



April 29, 2022

Submitted electronically via the [Draft USDI v3 website](#)

The Honorable Micky Tripathi  
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: United States Core Data for Interoperability v3 Draft for Comment**

Dear Dr. Tripathi:

The Joint Commission appreciates the opportunity to comment on the Office of the National Coordinator (ONC) Standards Bulletin 2022-1 (SB22-1) which presents draft version 3 of the United States Core Data for Interoperability (USCDI) standard (Draft USCDI v3).

The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. An independent, nonprofit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. The Joint Commission ORYX® Performance Measure reporting program integrates performance measurement into hospital accreditation, helping organizations improve patient safety, care quality, and patient outcomes. As a leader in the use of electronic clinical quality measures for performance measurement, The Joint Commission considered USCDI v3 categories against current and future anticipated uses of electronic data for measurement and identified measurement use cases to support our comments and suggestions.

#### **Advance Directives**

<https://www.healthit.gov/isa/uscdi-data-class/advance-directives>

The Joint Commission supports inclusion of the Advanced Directives data class. Several clinical quality measures evaluate the presence of comfort measures only.

#### **Encounter Information**

Encounter Diagnosis

<https://www.healthit.gov/isa/uscdi-data-class/encounter-information>

The Joint Commission requests inclusion of Present on Admission (POA) indicators for encounter diagnosis using the HL7 [PresentOnAdmission](#) code system. The *Severe Obstetric Complications* eCQM is one example of a clinical outcome measure that uses the present on



admission indicator to differentiate hospital acquired conditions from those conditions present on arrival. This differentiation is important when developing risk adjustment and prediction models that leverage encounter diagnoses.

#### Admission Source

<https://www.healthit.gov/isa/uscdi-data-class/encounter-information#draft-uscdi-v3>

The Joint Commission requests the inclusion of admission source. This is an important data element our measures use to identify from where the patient is being admitted

#### Patient Demographics

Related Person's Name & Related Person's Relationship

<https://www.healthit.gov/isa/taxonomy/term/2671/draft-uscdi-v3>

The Bulletin states that these two data elements enable linkage between maternal and child records. However, the online data dictionary does not include this description. The Joint Commission stewards several maternal and newborn measures. During pilot testing it has been apparent that it is not easy to link mom/baby records for reporting. The Joint Commission supports the linkage between maternal and child records.

#### Vital Signs

Body Weight

<https://www.healthit.gov/isa/taxonomy/term/846/draft-uscdi-v3>

The Joint Commission recommends SNOMED and ICD-10 codes be considered for newborn weight. Currently Joint Commission's perinatal care measure uses the numerical value within the logic or ICD-10 or SNOMED code if baby weight is not captured using UCUM.

#### Assessment and Plan of Treatment

SDOH Assessment

<https://www.healthit.gov/isa/uscdi-data-class/vital-signs#draft-uscdi-v3>

The Joint Commission recommends collaboration on the mapping for SDOH assessment among USCDI/US Core/QICore. USCDI indicates LOINC and SNOMED, while in QICore, Observation.code requires Binding to LOINC codes (preferred).

#### Health Status

Smoking status

<https://www.healthit.gov/isa/taxonomy/term/811/draft-uscdi-v3>

The Joint Commission recommends representing smoking status with LOINC. Like other health statuses listed, US Core Smoking Status is commonly represented using LOINC. (USCDI indicates SNOMED code).

Thank you for considering our feedback. If you have any questions or concerns, please contact us at [mdardis@jointcommission.org](mailto:mdardis@jointcommission.org) or [syendro@jointcommission.org](mailto:syendro@jointcommission.org)



Sincerely,  
Michelle Dardis  
Director, Department of Quality Measurement  
Division of Healthcare Quality Evaluation  
The Joint Commission