

September 29, 2022

Micky Tripathi, PhD, MPP  
National Coordinator for Health Information Technology  
Office of the National Coordinator (ONC)  
U.S. Department of Health and Human Services  
330 C St. SW., Mary Switzer Building, Office 7009A  
Washington, DC 20201

**RE: Comments on the Draft US Core Data for Interoperability (USCDI) V4**

Dear Dr. Tripathi,

The Public Health Informatics Institute (PHII) is a program of The Task Force for Global Health, a 501(c)(3) nonprofit organization. Our vision is that every country has the capacity to access, use and share timely information to protect and improve the health of its people. PHII has served as a resource to domestic public health agencies since 1992, advancing solutions to public health informatics challenges by acting as a conduit that connects partners to reach common goals.

PHII collaborated with the Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention (DHDSP) to complete a [national health information technology landscape analysis](#). We provided recommendations to increase widespread implementation of self-measured blood pressure monitoring (SMBP), a promoted strategy within the [US Surgeon General's Call to Action to Control Hypertension](#) report. The landscape analysis provided strategies related to policy, interoperability standards and specifications, and SMBP in practice that could be leveraged or improved to increase SMBP adoption.

High blood pressure impacts 116 million people in the United States and is the leading modifiable risk factor for preventing death from cardiovascular disease. The accurate measurement and interpretation of blood pressure is vital for diagnosing high blood pressure and assessing effectiveness of treatment. As part of our ongoing collaboration with the CDC DHDSP and partnerships with the American Medical Association (AMA) and the National Association of Community Health Centers (NACHC), PHII appreciates the opportunity to provide public comment in support of adding the Average Blood Pressure (ABP) Level 2 data element to the draft USCDI v4.

Over 20 years of clinical evidence and guidelines have shown that ABP is a better indicator of blood pressure status than individual readings alone. ABP is defined in the AMA's Level 2 submission as obtaining and averaging 2 or more blood pressure readings. For tracking SMBP, an average of 28 readings is ideal. Based on our landscape analysis, we found that physicians do not want – nor do they have the capacity – to store, process and act upon the multiple blood pressure readings taken for SMBP. Alternatively, ABP could be used to drive clinical decision making to minimize workload and optimize clinical use, regardless of whether a patient is in an office setting or measuring their blood pressure at home. Recent efforts have also improved the standardization of ABP. In August 2022, [LOINC included a](#)

[revised term description](#) that clarifies the meaning of ABP codes. Moreover, consistent communication of ABP is critical for addressing hypertension nationwide.

Physicians need health IT systems that can store and exchange ABP separately and apart from individual readings. This can help with documentation and enable physicians to use this specific information in their clinical decision making. Laying the groundwork for the consistent communication of needed patient information is a fundamental aspect of the USCDI. Including ABP in the USCDI v4 will enable interoperability of blood pressure information among sites of care, within care teams and with patients. Furthermore, facilitating the capture of this data from non-clinical settings addresses some of the barriers faced by care communities disproportionately affected by high blood pressure. Currently, nearly 500 federally qualified health centers all over the United States receive funding to implement SMBP programs to support some of these communities, but their systems are ill-equipped to store this critical data. PHII requests that ONC include the Average Blood Pressure Level 2 data element in the draft USCDI v4.

We appreciate your consideration.

Sincerely,

A handwritten signature in black ink that reads "Vivian Singletary". The script is fluid and cursive.

Vivian Singletary, ISYE, JM, MBA  
Director  
Public Health Informatics Institute