

March 28, 2023

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

ELECTRONIC DELIVERY

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

Dear Dr. Tripathi,

The National Association of Chronic Disease Directors (NACDD) and its more than 7,000 members seek to strengthen state-based leadership and expertise for chronic disease prevention and control in states and nationally. NACDD's core membership is comprised of the 50 State and eight Territorial Health Department Chronic Disease Directors and their staff who protect the health of the public through primary and secondary prevention efforts and work on "upstream" root causes of chronic conditions. In addition, NACDD unites chronic disease professionals across the United States working in state, tribal, and territorial health departments, nonprofits, academia, and the private industry to promote health and to reduce the burden of chronic disease.

As a national, nonprofit, professional Association, we advocate, educate, and provide technical assistance, to inform programming and grow chronic disease prevention knowledge, leadership, and capacity among our Membership. Clinical data and the interoperability of this data has emerged as an important issue for our Members in the context of chronic disease surveillance and the availability of timely, relevant data on the populations we serve.

Comments

NACDD appreciates the opportunity to provide feedback on the United States Core Data for Interoperability (USCDI) Version 4, specifically in support of the new data element added to the Vital Signs Data Class - Average blood pressure.

Interoperability in the clinical space is key to optimizing many processes including the inclusion of self-measured blood pressure monitoring (SMBP) into patient care. SMBP is an evidence-based strategy for reducing blood pressure and improving control among patients with hypertension and has the potential to address hypertension-related equity issues. SMBP and other types of out-of-office blood pressure monitoring rely on using average blood pressure (ABP) to provide a

representative blood pressure value. A structured field in the EHR that captures ABP (and related metadata) is essential for enabling these technologies to be properly incorporated into care pathways. Blood pressure naturally fluctuates so average values are more representative of a patient's true blood pressure, regardless of the technology used.

Physicians need health IT systems that can store and exchange ABP separately and apart from individual readings. Including ABP in the USCDI v4 will enable interoperability of blood pressure information among sites of care, within care teams, and with patients. It will also improve clinicians' abilities to use these data for quality reporting, clinical decision support, and quality improvement efforts. In addition, it will support state and local chronic disease practitioners' ability to report on required performance measures tied to their funding from the Centers for Disease Control and Prevention to improve blood pressure control among populations within partner health care and community settings. Because of the reasons articulated above, NACDD requests that ONC include the Average Blood Pressure Level 2 data element in the final USCDI v4.

In the draft final USCDI v4 ABP data element [description](#), ONC has defined ABP as “Mean value of two or more blood pressure readings in a specified time period.” We respectfully request clarifying the language to say either “average” to eliminate any confusion end-users could have with mean arterial pressure or using or “arithmetic mean” to differentiate between other types of means (e.g., geometric, harmonic).

We thank you in advance for your consideration of these comments. Please contact Katherine Hohman, Associate Director of Public Health Practice, khohman@chronicdisease.org as needed for any follow-up on this letter.

Sincerely,



John W. Robitscher, MPH
Chief Executive Officer
National Association of Chronic Disease Directors