

April 15, 2024

Submitted electronically via: [Draft USCDI V5 Website](#)

The Honorable Micky Tripathi
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services
330 C St SW
Floor 7
Washington, DC 20201

Re: United States Core Data for Interoperability Draft Version 5

Dear Dr. Tripathi,

Vizient, Inc. appreciates the opportunity to comment on the Office of the National Coordinator (ONC) Standards Bulletin 2024-1 (SB24-1), which discusses the latest, draft version 5 of the United States Core Data for Interoperability (USCDI) standard (Draft USCDI v5). Many of the topics in SB24-1, including Draft USCDI v5, have a significant impact on our members and the patients they serve.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality, and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than \$130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Recommendations

In our comments, we respond to various issues raised in SB24-1 and offer our recommendations to constructively improve Draft USCDI v5 and to support efforts related to health equity. We thank ONC for the opportunity to share recommendations related to Draft USCDI v5 and note our general support for several of the changes included in the most recent draft version. However, Vizient believes it is important that additional clarification on a range of data elements be provided before Draft USCDI v5 is finalized. In addition, we offer recommendations for future iterations of USCDI and provide additional suggestions for consideration.

Suggestions for improvement in the data classes or elements in Draft USCDI v5?

As described below, Vizient offers several suggestions related to the data classes or elements included in Draft USCDI v5. Notably, Vizient is generally supportive of several of the changes

included in USCDI v5, as we believe they will help support more robust and accurate data collection for hospitals and other providers.

Should other data elements, already classified as Level 2 on the USCDI web pages, be added to USCDI v5 instead, or in addition to those in Draft USCDI v5? If so, why?

Vizient recommends adding the below Level 2 data elements to USCDI v5. In support of these additions, use cases are also provided for consideration:

- Medications
 - Medication Administration: This allows for further insight and analyses of which medications were administered within visits.
 - Negation Rationale: This will allow for analyses as to what medication orders are being placed and then subsequently cancelled on a regular basis in addition to why they are being cancelled.
- Laboratory
 - Laboratory results (date and timestamps): Date and timestamps would allow for trending of labs over time. This could be especially helpful when initially adding patient data into Fast Healthcare Interoperability Resource (FHIR) databases since the upload date would be similar for all results.
- Observations
 - Observation Value; Observation Code; and Observation Performer: These three elements combined could be used to detail what kinds of observations took place, what the observations resulted in, and who ended up performing those observations during the visit.
- Vital Signs
 - BMI: Inclusion of BMI would allow for quicker querying of patients in FHIR via BMI rather than having to calculate BMI from the data elements “body height” and “body weight.” A potential benefit to patients is that the addition of BMI would provide more health information, especially as certain patients may not do the calculations themselves (e.g., patients outside of the 2-20 years range for which BMI percentile is included currently).
 - Vital Signs Results (date and timestamps): The addition of dates and timestamps would allow for trending of vital signs over time from various visits rather than relying on the date that the vital sign results were uploaded. This information could be especially helpful when initially adding patient data into FHIR databases. For example, if three blood pressures from different visits across three different months were all uploaded at once into an FHIR server, they would all show the same date that they were uploaded rather than having a reference date from when they were actually recorded.
- Social Determinants of Health (SDoH)
 - Outcomes: Vizient agrees with the use description submitted to ONC by the Gravity Project.¹ Overall, addition of the Outcomes element would allow for

¹ <https://www.healthit.gov/isa/taxonomy/term/1846/level-2>

- enhanced measurement of SDoH interventions, which may then also be used in the context of quality measurement. Also, the addition of the Outcomes element would allow for more complete information, as currently available SDoH elements, which are included in different classes, do not include outcomes (e.g., SDoH Assessment, SDoH Problems/Health Concerns, SDoH Goals, SDoH Interventions).
- Procedures
 - Procedure sequence: Consistent with Vizient's [comments](#) regarding USCDI v4, the addition of Procedure Sequence would provide further clarification as to which steps took place from start to finish for each procedure. This information could help support performance improvement, among other benefits.
 - Patient Demographics/Information
 - Pronouns: Consistent with Vizient's prior [comments](#) regarding USCDI v4, Vizient supports including a data element for collection of person identified pronouns. Person reported pronouns, when used in conjunction with other gender and sex-related data elements, are an important part of care, and a standardized data field will provide accuracy and allow providers to deliver more patient-centered care.

Data Elements for Future Consideration after USCDI v5

Vizient appreciates ONC's efforts to build upon USCDI by providing new versions and additional clarity. For future versions of USCDI, Vizient encourages ONC to consider further clarifying the following elements and classes:

- Class: Care Team Members
 - Add care team member specialty options as an element. This change would help hospitals group outcomes by care team member specialty and would provide more comparison opportunities for outcomes across health care organizations.
- Class: Encounter Information
 - Add diagnosis sequence as an element. This addition would give insight to what diagnoses were associated with the designated encounters.
 - Add encounter status as an element. This addition would give insight to whether the encounter had already been scheduled, closed, pending for future appointment, or cancelled.
- Class: Patient Demographics / Information
 - Add "broadband availability" or "cellular service/smartphone availability" as an element. The addition would help match actionable factors to clinical outcomes in underserved populations.
- Class: Medication
 - Add Discharge Medications: This distinguishes which medications were prescribed for a patient to start/continue from the point of discharge and would minimize confusion with medications prescribed as an inpatient.

- Add Medications Dispensed: This allows for differentiation of which ordered medications were actually dispensed (e.g., generic). This may be different from what was ordered or administered, as it is the result of a pharmacy system responding to a medication order.
- Add expiration dates as an element. This would give information on the expiration dates of medications.

Are there significant barriers to development, implementation, or use for any of these data elements that warrant a change in definition, or removal from Draft USCDI v5?

Vizient notes that, as of the time of our comments, we did not encounter barriers to add the selected elements. We encourage ONC to include the elements from the draft USCDI v5 in the final version.

SB24-1: ONC Request for Additional Feedback on Selected Elements

Lot Number

ONC seeks feedback on the new *Lot Number* data element and whether it could be applied more broadly to medications. Vizient is supportive of adding the *Lot Number* data element to the immunizations class and believes it could be more broadly applied to other medications. Under the Drug Supply Chain Security Act (DSCSA), the lot number should be included on the product identifier (e.g., two-dimensional barcode) for the lowest saleable unit of a medication, so the information should be easier to capture than before this requirement was in place. Expanding the functionality to capture the lot numbers for other pharmaceuticals would be useful.

Test Kit Unique Device Identifier

ONC requests feedback on whether the *Test Kit Unique Device Identifier* element would be useful in scenarios outside of the Laboratory data class, and what experience health IT developers have exchanging this element. Vizient is supportive of the addition of this element to the Laboratory data class and encourages ONC to explore its use in other data classes as well. The *Test Kit Unique Device Identifier* element is a very useful data element that enhances test result interpretation, improves patient care, and provides valuable insight for quality control, and recalls. Specifically, the *Test Kit Unique Device Identifier* provides clinicians with information related to the unique nuances of varying tests, which can lead to more accurate interpretations. This element also improves patient care by allowing providers to ensure that patients with ongoing testing can utilize the same test, which provides for a more accurate comparison of results. The *Test Kit Unique Device Identifier* element also provides important identifying information in the case of a recall.

Conclusion

Vizient thanks ONC for the opportunity to share feedback. Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated

health care systems that serve acute and non-acute care needs. Additionally, many are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top health care providers. In closing, on behalf of Vizient, I would like to thank the ONC for providing us the opportunity to comment on USCDI v5. Please feel free to contact me or Emily Jones at Emily.Jones@vizientinc.com if you have any questions or if Vizient may provide any assistance as you consider these issues.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Shoshana Krilow". The signature is fluid and cursive.

Shoshana Krilow
Senior Vice President of Public Policy and Government Relations
Vizient, Inc.