

April 29, 2022

Micky Tripathi, PhD, MPP  
National Coordinator  
Office of the National Coordinator for Health Information Technology (ONC)  
Department of Health and Human Services  
Hubert Humphrey Building, Suite 729  
200 Independence Avenue SW Washington, DC 20201

Submitted electronically to:

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

Re: ONC's Draft United States Core Data for Interoperability (USCDI) Version 3

Dear Dr. Tripathi:

The Regenstrief Institute welcomes the opportunity to submit comments on ONC's Draft United States Core Data for Interoperability (USCDI) Version 3 and related data classes standards and elements. The Regenstrief Institute is a local, national, and global leader dedicated to a world where better information empowers people to end disease and realize true health. A key research partner to Indiana University, Regenstrief and its research scientists are responsible for a growing number of major healthcare innovations and studies. Regenstrief is also the steward for vocabulary standards Logical Observations Identifiers Names and Codes (LOINC®) and The Unified Code for Units of Measure (UCUM). A key part of our mission is to develop and advance the adoption of data standards that enable efficient transmission, understanding, and use of health data.

Our comments for USCDI v3 (summarized on page 2), are intended to augment the USCDI with critical input and supports its use in facilitating information exchange and interoperability goals.

If there are questions regarding our comments, please contact Marjorie Rallins, DPM, MS, Executive Director, LOINC and Health Data Standards at [mrallins@regenstrief.org](mailto:mrallins@regenstrief.org) or 317-274-9415.

We appreciate and look forward to continued collaboration with ONC.

Sincerely,



Umberto Tachinardi, MD, MS

Interim President and CEO

Regenstrief Institute

Regenstrief Institute response summary

Office of the National Coordinator for Health Information Technology (ONC)

United States Core Data for Interoperability (USCDI) Standard (Draft Version 3)

Ref: <https://www.healthit.gov/isa/sites/isa/files/2022-01/Draft-USCDI-Version-3-January-2022-Final.pdf>

### **Health Status:**

The Regenstrief Institute believes that Health Status is a critical data class to support patient care and health information exchange. We recommend including LOINC® as a terminology standard to capture all data elements associated with Health Status. The Clinical section of LOINC includes an extensive set of concepts related to health status and we also have a mechanism to include additional concepts as needed. We are pleased that USCDI has chosen LOINC codes to represent almost all status and assessment variables. In general, LOINC concepts related to Health Status will represent the question. For example, LOINC would be used to encode a data field “Pregnancy status” (What is the patient’s pregnancy status?) using 82810-3, whereas other terminologies (such as SNOMED CT) could be used to encode the response (“Pregnant”, “Not pregnant”).

Regenstrief also recommends re-naming smoking status to Tobacco Use Status to more effectively reflect other types of tobacco use (e.g. smokeless tobacco, e-cigarette use) that is routinely captured in patient assessments and exchanged in health IT systems. We also recommend adding LOINC as a terminology standard to capture tobacco use status which would include smoking status. As noted previously, the LOINC terminology is ideally suited to encode a data field that asks for a patient’s Tobacco use status, the question (for example, with a code such as 72166-2 “Tobacco smoking status” or 88031-0 “Smokeless tobacco status”). Other terminologies such as SNOMED CT would be best suited to encode the response.

In addition to this, we recommend the addition of a broader data element such as Substance Use status which capture a wider variety of substance use that is routinely captured in patient assessments and exchanged in health IT systems.

### **Health Insurance Information – Source of Payer Typology Value Set (SoPT Payer Value set )**

The Regenstrief Institute supports the USCDI Task Force recommendation to add Health Insurance Data Class to USCDI Version 3. We also recommend including LOINC as a terminology standard to capture concepts related to a patient’s health insurance status that can be coordinated or mapped to the SoPT Payer Value Set found here: [Source of Payer Typology Value Set](#)

Some LOINC examples include 87520-3 Coverage type and 89061-1 Insurance group number.

## **Laboratory**

The Regenstrief Institute applauds the addition of Specimen type as a data element in USCDI.

We recognize that specimen that specimen is embedded in the text name (and conveyed in the tests codes delivered as LOINC or local codes) in most use cases. However, in those instances where specimen type is not embedded in the LOINC name or where a more specific specimen is required, LOINC has a way to send specimen information as a separate variable in messages via HL7 or FHIR.

As such, we recommend including LOINC as a standard to capture Specimen Type when indicated.

## **Patient Demographics**

Logical Identifiers Names and Codes (LOINC) has an extensive set of concepts to express patient demographic data. We recommend including LOINC as a terminology standard to represent demographic data or to map to other demographic related code sets such as the CDC race and ethnicity code set.

LOINC examples include:

76458-9 Patient Email address

21112-8 Birth date

46463-6 Race or ethnicity

## **Procedures**

The Regenstrief Institute applauds the addition of Reason for Referral as a data element in USCDI V3. We note that the association of Reason for Referral with the Procedures class can be confusing without having a clear definition for procedures as a data class. We also recommend including specific examples to clarify reason for referral concept so that the data element and the intent for its association with the procedures as a data class are clearly understood. Some examples of reason for referral include referral to social services, referral for pre-operative consultation. These examples will help the user understand the broad definition that procedures as a data class includes any type of activity that is performed with or on a patient as part of the provision of care.

## **Average or Mean Blood Pressure**

The Regenstrief Institute supports the addition of average/mean Blood pressure as a distinct and additional data element within the vital signs class of USCDI V3. Including average blood pressure to the USCDI is critically important in supporting health care providers with diagnosing high blood pressure and more effectively assessing blood pressure control.

The Regenstrief institute has been working with the American Medical Association to ensure that there is a broad set of LOINC content to express BP readings. Included in this set are LOINC concepts to encode the average systolic and average diastolic blood pressure over a defined time period or number

of readings to more robustly represent a patient's true blood pressure for clinical decision making. The specific panel that includes average diastolic and systolic can be found here: [Average Blood Pressure Panel](#).