



April 15, 2024

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
Department of Health and Human Services
Mary E. Switzer Federal Office Building
330 C St. SW
Washington, D.C. 20201

[Submitted electronically via oncprojecttracking.healthit.gov]

Dear Coordinator Tripathi:

The Joint Commission appreciates the opportunity to comment on the Office of the National Coordinator for Health Information Technology (ONC) Draft *United States Core Data for Interoperability, Version 5 (Draft USCDI v5)*.

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public in collaboration with other stakeholders, by evaluating health care organizations (HCOs) and inspiring them to excel in providing safe and effective care of the highest quality and value. An independent, not-for-profit organization with a global presence, The Joint Commission has programs that accredit or certify more than 22,000 HCOs and programs in the United States. The Joint Commission evaluates across the continuum of care, including most of the nation's hospitals. Although accreditation is voluntary, a variety of federal and state government regulatory bodies, including CMS, recognize The Joint Commission's decisions and findings for Medicare or licensure purposes.

The Joint Commission supports the following new data elements. Adding these data elements will bring focus on patient-centered care, and ultimately, can improve patient outcomes.

Medications Route

Adding Medication Route will improve the exchange of medication information and aligns with FHIR U.S. Core. Medication Route has been represented in SNOMED CT and used in electronic clinical quality measures for several years. For example, CMS108 and CMS190, venous thromboembolism prevention measures used in the CMS Inpatient Quality Reporting Program, require the exchange of Intravenous Route data using a value set containing SNOMED CT codes for acceptable routes. In 2022, approximately 1,500 hospitals reported these measures to The Joint Commission.

Name to Use and Pronoun

The addition of both Name to Use and Pronouns supports clinicians in the delivery of patient-centered and gender affirming care across the continuum. The work of HL7's Gender Harmony Project established the technical feasibility to consistently define and exchange these data.

Operative Note

This data element will be useful to capture information such as OR and anesthesia start and stop times, which had been difficult to exchange and use. While conducting eCQM development pilot projects, The Joint Commission has noted information that could be used for quality measures and clinical decision support but there is currently no way to map to this data for use in eCQMs.

Interpreter Needed

Identifying a person's self-reported oral and written communication needs is an essential step in determining how to facilitate the exchange of information during care and across care settings. Clearly exchanging interpreter need in addition to preferred language enables parsimonious exchange of language information. As noted in the data element submission, preferred language alone is not sufficient to identify which patients among the non-English preference population need or prefer language services.

Author and Author Role

These elements will provide a way to capture information regarding the Actor that participated in the creation or revision of data that is not currently standardized. This element will enhance current data elements and concepts such as `author_timestamp` and `author_organization`. Examples include but are not limited to provider, patient, family member, and device. This can also link care processes to only those clinicians who should be permitted to perform the procedure. Similarly, device would be helpful to ascertain the data provenance when it was not a clinician that provided the data.

This would impact current STK and VTE Measures. For certain data elements, the chart-based measures look for a specific role (i.e., physician, pharm-d, etc.) when something is documented like device application, reason for not administering. This element will allow for alignment of the chart-abstracted and eCQM, as well clarify the question of who should document something.

The Joint Commission is pleased to answer any questions you may have regarding our comments. If you have any questions, please do not hesitate to me at mdardis@jointcommission.org or Patrick Ross, Associate Director, Federal Relations, at (202) 783-6655 or pross@jointcommission.org.

Sincerely,



Michelle Dardis
Director, Department of Quality Measurement
The Joint Commission