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September 30, 2022

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

RE: Draft U.S. Core Data for Interoperability (USCDI) version 4

Dear National Coordinator Tripathi,

On behalf of OCHIN, I appreciate the opportunity to submit the following recommendations in response to the Draft U.S. Core Data for Interoperability (USCDI) version 4. OCHIN is a national nonprofit health IT innovation and research network with over two decades of experience transforming health care delivery among underserved communities. OCHIN provides leading-edge technology, data analytics, research, health IT workforce training and development, technical assistance, and additional support services to more than 1,000 locally controlled community health care sites, reaching more than 6 million patients in 45 states and supporting more than 21,000 providers.

OCHIN is committed to driving the widespread development, testing, and adoption of national standards that support interoperability and the suitability of health data for a full range of uses in health care. National data standards are the foundation needed to improve the quality of care, bend the cost curve, and empower patients, while paving the way for payment and delivery transformations, particularly for community-based providers that do not have the resources to comply with varied local, regional, state, and national standards. Further, widely adopted national standards are essential to address structural inequality in health care as well as to mount timely, data-driven responses to public health emergencies. Reducing complexity and duplication not only decreases costs and resource needs but can facilitate solutions that address clinician cognitive fatigue and can contribute to streamlined clinical practice that are critical to address workforce challenges.

The overarching goal of national digital data standardization via USCDI should be to promote nationwide interoperability that supports clinical care and public health while advancing equity and accounting for the end-user experience, particularly among patients and providers in underserved communities. As USCDI continues to develop and iterate, this goal becomes closer to realization.

OCHIN offers the following recommendations to advance national digital data standardization and more detail on each recommendation can be found in the attached appendix:

- Establish a clear regulatory roadmap for ongoing USCDI development and iteration to ensure transparency and active stakeholder involvement from underserved communities to that providers and vendors are able to implement in a manner that reduces cognitive burden for end-users and supports orderly uptake.

- Continue to prioritize social determinates of health elements and domain to support public health responses and drive new payment and delivery models that are sustainable and reflect need among the most clinically and socially complex patients.
- Ensure appropriate and inclusive sexual orientation and gender identity data elements are captured in forthcoming USCDI versions.
- Include data elements capturing advanced directives and prioritize funding efforts to enhance capture and improve the accuracy of these elements.
- Expand the scope of data elements relating to maternal health so we are able to address the serious maternal mortality crisis our nation faces.

Additional funding and resources are needed to accelerate existing efforts that lead to the adoption of national digital data standards aimed at advancing equity and strengthening public health. While we urgently need USCDI data classes and elements supporting public health and equity, poorly developed, tested, timed, and implemented technology and standards result in the largest missed opportunities for underserved communities. These communities have faced historic underinvestment and currently their providers are experiencing high rates of clinician burn-out. According to monthly OCHIN satisfaction surveys, the percentage of OCHIN network clinicians reporting burnout increased from roughly 24% pre-pandemic to a peak of 47% in September 2021, with an overall rating of 35% across the network.[1] Commonly cited challenges—ranging from dwindling staff and financial resources to pandemic fatigue and the everchanging landscape of compliance and billing requirements —echo across the health care industry at large.

As a learning collaborative and research network, OCHIN knows first-hand that data has a direct impact on the quality and accessibility of care, particularly for people of color and other underserved or marginalized communities. Ensuring all providers and patients benefit and participate in a national data standardization effort is essential for success. Thank you for the opportunity to comment and thank you for continuing to adapt and evolve the USCDI.

Please contact me at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
Executive Vice President
Government Relations & Public Affairs

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[1] "Addressing Clinician Burnout: Using Data to Support Care Team and Patient Well-being" OCHIN Blog (December 6, 2021)

Appendix

Recommendation: Create a Regulatory Roadmap for Adoption of Each Version of USCDI.

Driving national adoption of the USCDI (and by extension improving national interoperability) requires that all stakeholders including developers, vendors, health systems, and providers are able plan, prepare, and provide feedback that reflects their capacity to implement needed changes. The ambiguity concerning adoption of version 2, 3, 4, and future versions hinders appropriate planning and prioritization. At a minimum, we urge ONC to offer a session with stakeholders to elaborate on regulatory mechanisms or other policy levers that will drive uptake of each version of USCDI and the timing. We also request that ONC clarify the role of testing and/or certification in the success of the Trusted Exchange Framework and Common Agreement (TEFCA) and in the establishment and development of the USCDI. ONC has previously noted that once the final TEFCA is published, Qualified Health Information Networks (HINs) and their participants will be required to update their technology to support all the data classes included in USCDI in accordance with the requirements in the final TEFCA. Finally, OCHIN supports the coordination of the annual review process for the USCDI with the Interoperability Standards Advisory 2 (ISA) annual review process and urges ONC to explain the relationship between the USCDI and ISA before finalizing.

Recommendation: Include Social Determinants of Health (SDOH) Outcomes as a Data Element.

OCHIN strongly urges the inclusion of the SDOH Outcome elements in USCDI version 4. Firstly, we thank ONC for the inclusion of various SDOH elements in both versions 2 and 3 but note that more is needed for patients to fully benefit from SDOH data collection. SDOH screening, problems/health concerns, and the other included elements are left lacking when patient outcomes are excluded from a record. Providers need to be able to reflect what works, what doesn't, and easily see previous outcomes on a patient's record. The SDOH outcomes category is already in widespread use as a Level 2 element, including it within USCDI version 4 ensures that all SDOH outcomes are accessible and recorded.

SDOH is a mainstay at OCHIN and with our members, specifically, OCHIN members have already completed more than 1 million SDOH screenings. As a result, our members are able to assess population health, include SDOH in considerations of alternative payment models, and inform public policy on critical topics such as COVID-19 vaccination and immunization as well as telehealth utilization among patients facing SDOH barriers to healthcare access. However, our network's ability to realize the promise of SDOH to facilitate referrals for an individual patient's needs are limited by the lack of national SDOH standards which the USCDI process can significantly advance.

Recommendation: Include Sex for Clinical Use, and Recorded Sex or Gender as Data Elements.

OCHIN supports the inclusion of the level 2 data elements Sex for Clinical Use (SFCU) and Recorded Sex or Gender (RSG) in USCDI version 4. Sexual Orientation and Gender Identity (SOGI) standards are necessary to advance equity while curtailing the proliferation of competing (and conflicting) local, state, and regional SOGI standards that would create complexity, cost, and, ultimately, undermine the intended goal of health equity. It is important for health care providers and staff to record patients' administrative sex and gender identity separately and accurately. Administrative sex may affect gender-specific care and a patient's gender identity is relevant to whole patient care and essential to quality clinical care and health outcomes.[2]

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[2] Safer JD, Coleman E, Feldman J, et al. Barriers to healthcare for transgender individuals. Curr Opin Endocrinol Diabetes Obes. 2016;23(2):168-171. doi:10.1097/MED.0000000000000227

Ensuring accurate and differentiated information is important to ensuring patients receive the most appropriate and necessary care for their individual situation.

Recommendation: Include Advance Directives Domains and Elements in USCDI version 4 or allocate resources to accelerate development.

The COVID-19 public health emergency has underscored the importance of increasing preparation and ready accessibility of current advance care planning tools to aid patients and their clinicians when patients are in extremis. The need to support national standards to facilitate interoperability in the context of natural disasters is also becoming more common and frequent and highlights the need for easily exchanged: advance directive observation, care experience preference, durable medical power of attorney, living will, personal advance care plan, and quality of life priorities. In addition to facilitating interoperability for certified health information technology data exchanges, such standards will guide work among states developing registries as well as developers creating tools to support advance care planning. OCHIN is aware of and appreciates concerns for assurance that Advanced Directive information contained on a patient's EHR is up to date, accurate, and patient centric. Advanced Directives are data elements where mistakes and out of date information can lead to the ultimate consequence, however, not including these elements entirely prevents the investment of resources into guaranteeing record accuracy. OCHIN urges the inclusion of Advanced Directives in USCDI version 4 and the active investment into insuring data reliability. This continues to be an important priority.

Recommendation: Expand the Data Elements Relating to Maternal Health and Pregnancy.

OCHIN supports and lauds ONC for including Pregnancy Status in the Health Status Category in USCDI version 3. Enhancing equity in maternal health is crucial as rates of maternal morbidity continue to climb in the U.S., particularly among minority communities, with rates 63% higher in Black communities and 32% higher in Hispanic communities when compared to White communities. Including this data element in USCDI version 3 helps to ensure information essential for a successful pregnancy is conveyed to every member of a mother's care team.

However, maternal health care requires the use of additional data elements that are unique to prenatal care. Prenatal care is a collaborative practice that requires several transitions of care in the ambulatory and acute environments, necessitating a standard and universal data entry and retention system. These data elements inform all clinicians caring for actively pregnant patients and are conveyed in nearly every transition of care. Ensuring that these elements are required for maternal health in any national data standard is essential. The following are data elements that should be the focus of HHS (and by extension ONC) efforts to address maternal health equity:

- Estimated Due Date – This element is critical for clinicians when patients present in labor.
- Cervical exam – This element details observations such as dilation, effacement, and station.
- Fetal heart tones – Establishes fetal viability.
- Fundal height – Indicates fetal growth.
- Fetal number
- Gestational age
- Fetal presentation – This element is key for preparation of delivery.
- Intent to become pregnant (Y/N) – Establishes intent and capacity for childcare.