



Intelligent Medical Objects
9600 W Bryn Mawr Avenue
Suite 100
Rosemont, IL 60018

P: 847-272-1242
F: 847-272-7968
akanter@imohealth.com
www.imohealth.com

April 29, 2022

Re: United States Core Data for Interoperability (USCDI)
v3 Draft for Comment

April 29, 2022

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

Re: United States Core Data for Interoperability (USCDI) v3 [Draft for Comment]

Dear Dr. Tripathi,

Intelligent Medical Objects, Inc. (IMO) appreciates the opportunity to comment on the United States
Core Data for Interoperability (USCDI) v3 [Draft for Comment].

IMO provides clinical interface terminology (CIT) to over 4,000 hospitals and clinics, with 800,000
clinicians using it every day, representing 85-90% of the primary care and acute care markets in the US.
CIT forms the foundation for healthcare enterprise information needs including effective management
of EHR problem lists, accurate documentation, and the mapping of over 5 million clinician-friendly terms
across 24 different code systems, including CPT, HCPCS, ICD-9-CM, ICD-10-CM/PCS, LOINC, RxNORM and
SNOMED CT.

IMO has three general comments on Draft USCDI V3 that apply to the specification in its entirety before
proceeding to feedback on the specific Draft Level 2 Data Classes, and Level 2 Data Elements for USCDI
V3:

USCDI Commenting Process and Interface

The USCDI commenting tool is difficult to navigate. The web interface does not archive external comments on previous versions of USCDI or reference the date on new data class and data element submissions. With comments, data class, and data element submissions dating back to October of 2020 and applying to previous versions of the USCDI as well as V3, it is difficult to determine *which* comments, proposed data classes, and proposed data element submissions are relevant to review, and which are not. It is also difficult to follow which proposed data classes and elements have been renamed or moved within the draft USCDI V3 post January 2022 draft publication. IMO would appreciate more clarity from the ONC in communicating the provenance of proposed changes in future draft versions of the USCDI, as difficulty in navigating the comment interface discourages the implementation community from providing feedback on the USCDI.

Future Direction of the USCDI

As the USCDI is not meant as an aspirational specification, but rather as a minimum requirement to produce standardized and interoperable content (MDS), classes and data elements need to be reliable and easily available. Many submitters are attempting to improve interoperability by putting forward new ideas for content that are not already present in the ecosystem. USCDI should focus on making existing minimum data more useful and interoperable before expanding scope or introducing new flexibility. The challenge for USCDI to make the MDS more useful is to reduce variability and lack of semantic interoperability in the existing data classes.

Submission Criteria for New Data Classes and Data Elements

Many submissions that rely on SDO-balloted technical specifications to establish use cases for new data classes and data elements in USCDI Draft V3 do *not* meet the ONCs requirements for maturity or exchange as Level 1 or Level 2 data elements. An SDO-balloted technical specification that in STU maturity and undergoing testing is not an implemented technical specification. An SDO-balloted technical specification at normative maturity but with very little implementation does not meet the ONCs requirements for maturity or exchange between organizations with different EHR/HIT systems. Many of the value sets specified in immature or poorly implemented technical specifications are not well curated and are poorly aligned with the intent of the specification. While these submissions meet *comment level* requirements, they are far from ready for implementation as *Level 1* or *Level 2* submissions.

It is unclear if the ONC expects the community to evaluate submissions for proposed Level 2 data classes and data elements in Draft USCDI V3 to determine if these submissions meet ONC requirements, or if the ONC should review Level 2 submissions more thoroughly before posting for comment.

As a number of the proposed Level 2 data classes and data elements submitted for Draft USCDI V3 do not meet ONC's stated criteria for inclusion in USCDI, it is IMO's concern that subsequent versions of the USCDI could be difficult to implement in ONC Certified Health Information Technology (HIT).

IMO Feedback on Draft USCDI V3 and proposed Level 2 data classes and data elements

IMO Feedback on the Draft USCDI V3 and proposed Level 2 data classes and data elements is as follows:

Level 2 Data Class: Allergies and Intolerances**Level 2 Data Element: Substance (Non-Medication)****Level 2 Data Element: Substance (Food)**

While IMO agrees that documentation of non-medication allergies is important in clinical care, we do have concerns regarding maturity and use of the technical specifications cited to support the proposed Level 2 data element submissions in this data class.

The following technical specifications are cited to support the proposed level 2 data elements in the Allergies and Intolerances data class:

- C-CDA Implementation Guidance Conformance (CONF:1098-16324), for Substance or Device Allergy - Intolerance Observation (V2)
- FHIR US Core Allergy Intolerance Profile: (v1.0.0: STU based on FHIR R3).
- FHIR US Core Resource Profile: USCore AllergyIntolerance (v5.0.0 Preview CI Build)

The C-CDA specification for Substance or Device Allergy is not widely implemented and therefore does not meet the requirement as a Level 2 data element. The value set referenced in the specification, ***Substance Reactant for Intolerance OID: 2.16.840.1.113762.1.4.1010.1*** is poorly curated. This value set contains over 47,000 codes, includes active pharmaceutical ingredients (single and multiple ingredient drugs and mix of branded and non-proprietary names), drugs used in veterinary medicine to include Ivermectin (Heartgard Plus) and Chlorhexidine Gluconate (Vet One), as well as codes for non-medications.

Neither FHIR technical specification meets the criteria for a Level 1 or Level 2 data element as they have not been implemented in production environments. The FHIR R3 US Core Allergy Intolerance Profile references the value set, ***Substance Other Than Clinical Drug OID: 2.16.840.1.113762.1.4.1010.9***. This value set is poorly curated, contains over 21,000 codes that include codes for antibodies, antigens and amino acids in addition to relevant content for non-medications. It is also worth noting that the v5.0.0 FHIR AllergyIntolerance profile references an entirely different value set ***Common substances for allergy and intolerance documentation including refutations OID: 2.16.840.1.113762.1.4.1186.8*** which includes substances, medications, and food.

IMO does not support the inclusion of Level 2 data elements (Substance (Non-Medication), Substance (Food)) in the Allergies and Intolerances Data Class in USCDI V3 as currently proposed.

Data Class: Assessment and Plan of Treatment
Draft V3: SDOH Assessment

IMO supports the inclusion of SDOH Assessment in the Assessment and Plan of Treatment Data Class in USCDI V3 and recommends that the Applicable Vocabulary Standard(s) category be expanded to include ICD-10-CM Z codes recently developed for Social Determinants of Health. However, we strongly caution against the inclusion of *specific* value sets to represent SDOH assessments without alignment to SDOH screening tools by domain that have a history of implementation in clinical care environments.

Level 2 Data Element: Incontinence

IMO supports the inclusion of Incontinence as a Level 2 data element in the Assessment and Plan of Treatment Data Class in USCDI V3. IMO agrees with the submitter that assessment of incontinence is important to the quality of patient care, structured documentation is well supported by established CMS assessment instruments with associated HIT standards and can be easily implemented in ONC Certified HIT.

Level 2 Data Class: Biologically Derived Product

Level 2 Data Element: Product Code

Level 2 Data Element: Unique Identifier

Level 2 Data Element: Source Identifier

Level 2 Data Element: Division

Level 2 Data Element: Processing Facility

While IMO agrees that exchange of information regarding biological entities for transplants or blood products has importance, neither the technical specifications cited in the submission, nor the referenced terminologies are widely in use in ONC Certified HIT or implemented in clinical care.

The FHIR Resource to support the submission as a Level 2 Data Class, **Biologically Derived Product** **BiologicallyDerivedProduct (R5 Draft Ballot)** is not in use in production environments. The use of ISBT 128 Product Codes for Medical Products of Human Origin required by the resource could be a significant roadblock to implementation as this code system is not widely used in ONC Certified HIT to support clinical care.

IMO does not recommend that the proposal for Biologically Derived Product data class or data elements for inclusion in USCDI V3. While the use and exchange of ISBT 128 Product Codes for Medical Products of Human Origin between HIT has value in automation of NHCN reporting, this terminology is not required in regulation for ONC Certified HIT. IMO supports the inclusion of ISBT 128 in future regulation for interoperability, and eventual inclusion in the USCDI.

Level 2 Data Class: Exposure/Contact Information**Level 2 Data Element: Exposure/Contact agent****Level 2 Data Element: Exposure/Contact Date****Level 2 Data Element: Exposure/Contact Direction****Level 2 Data Element: Exposure/Contact Source/Target Participant****Level 2 Data Element: Exposure/Contact Type**

IMO supports the proposal to include the Level 2 Data Class for Exposure/Contact Information and the specified Level 2 data elements in USCDI V3.

While technical specifications cited for inclusion of this data class demonstrate mixed maturity, the **CDA R2 Implementation Guide for Electronic Case Reporting (eCR)** and **Electronic Lab Reporting (eLR)** require the data elements described in the submission for the CMS Promoting Interoperability Program as well as state, tribal, local, or territorial (STLT) public health agencies and are supported by ONC Certified HIT.

Level 2 Data Class: Family Health History**Level 2 Data Element: Family Health History**

IMO supports the inclusion of the proposed Level 2 Data Class for Family Health History and the specified level 2 data element for Family Health History. The data class and data element are currently specified as part of ONC HIT certification criteria, and SNOMED CT and LOINC are widely implemented to capture family health history.

Level 2 Data Class: Functioning**Level 2 Data Element: Functional Status****Level 2 Data Element: Disability Status****Level 2 Data Element: Mental Function**

While IMO agrees that the exchange of information regarding standardized assessments of patients' capabilities, conditions, or problems should be included as a Level 2 data class for Functioning in the USCDI, the submission for the proposed Level 2 Data Element for Disability Status does raise some concerns, as described below.

Level 2 Data Element: Disability Status

The submission for this data element cites the **FHIR Implementation Guide for Electronic Case Reporting (eCR), Resource Profile: Disability Status (v2.0.0: STU 2 FHIR R4)** which references a value set for **Disability Status OID: 2.16.840.1.113762.1.4.1099.49**. This value set consists of 6 LOINC codes to define disability for the Disability Status use case. IMO notes that while the resource profile is practical and based on existing tool documentation, it does not meet the *implementation* requirements for a

level 2 data element. Of particular concern is the Disability Status value set developed by the Assistant Secretary for Planning and Evaluation (ASPE) in 2011. This value set is quite limited in scope and does not serve to capture the range of variables for disability.

IMO would encourage the ONC to coordinate with ASPE to develop a more inclusive value set that better aligns with the needs of the disability community.

Level 2 Data Element: Functional Status

The submission notes that the **CMS Data Element Library** references instruments used in assessing the functional status of patients in clinical settings. Many of these are codified in common terminologies such as LOINC and SNOMED CT and adapted to use in ONC Certified HIT.

Level 2 Data Element: Mental Function

The submission for this data element references the CMS Data Element Library and multiple codified instruments for assessing cognitive function in inpatient, ambulatory, and long-term care settings in HIT. Also noted in the submission is the use of value set **Cognitive Assessment OID: 2.16.840.1.113883.3.526.3.1332** in the **MIPs program eCQM CMS149v8**.

IMO does support inclusion of the proposed Level 2 data elements for Functional Status and Mental Function supported by the use cases cited in the submission. However, IMO has reservations regarding the technical specification for the Level 2 data element for Disability Status in the Functioning Data Class. The submission does not meet the requirements for a Level 2 Data Element for production implementation or exchange between systems.

Data Class: Immunizations

Data Element: Immunizations

Level 2 Data Element: Vaccination Administration Date

Level 2 Data Element: Vaccination Event Record Type

Level 2 Data Element: Immunization Status

Level 2 Data Element: Reason Immunization Not Performed

Level 2 Data Element: Immunization Code

IMO supports the inclusion of the proposed Level 2 data elements in USCDI V3. Many technical specifications with a wide range of maturity were cited for inclusion of this data class and data elements. This information is routinely exchanged between clinical environments and state, tribal, local, or territorial (STLT) public health agencies, and are supported by ONC Certified HIT.

Data Class: Laboratory

Data Element: Tests

Data Element: Values/Results

Level 2 Data Element: Specimen type

Level 2 Data Element: Result Status

Level 2 Data Element: Laboratory results: date and timestamps

Level 2 Data Element: Laboratory Test Performed Date

Level 2 Data Element: Laboratory Result Value

Level 2 Data Element: Specimen source site

Level 2 Data Element: Specimen collection date/time

Level 2 Data Element: Specimen Identifier

Level 2 Data Element: Test Kit Unique Identifier

IMO supports the inclusion of the Laboratory Data Class in USCDI V3 to include the Draft data elements for Tests and Values/Results. **We would propose additional data elements for UCUM units, normal ranges or flags for abnormality, and data elements to indicate if the lab test was ordered, and/or performed.**

However, we do question the capability of ONC certified HIT to store and exchange the Level 2 Data Elements detailed in the submission and those we would propose. While many of these data elements are implemented in CLIA for routine exchange between labs and state, tribal, local, or territorial (STLT) public health agencies, we request that this submission be reviewed thoroughly for implementation in ONC certified HIT.

Data Class: Health Status

Data Element: Health Concerns (reclassified?)

Level 2 Data Element: Functional Status (see Functioning Data Class)

Level 2 Data Element: Disability Status (see Functioning Data Class)

Level 2 Data Element: Mental Function (see Functioning Data Class)

Level 2 Data Element: Pregnancy Status (see Pregnancy Information Data Class)

Data Element: Smoking Status (reclassified?)

IMO would like clarification from the ONC if the Data Class for Health Status, introduced in the January 2022 Draft USCDI V3, will be eliminated in the final USCDI V3 publication in July of 2022 if the proposed Level 2 Data Class, Functioning is finalized?

Data Class: Medications

Level 2 Data Element: Medication Administration

Level 2 Data Element: Negation Rationale

Level 2 Data Element: Dosage

Level 2 Data Element: Discharge medications

Level 2 Data Element: Date Medication Prescribed

Level 2 Data Element: Medication Prescribed Code

Level 2 Data Element: Medication Prescribed Dose

Level 2 Data Element: Medication Prescribed Dose Units

Level 2 Data Element: Medication Prescribed Reason Reference

Level 2 Data Element: Date Medication Administered

Level 2 Data Element: Medication Administered Code
Level 2 Data Element: Medication Administration Dose
Level 2 Data Element: Medication Administration Dose Units
Level 2 Data Element: Medication Administered Reason Reference
Level 2 Data Element: Medications Dispensed
Level 2 Data Element: Medication Administered Performer
Level 2 Data Element: Medication Administration Status
Level 2 Data Element: Medication Request
Level 2 Data Element: Medication Knowledge
Level 2 Data Element: Medication Prescription Patient
Level 2 Data Element: Therapeutic Medication Response
Level 2 Data Element: Medication Statement
Level 2 Data Element: Medication Prescription Do-Not-Perform
Level 2 Data Element: Medication Prescription Status
Level 2 Data Element: Reported Medication (unique)

IMO would like to note while many the proposed Level 2 data elements for the Medication data class are collected and exchanged by ONC certified HIT, not all the proposed Level 2 data elements meet ONC criteria for inclusion in USCDI V3. We have categorized our review of the proposed data elements by these criteria.

Data Elements for Medications: Meet Level 2 Criteria

These data elements are incorporated in eQMs reported in CMS quality programs, represented in implemented terminology specifications, and incorporated in requirements for ONC Certified HIT.

- Level 2 Data Element: Medication Administration
- Level 2 Data Element: Negation Rationale
- Level 2 Data Element: Dosage
- Level 2 Data Element: Discharge medications
- Level 2 Data Element: Date Medication Prescribed
- Level 2 Data Element: Medication Prescribed Code
- Level 2 Data Element: Medication Prescribed Dose
- Level 2 Data Element: Medication Prescribed Dose Units
- Level 2 Data Element: Date Medication Administered
- Level 2 Data Element: Medications Dispensed
- Level 2 Data Element: Medication Request
- Level 2 Data Element: Medication Statement

Data Elements for Medications: Do Not Meet Level 2 Criteria

The following technical specifications are cited in support of proposed Level 2 data elements. These technical specifications vary in maturity and do not yet have widespread implementation in ONC Certified Health IT. Specifications include:

- FHIR US Core MedicationRequest Profile - FHIR v4.0.1
- FHIR US Core MedicationStatement Profile - FHIR v4.0.1
- HL7 CDA® R2 Implementation Guide: Public Health Case Report - the Electronic Initial Case Report (eICR) Release 1, STU Release 3.0
- Making EHR Data More Available for Research and Public Health (MedMorph) Reference Architecture

As the technical specifications that include these proposed data elements mature and are implemented in production environments these data elements could be reconsidered in future versions of USCDI.

- Level 2 Data Element: Therapeutic Medication Response
- Level 2 Data Element: Medication Prescription Do-Not-Perform
- Level 2 Data Element: Medication Prescription Status
- Level 2 Data Element: Medication Prescription Patient
- Level 2 Data Element: Medication Knowledge
- Level 2 Data Element: Medication Administration Status
- Level 2 Data Element: Medication Administered Performer
- Level 2 Data Element: Medication Prescribed Reason Reference
- Level 2 Data Element: Reported Medication (unique)

Level 2 Data Class: Nutrition and Diet

Level 2 Data Element: Oral Diet Type

Level 2 Data Element: Oral Diet Fluid Consistency

Level 2 Data Element: Oral Diet Texture Modifiers

Level 2 Data Element: Oral Nutritional Supplement

Level 2 Data Element: Enteral Nutrition Type

Level 2 Data Element: Enteral Nutrition Volume

Level 2 Data Element: Enteral Nutrition Rate

Level 2 Data Element: Enteral Nutrition Frequency

Level 2 Data Element: Enteral Nutrition Additive

Level 2 Data Element: Enteral Nutrition Flush

Level 2 Data Element: Eating/drinking assistive device

Level 2 Data Element: Oral Diet Nutrient Modifiers

IMO supports the inclusion of the proposed Level 2 Data Class: Nutrition and Diet and the proposed level 2 data elements in USCDI V3. The **Medicare conditions of participation** for healthcare facilities

cited in the **Code of Federal Regulations (CFR) at § 483.60 for food and nutrition services** require that nutritional and special dietary needs are met for patients. Mature and well implemented technical specifications that include **CDA R2 C-CDA Templates for Clinical Notes R2.1** incorporate nutrition data in transitions of care. VSAC value sets curated by the Academy of Nutrition and Dietetics and specified in SNOMED CT, ICD 10, and CPT represent the data elements in this proposed Level 2 data class. ONC certified HIT can support these data elements.

Level 2 Data Class: Observations

Level 2 Data Element: Observation Value

Level 2 Data Element: Observation Code

Level 2 Data Element: Observation Timing

Level 2 Data Element: Observation Subject

Level 2 Data Element: Observation Performer

IMO supports the inclusion of the proposed Level 2 Data Class: Observations and the specified data elements described above. **CDA R2 C-CDA Templates for Clinical Notes R2.1** incorporates observations in mature and commonly implemented document types including Procedures and Progress notes. Numerous VSAC value sets specified in SNOMED CT, LOINC, ICD 10, HCPCS and CPT represent the data elements in this proposed Level 2 data class. ONC certified HIT can support these data elements.

Level 2 Data Class: Pregnancy Information

Level 2 Data Element: Pregnancy Status

IMO supports the inclusion of Pregnancy Status in USCDI V3 but would like to note that the technical specifications cited in the proposal for inclusion in USCDI V3 as a level 2 data element are not currently implemented in production environments.

- IHE International Patient Summary (IPS) Revision 1.1 – Trial Implementation
- IHE PCC Technical Framework Supplement Paramedicine Care Summary (PCS) Revision 1.1 – Trial Implementation
- IHE Patient Care Coordination Technical Framework Supplement Routine Interfacility Patient Transport (RIPT) Rev. 1.1 – Trial Implementation

The 3 technical specifications refer to the **FHIR R4 International Patient Summary Implementation Guide (v1.0.0: STU 1)** Observation for pregnancy status specified in LOINC with answer list codes from LL4129-4. The specifications do not reference LL4129-4, only the following codes:

- Pregnant LA15173-0
- Not pregnant LA26683-5
- Unknown LA4489-6

IMO agrees for the need for the Data Element for Pregnancy Status in USCDI V3 and would support the inclusion of a data element specified with LOINC coding for Pregnancy status 82810-3. The use of LOINC 82810-3 is aligned with the current version of **FHIR R4 International Patient Summary Implementation Guide (v1.0.0 CI Build)** as well as ISA recommendations for Representing Patient Pregnancy Status, which incorporates the LL4129-4 answer codes in the correct format. ONC certified HIT can exchange this data element.

Data Class: Problems

Level 2 Data Element: Date of Onset

IMO does not support the Date of Onset as a proposed Level 2 Data Element in USCDI V3. While it is specified as a search parameter in the **FHIR US Core Implementation Guide (4.0.0 STU4 Release)**, it is not universally recorded in all ONC Certified HIT, and there is no standard for exchange in ONC requirements for HIT Certification

Data Class: Procedure

Level 2 Data Element: Procedure Timing

Level 2 Data Element: Location of Procedure

IMO supports the inclusion of proposed Level 2 Data Elements for Procedure Timing and Location of Procedure in USCDI V3. These data elements are incorporated in mature technical specifications including **CDA R2 Implementation Guide: Healthcare Associated Infection (HAI) Reports, Release 3**. ONC certified HIT should be capable of exchanging these data elements.

Level 2 Data Class: Social Determinants of Health

Level 2 Data Element: Outcomes

IMO supports the proposed Level 2 Data Class for Social Determinants of Health in USCDI V3. However, IMO does not recommend the proposed Level 2 data element Outcomes for USCDI V3. Vocabulary standards are not well developed to represent this concept, and it is not yet represented in a published technical specification.

Level 2 Data Class: Social History

Level 2 Data Element: Social History Observation

Level 2 Data Element: Alcohol Use

Level 2 Data Element: Drug Use

Level 2 Data Element: Sexual Activity

Level 2 Data Element: Refugee Status

Level 2 Data Element: Congregate Living

IMO supports the proposed inclusion of the Level 2 data class for Social History in USCDI V3. The Level 2 Social History elements included in the submission are incorporated in eQMs reported in CMS quality programs, represented in implemented terminology specifications such as the CDA R2 Implementation Guide, C-CDA Templates for Clinical Notes, present in standards for electronic case reporting (eCR), well documented in structured data, and incorporated in interoperability requirements for ONC certified HIT.

Data Class: Unique Device Identifier(s) for a Patient's Implantable Device(s)

Level 2 Data Element: UDI-Production Identifier-Serial or UDI-PI-Serial

Level 2 Data Element: UDI-Device Identifier or UDI-DI

Level 2 Data Element: UDI-Production Identifier-Lot or UDI-PI-Lot

Level 2 Data Element: UDI-Production Identifier-Manufacturing Date or UDI-PI-Manufacturing Date

Level 2 Data Element: UDI-Production Identifier Expiration Data or UDI-PI-Expiration Date

Level 2 Data Element: UDI-Production Identifier-Distinct Identification Code or UDI-PI-DIC

IMO does not support the additional Level 2 Data Elements in the data class for Unique Device Identifier(s) for a Patient's Implantable Device(s). The currently specified data element in Draft USCDI V3, Unique Device Identifier(s) for a patient's implantable device(s) combines all of the proposed level 2 data elements in one value. Breaking this value up into separate entries adds no additional value and creates extra burden for HIT developers.

Level 2 Data Class: Substance Use

Level 2 Data Element: Substance Use

IMO supports the proposed inclusions of the Level 2 data class and data element for Substance use. However, the technical specification cited for the Level 2 submission is missing a number of LOINC codes used in evaluating alcohol use. IMO notes that the value set for Substance Use Disorder OID: 2.16.840.1.113883.3.464.1003.106.12.1001 specified in eCQM 137 for Alcohol and Drug Dependence, includes codes for evaluating alcohol use as well as other substances.

Data Class: Vital Signs

Level 2 Data Element: BMI

Level 2 Data Element: Vital sign results: date and timestamps

Level 2 Data Element: Average Blood Pressure

Level 2 Data Element: Oxygen delivery device

IMO supports the inclusion of the proposed Level 2 data elements for the Vital Signs data class in USCDI V3. The Level data elements included in the submission are incorporated in eQMs reported in CMS quality programs, represented in implemented terminology specifications such as the, **CDA R2 C-CDA Templates for Clinical Notes R2.1**, and **C-CDA Document Types for History and Physical and Care Plan**, documented in structured data, and incorporated in interoperability requirements for ONC certified HIT.

April 29, 2022

Re: United States Core Data for Interoperability (USCDI) v3
Draft for Comment

The USCDI is a valuable resource to advance healthcare information interoperability and improve patient care. It is exciting to see engagement from the health IT community in the many proposals for new content. However, we must not lose sight of the intent of the USCDI as a baseline standard for interoperability and the potential repercussions on user experience and workflow from unconstrained growth.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew S. Kanter". The signature is fluid and cursive, with a long, sweeping underline.

Andrew S. Kanter, MD MPH FACMI FAMIA
Chief Medical Officer