are able to assess population health, include SDOH in considerations of alternative payment models, and inform public policy on critical topics such as COVID-19 vaccination and immunization as well as telehealth utilization among patients facing SDOH barriers to healthcare access. However, our network's ability to realize the promise of SDOH to facilitate referrals for an individual patient's needs are limited by the lack of national SDOH standards which the USCDI process can significantly advance. We urge ONC provide resources to accelerate the inclusion and adoption of elements related to data aggregation, billing and health insurance as well as domains related to food desserts, neighborhood safety, health literacy, minority and relationship stress, and racism/discrimination/bias.

RECOMMENDATION: Include Alcohol Use and Drug Use Class and Elements in USCDI version 3.

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: Include Advance Directives Domains and Elements in USCDI version 3 or allocate resources to accelerate development.

The COVID-19 public health emergency has underscored the importance of increasing preparation and ready accessibility of current advance care planning tools to aid patients and their clinicians when patients are in *extremis*. The need to support national standards to facilitate interoperability in the context of natural disasters is also becoming more common and frequent and highlights the need for easily exchanged: advance directive observation, care experience preference, durable medical power of attorney, living will, personal advance care plan, and quality of life priorities. In addition to facilitating interoperability for certified health information technology data exchanges, such standards will guide work among states developing registries as well as developers creating tools to support advance care planning. This continues to be an important priority.

RECOMMENDATION: Include Pregnancy Status in USCDI version3.

Promoting maternal health and equity is crucially important, including information relating to pregnancy status such: as gestational period, date of pregnancy, estimated delivery date, potential complications, and prior pregnancy history helps providers develop a more complete understanding of their patient and determine appropriate care. Disparities between racial groups and infant mortality rates make clear that pregnancy status and care associated is in need of deeper observation and involvement.

OCHIN also 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 significant amount 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.

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. SDOH plays 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.

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

Sincerely,

Jennifer Stoll
Executive Vice President
Government Relations & Public Affairs