April 30, 2022

The Honorable 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)

Comments submitted electronically

Dear National Coordinator Tripathi:

The American Medical Informatics Association (AMIA) appreciates the opportunity to comment on the draft USCDI v3 data elements and classes. AMIA is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers, and public health experts who bring meaning to data, manage information, and generate new knowledge across the health and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

AMIA commends your leadership in setting forth USCDI v3 and appreciates ONC's efforts to recognize the complex data needs of multiple stakeholder constituencies. We further commend ONC for efforts to ensure a transparent process as it evaluates data collection for future iterations of USCDI.

AMIA supports a deliberate yet incremental approach to the expansion of data classes and elements. A balance must be achieved between the addition of data fields, especially in areas that are not yet well defined through standardized terminology, and a recognition of the need to minimize burden on front line providers. To minimize provider burden, AMIA urges a sustained ONC commitment to automation. Further, there is a need to tie data collection to clinical relevance. The value of data collection is well established for quality and safety, and appropriate data to inform policymaking will be of utmost importance as collectively we strive to achieve health equity and reduce health disparities.

AMIA offers the following comments on specific data classes.

·   Health Insurance Information: AMIA supports the addition of this data class. It is crucial to increase understanding of barriers to care and how health insurance does not equal access to care.

·   Medications: ONC should consider adding elements to address medication administration and medications dispensed, to include dosage and route.

·   Patient Demographics: ONC references applicable vocabulary standards as the CDC Race and Ethnicity Code Set Version 1.0 (2000), and Office of Management and Budget Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, Statistical Policy Directive No. 15, as revised October 30, 1997. The CDC document outlines self-identified race and ethnicity and observer-identified race and ethnicity. ONC might consider emphasis on self-identification or patient verified race and ethnicity data.

AMIA would be pleased to serve as a resource to ONC as it continues its important work to advance meaningful data collection. Thank you for your time and consideration of these comments.

Sincerely,

Gretchen P Jackson

Gretchen Purcell Jackson, MD, PhD, FACS, FACMI, FAMIA
President and Board Chair, American Medical Informatics Association