

April 30, 2022
Micky Tripathi, PhD, MPP
Office of National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor, Washington, DC 20201

Dear Dr. Tripathi,

The American Occupational Therapy Association (AOTA) appreciates the opportunity to comment on draft version 3 of the US Core Data for Interoperability (USCDI). AOTA is the national professional association representing the interests of more than 220,000 occupational therapists, students of occupational therapy (OT), and occupational therapy assistants. Occupational therapy defines “occupations” as any meaningful or purposeful activity, which can describe activities of daily living (ADLs), instrumental activities of daily living (IADLs), work, school, hobbies, and social participation. The practice of occupational therapy is person-centered, evidence-based, and enables people of all ages to live life to its fullest by promoting health and purposeful activity. AOTA believes that understanding a person’s whole health, including function, environment, and context is crucial.

AOTA is pleased to see the addition of Health Status as a data class. We support the inclusion of health concerns, functional status, disability status, mental function, pregnancy status, and smoking status as key components of health status. AOTA encourages these items to also be aligned with social determinants of health as these factors can have a significant impact on an individual’s status.

We also support the utilization of the International Classification of Function (ICF) when establishing a framework for health data exchange in regards to function, cognition, and mobility. The Occupational Therapy Practice Framework: Domain and Process –4th edition (OTPF4) was developed based on concepts and terminology from the ICF in an effort to promote standardized interdisciplinary communication.

Functional Status

AOTA encourages USCDI to consider including assessments that assess activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as these are critical elements of an individual's function. We would recommend utilizing tools that already have LOINC codes that assess function on a broader scale (e.g. FASI). The other assessments mentioned as examples (Morse Falls Scale are limited in scope and may not capture sufficient data to communicate an individual’s function beyond basic elements.

We support the use of the CMS Data Element Library but encourage the utilization of other instruments. The post-acute care assessment instruments capture limited information on ADLs that may not provide a full picture of an individual's ability to function after discharge from facilities or after therapy services have ceased.

Disability Status

AOTA supports more consistent collection of disability status. AOTA supports its inclusion in the Health Status class as disability status may fluctuate between and during episodes of care. Disability status is captured consistently by occupational therapy practitioners through assessment and intervention. AOTA encourages USCDI to consider how data from occupational therapy practitioners can be utilized in this data class.

We encourage USCDI to also consider how this data can be patient reported to capture the individual's interpretation of their disability status and identify inconsistencies in reporting. Utilizing self-reported and clinician reported data will provide a more comprehensive picture of the patient's disability status.

Mental Functions

AOTA supports and appreciates the inclusion of mental functions in the health status data class. AOTA has participated in the PACIO Project work on the Cognitive Status Implementation Guide that has since been renamed to Functional Performance. Developing an interoperable and interdisciplinary method of collecting information on an individual's mental functions is crucial in early detection of cognitive decline, onset of delirium, or identification of trends over time. AOTA encourages ONC to consider how this data can be efficiently and accurately collected beyond admission and discharge and how data from other clinicians, such as occupational therapy practitioners, can be utilized in this data class.

We appreciate the opportunity to comment on draft version 3 of the USCDI. Please feel free to contact us if you have any questions or would like any further information.

Sincerely,



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