



April 28, 2022

Micky Tripathi, PhD MPP
National Coordinator for Health Information Technology
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

Delivered Electronically via <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#draft-uscdi-v3>

RE: Draft United States Data for Interoperability (USCDI), Version 3 (V3)

Dear Dr. Tripathi,

Emory Healthcare, part of Emory University, is an integrated academic health care system committed to providing the best care for our patients; educating health professionals and leaders for the future; pursuing discovery in all its forms, including basic, clinical and population-based research; and serving our community. As the clinical enterprise of the Robert W. Woodruff Health Sciences Center of Emory University, Emory Healthcare remains the most comprehensive health care system in Georgia, providing extensive inpatient and outpatient services to a diverse patient population.

Further, Emory Healthcare has a track record of serving at the leading edge of digital innovation on behalf of our care teams and patients, especially when it comes to clinical apps that align with our goals for high-quality, patient care and provider joy in practice, as well as empowering patients to engage in their care electronically. For example, in 2017, Emory Healthcare started building its strategy, governance and operations around FHIR® (Fast Healthcare Interoperability Resources) in the pursuit of harnessing the capabilities of FHIR and advancing the liberal, responsible and legally compliant access to Emory Healthcare's data to support innovation, advancements in patient care and improvements in clinician workflow.

Under the leadership of Julie Hollberg, MD, CMIO, and Jason Atkins, CNIO, and supported by a multidisciplinary Digital Innovation Governance Group, this effort has now grown into a mature program supporting regulatory compliance with the 21st Century Cures Act, governance of digital apps and an internal app development program. Our Digital Innovation Governance Group previously participated in the commenting period for the 21st Century Cures Act Final Rule and has, since then, continued to follow the national conversation around data modernization and interoperability. It is with great enthusiasm and support of USCDI that we submit the below comments for your consideration.

Areas that Emory supports

- Emory Healthcare applauds ONC’s consideration of public comments in the standards advancement process for USCDI. We appreciate the opportunity to be a part of this process due to our keen interest in advancing patient care and patient access to their data through digital innovation.
- Data standards have great utility at Emory Healthcare in the pursuit of providing excellent care for our patients, as well as in the daily operational needs of the system. Data standards are foundational to clinicians’ ability to receive the right information at the right time.
- Whenever possible, Emory Healthcare supports the inclusion of vocabulary standards in USCDI, and notes that, without those vocabulary standards, variation in the content and format of data that is accessed, exchanged or used by providers and users of electronic health information can be expected.
- Emory Healthcare encourages the continued, active inclusion of health care organizations in the development of USCDI and all discussions associated with accessing patient data, be it for clinical care, public health, etc. It is important to have the full picture of how information is documented in the chart, stored in health care organizations’ systems, technical capabilities of those systems and the clinical workflow behind each data element. You will note that our comments below reflect our interest in sharing the health care organization perspective.

Comments on USCDI V3

- Emory Healthcare supports the addition of “Health Insurance Information” to USCDI V3. As a clinically integrated network (CIN), this data supports the needs of our members within our network and our population health goals. And while we applaud the identification of standards for “Health Insurance Information,” the enforcement of the use of these standards versus payer/carrier-specific codes is important. Payer/carrier-specific codes introduce variability and inconsistencies in data that add a layer of complexity to using that data and limit the use of this vital information. As such, Emory Healthcare sees the identification of standards for “Health Insurance Information” in USCDI as an opportunity to drive toward standards versus payer/carrier-specific codes.
- Emory Healthcare supports the move to NDC codes in any data elements relating to “Medications,” as these codes provide granular data needed for interoperability and accuracy in analytics.

Comments on USCDI V2

- Although social determinants of health (SDOH) were first introduced in earlier versions of USCDI, Emory Healthcare would like to note its support of the inclusion of data elements and classes related to SDOH, as this information is key in obtaining the full picture of a patient’s well-being and health for care and goal planning. We fully recognize the importance of SDOH goals and interventions.
 - **Challenges:** However, as we reflect on the importance of collecting this information, we do note some challenges. First, there is the challenge of collecting accurate data; there should be some consideration given to the ongoing validation of standards. Second, on the provider side, considering the constraints

on all health care systems today, if SDOH data are collected, deliberate and measured planning must be in place for the consistent, accurate collection of this data.

- **Data standard:** For SDOH, we support and recommend relying on LOINC for SDOH standardization. The specificity of LOINC supports data analytics related to SDOH for the care of our patient population. We do realize that standards, especially for patient-reported information, must be balanced with the potential risk of losing any richness of response from the patient.
- Although “Unique Device Identifier(s) for a Patient’s Implantable Device(s)” was introduced in an earlier version of USCDI, Emory Healthcare notes the importance of all medical devices and not just implantable devices.

Additional Level 2 comments

In reviewing Level 2 comments, Emory Healthcare notes the following:

- There is a large focus on care team members. Although Emory Healthcare agrees this is important, we do note some concern over the utility of this information if a patient has had only a brief interaction with a care team member. Alternatively, we are in full support of the Level 2 data element, “facility indicator,” as it is equally important to know where a patient has been seen and not just by whom.
- Emory Healthcare also recommends the inclusion of Level 2 data element, “travel information.” We believe this warrants being included, as the potential for infectious disease is increasingly relevant.

Electronic Health Record (EHR) Advancements to Support USCDI

- Emory Healthcare acknowledges ONC’s commitment to avoiding the creation of undue burden on developers of EHR technologies, but we urge ONC to consider the importance of centering these efforts on the necessary exchange of data between patients and their providers. Reducing burdens on CEHRT developers, at the expense of clinician and patient time, is counterproductive in the pursuit of patient care and patient access to their data.

In conclusion, Emory appreciates the opportunity to provide our perspectives on the Draft USCDI, V3. If you have questions regarding our comments, please feel free to contact our Assistant Vice President for Federal Affairs, Jessica Davis at jessica.ann.davis@emory.edu. We look forward to continuing to participate in the development of USCDI.

Sincerely,



Jonathan S. Lewin, MD, FACR
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