



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

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TO: 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 St SW, Floor 7 Washington, DC 20201

FROM: Health Care Authority (HCA)

SUBJECT: DRAFT USCDIV3-HCA COMMENTS AND RECOMMENDATIONS

The Washington State Health Care Authority (HCA) offers the comments below on the Draft third version of the United States Core Data for Interoperability (USCDIV3) published by the Office of the National Coordinator for Health IT (ONC). The Draft USCDIV3 adds data classes/data elements in/for: Health Status, Health Insurance Information, Public Health Reporting, Patient Demographics, and Procedures (referrals). The ONC requested comments on:

1. Are there any improvements needed in the data classes or elements included in Draft USCDI v3, including:
 - a. Appropriate and meaningful data class and element names and definitions?
 - b. Representative examples or value sets used by health IT developers and implementers to fully understand the intent of the data element?
2. Should other data elements classified as Level 2 in the ONDEC system be added to USCDI v3 instead, or in addition to those in the Draft? If so, why?
3. Are there significant barriers to development, implementation or use for any of these data elements that warrant removing them from Draft USCDI v3?

Comments:

The HCA offers the recommendations/comments below.

1. Data Class: Health Insurance Coverage

a. Data Element:

Coverage Type: Categories of health care payors (e.g., Medicare, TRICARE, Commercial Managed Care - PPO).

Comment: The HCA recommends that the definition of “Health Insurance Coverage” be modified as follows (see red/bolded text):

Coverage Type: Categories of health care payors (e.g., Medicare, **Medicaid, Medicaid Managed Care, Medicaid Fee-For-Service**, TRICARE, Commercial Managed Care - PPO).

2. **Data Class:** Clinical Notes

a. **Data Element:**

Discharge Summary Note: A synopsis of a patient's admission and course in a hospital or post-acute care setting. Must contain admission and discharge dates and locations, discharge instructions, and reason(s) for hospitalization.

Comment: The HCA recommends that the definition of a discharge summary note be modified as follows (see yellow highlighted/stricken text and red/bolded text):

Discharge Summary Note: A synopsis of a patient's admission and course in a hospital, ~~or~~ post-acute care (**PAC**) setting, **and behavioral health (BH) including mental health and substance use disorder (SUD) settings**. Must contain admission and discharge dates and locations, discharge instructions, and reason(s) for hospitalization/**placement in the PAC or BH settings. If treatment was for addictive, substance-related, and co-occurring conditions, the discharge summary note must contain documentation of the criteria used for admission, treatment and outcomes, discharge planning and referrals.**

b. **Data Element:**

Progress Note: Represents a patient's interval status during a hospitalization, outpatient visit, treatment with a post-acute care provider, or other healthcare encounter.

Comment: Recommend that the definition of a "Progress Note" be modified as follows (see yellow highlighted/stricken text and red/bolded text):

Progress Note: Represents a patient's interval status during a hospitalization, outpatient visit, treatment with a post-acute care provider, ~~or~~ other healthcare, **or behavioral healthcare** encounter.

3. **Data Class:** Health Status

a. **Data Element:**

Pregnancy Status: Indicator that a patient is currently pregnant, not pregnant, or that their pregnancy status is unknown currently, as it relates to potential risks and exposures.

Comment: The HCA recommends that ONC (i) consider adding the following additional definitions (see red/bolded text); and (ii) if necessary, work with appropriate Standard Development Organizations to create needed vocabulary codes:

- **Post-Partum Women: Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children.**
- **Parenting Women: Women who are parenting children, including those attempting to gain custody of children.**

4. **New Data Class: Health Status**

a. **New Data Elements:**

- Disability Status
- Mental Function (which includes the more specific Cognitive Status),
- Functional Status, and
- Pregnancy Status.

As depicted in the table below, the ONC proposed Data Class “Health Status” would be comprised of the following new data elements: Functional Status, Disability Status, and Mental Function which represent (i) assessments (Functional Status and Disability Status) and (ii) observations (Mental Function).

USCDIV3 Proposed Health Status Data Class	
USCDIV3 Proposed Data Elements for Health Status Data Class	USCDIV3 Proposed Definitions for New Data Elements
Functional Status	Represents assessments of a patient’s capabilities, or their risks of development or worsening of a condition or problem (e.g., Morse Scale - falls, Bradon Scale - pressure ulcer, VR-12 Health Survey, CAGE – alcohol use disorder)
Disability Status	Represents assessments of an individual's physical, cognitive, intellectual, or psychiatric disabilities (e.g., vision, hearing, memory, activities of daily living)
Mental Function	Represents observations related to a patient's current level of cognitive functioning, including alertness, orientation, comprehension, concentration, and immediate memory for simple commands.

Comments: The three new data elements do not provide a complete nor clear categorization of the types of assessments and observations of a patient’s health status, including behavioral health status (both mental health and substance use status).

The HCA recommends the following changes and additions (see yellow highlighted/stricken text and red/bolded text) to represent the proposed data elements/categories more clearly and completely, including representing behavioral health assessments, screening, and observations.

1. We recommend “Behavioral Health Status” be added as an additional Data Element and defined as:
 - **New Data Element: Behavioral Health Status:**
 - Represents biopsychosocial screening and assessments of an individual's:
 - mental health status (e.g., PHQ 2/9, GAD 7, Columbia Suicide Severity Rating Scale, GAIN-SS); and
 - behaviors related to addiction (e.g., AUDIT, CAGE – alcohol use disorder, DAST-10, ASAM Criteria)
2. We recommend that “CAGE – alcohol use disorder” be removed from the proposed definition of Functional Status and be included in the new “Behavioral Health Status” data element (as proposed above). By so doing, the remaining examples of Functional Status assessments are more clearly aligned with a patient’s physical functioning.
3. We recommend that the proposed data element “Mental Function” be renamed **“Behavioral Health Function”** and the definition be modified as follows:
 - a. **New Data Element: Behavioral Health Function**
 - i. Represents observations related to a patient's current **level of:**
 1. **mental functioning** (e.g., cognitive functioning, including alertness, orientation, comprehension, concentration, ~~and~~ immediate memory for simple commands, **suicidality**); and
 2. **use of addictive substances and engagement in addictive behaviors and impact on psychosocial functioning** (e.g., use of alcohol, tobacco, and other drugs; impact family and age-appropriate functioning).
4. In addition, the HCA recommends that ONC work with appropriate Standard Development Organizations to identify/ create needed vocabulary codes and standard representation for the exchange for at least some of the behavioral health screening tools and assessments (e.g., Columbia Suicide Severity Rating Scale).

The table below highlights the changes recommended by the HCA for items #1 -3.

USCDIv3 proposed new Data Elements in the Health Status Data Class	HCA Recommendations:
Functional Status	Represents assessments of a patient’s capabilities, or their risks of development or worsening of a condition or problem (e.g., Morse Scale - falls, Bradon Scale - pressure ulcer, VR-12 Health Survey, CAGE – alcohol use disorder.
Behavioral Health Status	Represents biopsychosocial screening and assessments of an individual's: <ul style="list-style-type: none"> ○ mental health status (e.g., PHQ 2/9, GAD 7, GAIN-SS, Columbia Suicide Severity Rating Scale); and ○ behaviors related to addiction (e.g., AUDIT, CAGE – alcohol use disorder, DAST-10, ASAM Criteria)
Disability Status	Represents assessments of an individual's physical, cognitive, intellectual, or psychiatric disabilities (e.g., vision, hearing, memory, activities of daily living)
Mental Function Behavioral Health Function	Represents observations related to a patient's current level of: <ul style="list-style-type: none"> i. mental functioning (e.g., cognitive functioning, including alertness, orientation, comprehension, concentration, and immediate memory for simple commands, suicidality); and ii. use of addictive substance and engagement in addictive behaviors and impact on psychosocial functioning (e.g., use of alcohol, tobacco, and other drugs; and impact family and age-appropriate functioning).

We thank ONC for its consideration of our comments. If you have any questions, please contact Jennie Harvell via email at jennie.harvell@hca.wa.gov.

Sincerely,



Vishal Chaudhry
 Chief Data Officer
 Health Care Authority