MEDITECH

April 6, 2023

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20416

Dear Dr. Tripathi,

On behalf of Medical Information Technology, Inc. (MEDITECH), I am pleased to offer comments on the *United States Core Data for Interoperability (USCDI) Version 4*.

We support the continued standardization efforts from ONC, and are in support of the majority of the proposed changes for USCDI v4. We have a few specific comments below encouraging the development of data classes and elements that align with current industry standards.

Vital Signs

Average Blood Pressure: We encourage ONC to provide further specification and standardization if this data element is added to USCDI v4. We have questions regarding the details of what the "specified time period" would be, and would encourage a defined interval to be used to ensure consistency. In defining a specified time period, we encourage ONC to keep maintenance of clinical accuracy at the forefront. A standardized algorithm or protocol would provide more context on the average. For certification purposes, when fields are not standardized in the industry (i.e. averages) and need to be calculated, test tools do not work effectively.

Goals

Treatment Intervention Preference: We agree that this data element should be part of USCDI v4. However, to be interoperable in this space, we need the standards to be specific. Data elements that are broad in scope, such as treatment intervention preference, are difficult for EHR vendors to implement, as they are not granular enough. For certification purposes, when fields are not standardized in the industry, test tools do not work effectively. We recommend limiting new data elements to those that are industry standard. If ONC chooses to move forward with this data element, we would recommend giving it its own data class, which would allow a more granular data breakdown.

Laboratory

Result Reference Range: Use of test specific LOINC codes needs to be reinforced with every EHR in order for ranges to be consistent. In addition, considerations should be made for lab data from point devices which are not subject to the same requirements as lab tests done by more sophisticated instrumentation. Blank reference range fields should not negate the inclusion of a lab result. The specimen source site field is more relevant for microbiology versus chemistry and again should only be required if present/relevant.

Thank you for your time and consideration. We look forward to the final version.