



April 30, 2022

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 3 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 3 of the United States Core Data for Interoperability (USCDI) standards. 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. We raise some questions and concerns on the proposed data elements and classes, mainly on potential overlap and redundancy of data collection.

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 for interoperable exchanges across the health care 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 referenced in the context of information blocking.

The USCDI v3 provides additional updates, focusing on three areas as it builds off changes from USCDI v2. As part of ONC's effort to advance equity and support underserved communities, USCDI v3 will focus on changes that mitigate health and health care inequities and disparities; address the needs of underserved communities; and address public health reporting, investigation, and emergency response.¹ This includes creating 2 new data classes, 20 new data elements, and reclassifying 2 existing elements.

Overall, our comments primarily focus on requesting additional clarity on the proposed classes and elements, along with noting some potential overlap. There should be very little gray area when it comes to expectations of what information is included in a data element. With the intention of standardizing the elements being shared (not blocking info), ONC needs to make clear what information should be captured and how it is distinguished from other information (i.e. care team versus treatment team).

New Data Classes, Data Elements, and Reclassification of Existing Elements

Health Insurance Information Data Class

Capturing health insurance information is an important part of the patient registration process. This ensures insurance is part of the medical claims system and is routed to the correct health plan(s) for processing. To help with inputting data in the proper fields, we recommend alignment with provisions enacted in the Consolidated Appropriations Act (CAA).² This legislative provision added new requirements to be included on health plan ID cards. Aligning data elements in the USCDI v3 to what is (soon to be) readily available on an insurance identification card (physical or electronic) will help ensure alignment, pending further regulations by the Department of Labor and Health and Human Services.

Patient Demographics

The proposed draft v3 includes an additional element under patient demographics specific to a "related person's name." This is defined as "the name of a person involved in the care of a patient, but who is not the target of that care."³ We believe there may be some redundancy with this proposed element and others that are already included in the USCDI data set. Specifically, various relationships with the patient, including parent/guardian, spouse, children, or others acting in a caregiver role that would be included as a care team member and included in that data element. Overlap could also occur through the "relationship to subscriber" element of the

¹ https://www.healthit.gov/sites/default/files/page/2021-07/Standards_Bulletin_2021-3.pdf

² Code section 9816(e), ERISA section 716(e), and PHS Act section 2799A-1(e), as added by section 107 of division BB of the CAA

³ <https://www.healthit.gov/isa/sites/isa/files/2022-01/Draft-USCDI-Version-3-January-2022-Final.pdf>

proposed “health insurance” data class. We recommend this data element be modified and streamlined so as to not unnecessarily collect data on multiple occasions with the same individual.

Health Status

The proposed data class “health status” contains the following elements: “health concerns”, “functional status”, “disability status”, “mental function”, “pregnancy status”, and “smoking status”. Generally, we support capturing these data elements to help provide a robust picture of a patient’s health. However, we see some potential overlap with this new class and the existing “problems” and “assessment and plan of treatment” data classes that seem to already incorporate some of the same data points. While we support re-classifying “smoking status” into a broader category, other elements, including “functional status” and “mental function” might be better categorized in a different data class, such as “assessments and plan of treatment” in the future.

Conclusion

On behalf of Allina Health, we appreciate the opportunity to provide comments on the ONC USCDI Draft v3. We ask that the agency continue with stakeholder outreach as this moves forward in conjunction with regulations that incorporate USCDI standards.

Sincerely,



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