



April 30, 2022

The Honorable Micky Tripathi
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street, SW, 7th Floor
Washington, DC 20201

Dear Mr. Tripathi,

On behalf of Provation, I am writing in response to the Office of the National Coordinator for Health Information Technology's (ONC) recent solicitation for comments on Version 3 of the United States Core Data for Interoperability (USCDI). We appreciate the opportunity to share our views.

By way of background, Provation is a leading provider of healthcare software and SaaS solutions for clinical productivity, care coordination, and quality reporting. Our purpose is to empower providers to deliver quality healthcare for all. Provation's comprehensive portfolio spans the entire patient encounter, from pre-procedure through post-procedure, with solutions for physician and nurse documentation, anesthesia documentation, patient engagement, surgical care coordination, quality reporting, order set and care plan management and EHR embedded clinical documentation. Provation serves more than 5,000 hospitals, surgery centers and medical offices and 700 physician groups globally, including 19 of the top 20 U.S. hospitals. In 2021, Provation was acquired by Fortive Corporation, a Fortune 1000 company that builds essential technology and accelerates transformation in high-impact fields like workplace safety, engineering and healthcare.

We want to again commend ONC for its development of the USCDI as the foundation of data elements and classes that all electronic health record technology should be able to collect, analyze and share between providers. Once broadly adopted, the USCDI will lead to improved interoperability and health data exchange, enabling better care coordination, improved health for patients and lower costs.

Our comments reiterate recommendations for additional data elements and classes to be added to the USCDI Version 3 that we first shared with ONC last September. We also wish to associate ourselves with a recommendation made by the Health Information Technology Advisory Committee's Interoperability Standards Task Force to add a new *Surgical Operations Note* data element to Version 3. More detail is below.

New Data Elements and Refinements Recommended for USCDI Version 3

As a leading provider of Procedure Documentation software, Provation appreciates the value of specific and granular data elements for helping optimize care coordination and health outcomes. As such, many of our recommendations for Version 3 add greater specificity and context for elements already in Version 2, and will be invaluable for Care Teams in gaining a more

complete picture of the patient's health profile, and avoiding duplicative tests or treatments. For example, within the *Allergies and Intolerances* data class, we recommend making the *Reaction* element more granular by signifying whether it was *Mild*, *Moderate* or *Severe*. To foster improved care coordination across facilities and reduce the incidence of duplicative tests, new elements for the *Location*, *Date* and *Time* of any clinical tests, diagnostic imaging and laboratory tests should be added to those respective classes. *Pending Tests/Reports* should also be included for these classes.

We note that *Date* and *Time* for lab tests are already considered Level 2 data elements worthy of USCDI adoption in due course because of their adoption and widespread use by clinicians, and their inclusion was also endorsed by the Interoperability Standards Task Force. If ONC does not adopt *Location*, *Date* and *Time* data elements for clinical tests and diagnostic imaging in Version 3, these should at least be added to Level 1 or 2 to signal to providers and developers that future adoption will be seriously considered in future versions of USCDI.

For Version 3, ONC is proposing the *Health Concerns* class be relegated to a new data class for *Health Status*. While we take no position on whether *Health Concerns* deserve status as a class or element, we do believe it should be broken down by *Physical Health Concerns* and *Mental Health Concerns*, or at a minimum, ONC should clarify in the description of *Health Concerns* that it could include either physical or mental health issues. And while it is a valuable data point for attending clinicians, the proposed *Mental Function* data element under the *Health Status* Class is meant to capture issues related to cognitive functioning (i.e. alertness, orientation) and may stop short of including a diagnosed mental illness such as depression.

Under *Medications*, we recommend adding the *Pharmacy's Address* and *Phone Number*, which will help the Care Team in following up on issues related to refills and patient adherence. For *Problems*, we believe the *Date of Resolution* element would be of greater utility if the underlying problems were qualified as *Acute* or *Chronic* (with the latter being seldom truly resolved). For *Unique Device Identifier*, we recommend adding *Implant Date*, *Manufacturer*, *Date of Last Interrogation* and *Last Interrogation Results*.

Under *Procedures*, we support adding *Reason for Referral* as proposed, but also recommend Version 3 contain elements for *Procedure Timing* and *Location of Procedure*, both of which are achieved Level 2 adoption and usage worthy of their inclusion in USCDI.

Under *Vital Signs*, *Inhaled Oxygen Concentration* should be qualified as either *Intubated* or *Supplemental* as the difference between the two can have significant clinical implications. *BMI Percentile* should apply to everyone, not just patients aged 2-20 years, but *Occipital Head Circumference* probably need only apply to neonates and newborns. For all the listed *Vital Sign* data elements, adding the *Date* and *Time* is recommended, which we note is already a Level 2 element and ready for inclusion in USCDI.

Recent Recommendations by the Interoperability Standards Task Force

Finally, the Interoperability Standards Task Force was recently charged with providing recommendations on Version 3. We agree with many of these, but particularly want to lend support for their recommendation that *Surgical Operation Notes* (LOINC 11504-8) be added to the *Clinical Notes* data class. We strongly agree. Surgeries are often seminal events in the health

history of any patient, so enabling patient access to *Surgical Operation Notes* should be given high priority.

Thank you again for allowing us to comment. We greatly appreciate the work of ONC and the tremendous efforts your team has expended on behalf of the nation. If you or your staff have questions or would like to discuss our comments in more detail, please contact me at Daniel.hamburger@provationmedical.com or (612) 313-1550.

Sincerely,

A handwritten signature in black ink that reads "Daniel Hamburger" with a long, horizontal flourish extending to the right.

Daniel Hamburger
Chief Executive Officer
Provation