MEDITECH

April 29, 2022

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20416

Dear Dr. Tripathi,

On behalf of Medical Information Technology, Inc. (MEDITECH), I am pleased to offer comments on the *USCDI Version 3*.

We currently support the continued standardization efforts from ONC, especially when it comes to FHIR standards. Therefore, we would like to encourage ONC to continue moving forward with adopting mature FHIR standards.

Health Insurance Information

We believe adding this data class and elements will continue to prepare EHR vendors for ePrior Authorization. We have no concerns about adding this to the USCDI v3. However, we would like to emphasize that for quality reporting having payers create consistent identifier numbers across the payer industry would assist data aggregators. During aggregation, sorting through payer configurations does not allow easy reporting or interoperable data sharing.

> *Coverage Status:* No comment

> *Coverage Type:* The value set linked to this element is not accessible. We would encourage ONC to double-check that this is the value set they are sponsoring and provide a reviewable link.

> *Relationship to Subscriber:* This value set should look to an already existing set used by EHR vendors. Currently, we would recommend FHIR.

> *Member Identifier, Subscriber Identifier, and Group Number:* As stated above, the number configurations should be consistent from every payer. They should also be easily captured within the EHR.

> *Payer Identifier:* This should be a global identifier. If this is part of the USCDI v3, ONC must designate a standard. In addition, there should be strong governance over these identifiers; they should be easy to use, capture, and consistent across all payers.

Health Status

We agree that this class and its elements should be part of USCDI v3. However, to be interoperable in this space, we need the standards to be specific. We also agree that the elements Health Concerns and Smoking Status make sense in this class.

Functional Status, Disability Status, and Mental Function: We have concerns that the size of the LOINC code list is too large to map efficiently or accurately. There needs to be a subset of LOINC codes defined for each of the three elements listed in this section (*Functional Status, Disability Status, and Mental Function)*. Each element needs a limited list of codes that can be mapped. We caution ONC that if the standard nomenclature is full LOINC, the list will be unmanageable and inoperable. These elements also impact CQMs, which need to be considered when looking solely at LOINC codes. Is ONC veering away from SNOMED codes for functional status, preferring LOINC codes instead? Please note that SNOMED codes are currently relevant for CQMs. If ONC is looking to move away from this standard, this should be shared with other impacted federal agencies.

Pregnancy Status: No comment

Laboratory

Specimen Type: We suggest that if this element is added to the USCDI v3, ONC should also add all Specimen elements from all levels. This would add value to all of the specimen elements.

Results Status: No comment

Patient Demographics

Date of Death: ONC should consider using the same naming convention as FHIR here; Deceased Indicator and Date.

Tribal Affiliation: We support the addition.

Related Person's Name and Related Person's Relationship: No comment

Occupation and Occupation Industry: Currently, the list of occupations is so extensive that there can be no consistency in what is chosen with an EHR system. This list needs to be paired down. For example, an IT developer is a developer. There is no need for five different options for this occupation. If this extensive list continues to be the only option, there will be no interoperability with this element. The odds are that an end-user adding this to a patient's profile will select a different occupation than another end-user, and the two will never align if the patient file is being shared. We need a cleaned-up, consolidated list.

Can ONC specify if more than one occupation can be listed? Could there be a primary and secondary occupation listed? We know that consumers can have multiple occupations. For example, perhaps a person is an IT developer during the day and has a welding position by night. The primary work would not cause health concerns for healthcare purposes, but a secondary position could. There should be the ability to list more than one and share both. This is especially true for health equity and providing the best care for those who may fall into this dual job category.

Procedures

Reason for Referral: We believe the following are the two options for listing the element Reason for Referral, but only one should be pursued:

1. If ONC would like this element within the Procedure Class, then the name of this element should be "Reason" and not be specific to referrals.

2. The Referral Class should be created with v3 and have "Reason for Referral" listed under that class if this element is specific to referrals.

The latter would be our preference. However, the FHIR spec listed for "Reason for Referral" encompasses procedures, too; we understand if that is the direction this element takes. Still, it should be renamed to reflect that (option 1).

Thank you for your time and consideration. We look forward to the final version.