



April 29, 2022

Steven Posnack, Deputy National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology (ONC)  
U.S. Department of Health and Human Services  
330 C St SW  
Floor 7  
Washington, DC 20201

Re: USCDI Draft Version 3

Dear Mr. Posnack,

To whom it may concern,

As a leading global medical technology and digital solutions innovator, GE Healthcare believes in the importance of promoting health IT in the areas of a data-driven ecosystem, security, and interoperability. With over 100 years of healthcare industry experience and around 50,000 employees globally, we share the commitment of the goals of Office of the National Coordinator (ONC) and the USCDI Task Force to improve Health IT. We submit these comments with respect to Clinical Tests, Diagnostic Imaging and Patient Demographics support of that shared goal.

### **Clinical Tests (v1 update)**

- **Clinical Tests**

We support the update of Applicable Vocabulary Standards to LOINC version 2.71. We note that the "[USCDI Clinical Tests Minimum Set](#)", maintained by ONC as steward, includes only one EKG test code, *Cardiac stress test EKG study Type (76645-1)*.

We propose that ONC expand the "USCDI Clinical Tests Minimum Set" to include the following LOINC codes:

- *12 lead EKG panel (34534-8)*
- *EKG study (11524-6)*

To enable current and anticipated use of this data element in apps and applications accessing data via FHIR and SMART APIs, additional distinct data EKG elements are needed to facilitate interoperability between ancillary devices and EHRs for data acquisition, processing and

analytics. We suggest that ONC encourage LOINC to implement additional EKG codes to represent *Resting EKG* and *Ambulatory EKG*. Ambulatory EKG should be further segmented to represent Holter monitor, personal mobile wellness, internal and external loop recorders tests. Each of these yield different structured or unstructured (narrative) findings that are relevant to atrial fibrillation.

## **Diagnostic Imaging (v2 update)**

- **Diagnostic Imaging Test**

We support the update of Applicable Vocabulary Standards to LOINC version 2.71.

## **Patient Demographics**

- **Race and Ethnicity**

We note that the Applicable Standards in USCDI v3 are from 2000 or earlier. There appears to be more recent resources than the [CDC Race and Ethnicity Code Set Version 1.0 \(March 2000\)](#) that could be referenced. We believe, in part based on customer feedback, that ONC should consider the latest CDC Race and Ethnicity Code Set, which is [Version 1.2](#). This version appears to reflect some of the terminology updates exemplified in other recent legislation, such as [Public Law 114-157 \(2016\)](#).

- **Sex (Assigned at Birth)**

To ensure continued clinical accuracy and patient safety related to applications that process imaging and vital signs data, we support maintaining the current data elements “Sex (Assigned at Birth)” in USCDI v3.

Sex (Assigned at Birth) is the most reliable proxy input for some established processing algorithms (such as vital signs monitoring parameters) that currently rely on the binary deterministic representation of sex as an input in order to fulfill their intended use.

We recognize that there have been proposals for alternatives in this category such as “Recorded Sex or Gender” and “Sex For Clinical Use (SFCU).” See [HL7 Informative Document: Gender Harmony - Modeling Sex and Gender Representation, Release 1](#). On the former, Sex (Assigned at Birth) is an optional sub-element of “Recorded Sex or Gender” and it is not yet clear if “Recorded Sex or Gender” in and of itself would meet the needs of the clinical research and processing algorithms already in use in the field. As to “Sex For Clinical Use (SFCU)”, a consensus methodology to establish this element based on patient and clinical context is still under development. This is not consistent with the ONC prioritization criteria for being considered a Level 2 data element in the USCDI, and we recommend it not be included at this time. Overall, we support the work be undertaken by the Gender Harmony project but do not believe that it is sufficiently mature or adopted for inclusion in USCDI v3 to ensure clinical accuracy and safety.

We commend the ONC for its hard work and transparency in the development of the USCDI. If you have any further questions, please do not hesitate to contact Steve Nichols, Director of Interoperability, at [steven.nichols@ge.com](mailto:steven.nichols@ge.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Nichols". The signature is written in a cursive, slightly slanted style.

Steven J Nichols  
Sr. Director of Interoperability, Enterprise Platform Solutions  
GE Healthcare