April 29, 2022

Submitted electronically via www.healthit.gov

Micky Tripathi, PhD MPP
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

Re: Comments on draft USCDI Version 3

Dear Dr. Tripathi:

Thank you for the opportunity to submit comments on the draft United States Core Data for Interoperability (USCDI) Version 3.

PointClickCare is the leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at any stage of a patient's healthcare journey. PointClickCare's single platform spans the care continuum, fostering proactive, holistic decision-making and improved outcomes for all. Over 22,000 long-term post-acute care (LTPAC) providers, and 1,600 hospitals use PointClickCare today, enabling care collaboration and value-based care delivery for millions of lives across North America.

As a healthcare technology platform, our objective is to support the clinical workflows and administrative business operations of our customers. We therefore align with the industry views of the health care providers we serve, and we express support for the comments being submitted by the National Association for the Support of Long Term Care (NASL). We also encourage the ONC to review and consider ongoing initiatives focused on data standards and interoperable health data exchange, such as the PACIO Project and the Gravity Project.

PointClickCare's solutions support numerous use cases for our customers, including facilitating discharge planning, care transitions between acute and post-acute settings, and value-based care. We were pleased to see that many of the data classes and data elements added in USCDI v3 support these use cases by providing additional data elements that can enhance patient matching, standardize key health information that can give care teams a more holistic view of their patients, and enable critical patient information to be shared in real time during care transitions. In particular, the new data elements added under **Health Insurance Information** and **Patient Demographics** will help to provide a more complete view of the patient and support person-centered care. At the same time, we also would like to offer general feedback and recommendations for ongoing modification of USCDI based on some of the challenges that the current framework presents to health IT developers. Our comments and recommendations are as follows.

General Comments and Recommendations

From our perspective as a health IT developer, we echo many of the points and recommendations made by Cerner Corporation in its Draft USCDI v3 Comment Letter. We would especially direct your attention to the "General Comments" and "Recommendations for the future of the USCDI" sections of Cerner's comments on pages 2-5 (https://www.healthit.gov/isa/sites/isa/files/2022-04/Cerner%20Corporation%20Draft%20USCDI%20V3%20Comment%20Letter.pdf).

To underscore and elaborate on a few of Cerner's recommendations:

"Clarify the long-term intent of the USCDI to be the establishment of a common definition/scope for all Electronic Health Information (EHI)." PointClickCare agrees that there is significant ambiguity around how electronic health information (EHI) is defined. Using the USCDI to ultimately define EHI would be helpful for certified health IT developers, providers, and even regulators enforcing these provisions.

"Enable stratification of the USCDI when cited in regulation – particularly for the ONC Health IT Certification Program." Considering that PointClickCare's core EHR platform is focused on the LTPAC providers and patients, we agree that as the USCDI data elements continue to expand, stratification of USCDI data elements would be valuable to help ensure that data overload does not overwhelm clinicians with information that is not relevant for their patient population. For example, pediatric vital signs data elements (such as weight-for-length percentile and head occipital-frontal circumference percentile) would not be relevant to our LTPAC customers. Our other products and solutions designed to support acute care, ambulatory care, and payors similarly only need certain USCDI data elements. We agree that segmenting the data elements and requirements—whether by product type, provider type, or patient population (such as LTPAC)—would help ease the burden both on certified health IT developers and clinicians.

"Establish expectations whereby new versions of the USCDI are to go through a standards development process before being considered for the SVAP or citation in other regulation and/or programs." PointClickCare has also experienced that government agencies and healthcare providers often outpace developers' ability to incorporate new USCDI elements. Incorporating new data classes and elements into interoperability technology is a challenging task, and there is sometimes a lack of awareness that once a new version of USCDI is released, health IT developers need time and specifications to update the technology to meet the new requirements. Having a standard is much easier for developers to implement. Therefore, we fully support this recommendation to have new versions of the USCDI go through a standards development process before being considered for the SVAP.

We also reiterate the concern that as USCDI evolves, future CMS models and innovative payment/reimbursement programs may require USCDI versions beyond the version required by current ONC criteria. For example, Cerner references the new ACO REACH Model which cites USCDI v2 data elements as a requirement for participants even though the current CEHRT compliance standard is USCDI v1. This lack of alignment in the payment model criteria, if they get ahead of the ONC requirements for developers, will be challenging for developers and will put pressure on ONC to update its current requirements to force SVAP revisions.

In addition to these overarching observations and recommendations, we also offer the following specific feedback on data classes and elements through the lens of how they may be applied to our use cases and within clinical workflows.

Comments on Data Elements

Health Insurance Information

This information will be valuable to standardize and share via interoperable health data exchange. The **Identifier** data elements will be important for patient matching. We encourage ONC to obtain additional

input from payors on the specific vocabulary standards for the Health Insurance Information data elements, particularly the **Coverage Type** categories.

Health Status

Functional Status, Disability Status, *and* ***Mental Function****.* Functional status, disability status, and mental function information are important for LTPAC providers to receive and share, particularly when a patient transitions between care settings, but these data points can also be highly nuanced and challenging to capture in a consistent format. Definitions, assessments, and questionnaires vary widely between states and payors, and between different provider types, creating inconsistencies that can be difficult and time consuming for providers to navigate and for health IT platforms to aggregate and transmit in a structured format. Health IT platforms will find it challenging to normalize and attach standards to Activities of Daily Living information across all sectors.

We recommend aligning these elements with the PACIO Project's post-acute care FHIR framework, in particular the PACIO Functional Status (http://hl7.org/fhir/us/pacio-fs/) and Cognitive Status (http://hl7.org/fhir/us/pacio-cs/) Implementation Guides.

We also voice our support for the following recommendations from the Interoperability Standards Workgroup Report to the Health Information Technology Advisory Committee of the ONC (https://www.healthit.gov/sites/default/files/facas/2022-04-13_IS_WG_Phase_1_Recommendations_Report_revised.pdf):

- **"Recommendation 01 – Recommend that ONC rename the Health Status data class as Health Status/Assessments and specify LOINC as the applicable vocabulary standard.** In making this recommendation, clarifying that the intent is not for every EHR to be able to collect/produce every possible health assessment, but rather to make any assessments that are produced available for interoperability, and to accept any assessment received via exchange at least as textual output indexed according to the accompanying LOINC code."
- **"Recommendation 03 – Recommend that ONC establish a robust set of terms representing Health Status/Assessment data elements Functional Status, Disability Status, and Mental/Cognitive Status."**
- **"Recommendation 04 – Recommend that ONC consider referencing the International Classification of Functioning, Disability, and Health (ICF) model as a value set applicable to the Health Status/Assessments data class."**

Pregnancy Status*.* Pregnancy status is a useful data element for maternal and infant health care collaboration and risk identification. One PointClickCare use case where this information could be applied is as part of our real-time notifications to Emergency Department (ED) providers. The notification can tell them if a patient they are treating is pregnant and has risk factors that the ED provider needs to be aware of. We support including the Pregnancy Status data element in USCDI v3.

Patient Demographics

The new data elements in the Patient Demographics data class will be useful for patient matching. Some data elements (such as Tribal Affiliation) could also be leveraged to advance equity and public health initiatives. Overall, we support the addition of the new Patient Demographic data elements.

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In closing, we applaud the ONC for undertaking this effort to define data elements and standards for nationwide, interoperable health information exchange and we thank you for your consideration of our comments.

Sincerely,

William Charnetski
EVP, Health System Solutions and Government Affairs
PointClickCare