The Joint Commission

April 14, 2025

Steven Posnack
Acting Assistant Secretary for Technology Policy
Acting National Coordinator for Health Information Technology
Assistant Secretary for Technology Policy
Department of Health and Human Services
330 C St. S.W.
Washington, D.C. 20201

[Submitted electronically to https://healthit.gov/isp/ONDEC]

Dear Acting Assistant Secretary Posnack:

The Joint Commission appreciates the opportunity to comments on the Assistant Secretary for Technology Policy's (ASTP) "*United States Core Data for Interoperability (USCDI) Draft Version 6*."

The Joint Commission Enterprise includes The Joint Commission, Joint Commission Resources, Joint Commission International, and The National Quality Forum. The Joint Commission is the nation's oldest and largest health care accreditation organization. Founded in 1951, The Joint Commission's mission is *enabling and affirming the highest standards of health care quality and patient safety for all*. An independent, not-for-profit organization with a global presence, The Joint Commission has programs that accredit or certify more than 24,000 health care organizations (HCOs) and programs in the United States, including most of the nation's hospitals. Although accreditation is voluntary, more than a dozen Joint Commission programs are recognized by federal and state regulatory bodies, including the Centers for Medicare and Medicaid Services (CMS), for Medicare and licensure purposes.

The Joint Commission supports ASTP's continuing efforts to drive interoperability and quality measure alignment through development of the USCDI data element set. An early adopter of electronic clinical quality measures (eCQMs), The Joint Commission develops, implements, and maintains a set of eCQMs for use in our accreditation programs. As part of the accreditation process, Joint Commission-accredited hospitals annually submit patient-level data to support nearly twenty mandatory and voluntary eCQMs. As of 2025, seven Joint Commission-developed eCQMs have been included for use in the CMS Hospital Inpatient Quality Reporting program, and The Joint Commission continues to support CMS measure development and implementation.

The Joint Commission believes that USCDI is an important tool for advancing digital quality measurement and reporting simplification. By promoting a unified set of data elements that are harmonized across multiple data classes, USCDI can guide the health care field towards a standardized platform for measuring quality and support consumer transparency tools and provide quality improvement information, such as allowing for peer benchmarking. Updates to the USCDI element list should prioritize minimized implementation and reporting burden while facilitating data collection that can direct quality improvement.

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The Joint Commission recommends that two data elements used in USCDI draft v6 – Performance Time and Negation Rationale – be used throughout relevant data classes, including across USCDI+ domains, which will limit the addition of closely related data elements with similar intents and streamline implementation across domains.

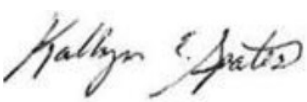
"Performance Time" is currently only included under the "Procedures" data class. Instead, "Performance Time" should be incorporated into all relevant USCDI data classes and replace elements with similar intents but distinct names and description, such as "Date Medication Administered" in Medications; "Vital Signs Results: Date and timestamps" in Vital Signs, and "Observations" in Observations. In each of these cases, a distinct data element is used to capture the same information as "Performance Time." This element may also be added to the Clinical Test, Diagnostic Imaging, Health Status Assessment, and Laboratory data classes to capture the time and/or date an activity within these data classes is performed. A similar opportunity exists related to the use of "Negation Rationale" across data classes to indicate the reason an action was not performed. The Joint Commission recommends that ONC review proposed and existing data elements to avoid creating new elements to serve a similar function as a pre-defined element in another data class.

Additional opportunities for harmonization across USCDI and USCDI+ remain, such as between "Admission Date/Time", "Discharge Date/Time," and "Encounter Time," which exist across separate USCDI+ domains. Clinically, the start and stop elements of Encounter Time are analogous to Admission and Discharge dates or times, creating the possibility of measure consolidation. The Joint Commission recommends combining these data classes and elements into a single data class or element that can then be referenced by USCDI core and USCDI+ domains to promote uniformity, reduce interpretive confusion, and minimize implementation burden. Preventing the misalignment of data elements streamlines the data management process across various health domains and care settings and promotes administrative simplification.

Finally, The Joint Commission recommends bringing selected data elements already present across several USCDI+ domains into the core USCDI data element set. In each case, The Joint Commission believes that the development and implementation burden of 'promoting' these measures to the core USCDI element list would be limited as they are already present in USCDI+ domains and existing CMS reporting requirements. These recommendations are captured below in Table A.

We are pleased to answer any questions you may have regarding our comments. Please do not hesitate to contact me or Patrick Ross, Associate Director, Public Policy, at pross@jointcommission.org or (202) 783-6655.

Sincerely,



Kathryn E. Spates
Executive Vice President, Public Policy and Government Relations

Table A: Promote USCDI+ data elements

Data Class	Data Element	Description	Already in Domain(s)	Rationale
Laboratory	Laboratory Results: Date and Timestamps	Date and timestamps associated with the completion of laboratory results, that are meta data associated with laboratory results.	Behavioral Health Cancer Public Health Quality	Development and implementation burden are limited due to the existence of interoperable exchange of this data for CMS108v13, CMS190v13, and CMS72v13 used in CMS's Inpatient Quality Reporting Program and Joint Commission's ORYX Reporting Program. In 2023, 1,359 hospitals reported CMS108; 1,220 reported CMS190; and 1,231reported CMS72 to Joint Commission.

Medication	Medication Administration	A record of a patient consuming or otherwise being administered a medication.	Behavioral Health Cancer Public Health Quality Other Use Cases	Development and implementation burden are limited due to the existence of interoperable exchange of this data for CMS71v14 used in CMS's Inpatient Quality Reporting Program and Joint Commission's ORYX Reporting Program. In 2023, 282 hospitals reported CMS71 to Joint Commission.
Pregnancy Information	Gestational Age	The estimated gestational age (in weeks, or weeks and fraction of week) of the pregnancy at the time of the health care encounter (in contrast to the gestational age at birth), beginning from the time of fertilization. Needs to be correlated with the date.	Maternal Health Public Health Quality	Development and implementation burden are limited due to the existence of interoperable exchange of this data for CMS1028v3 and CMS334v6 used in CMS's Inpatient Quality Reporting Program and Joint Commission's ORYX Reporting Program. In

				2023, 183 hospitals reported CMS334 to Joint Commission.
Newborn's Delivery Information	Gestational Age at Birth	The obstetric estimate of the infant's gestation in completed weeks based on the birth/delivery attendant's final estimate of gestation, which should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam. LOINC 76516-4 Gestational age--at birth.	Maternal Health Quality Public Health	Development and implementation burden are limited due to the existence of interoperable exchange of this data for PC-05 and PC-06: Unexpected Complications in Term Newborns used in Joint Commission's ORYX Quality Reporting Program. In 2023, 207 hospitals reported PC-05 and 61 reported PC-06 to Joint Commission.
Newborn's Delivery Information	Birth Weight	The weight of the infant/fetus at birth/delivery.	Maternal Health Quality	Development and implementation burden are limited due to the existence of

				interoperable exchange of this data for PC-05 used in Joint Commission's ORYX Quality Reporting Program. In 2023, 207 hospitals reported PC-05 to Joint Commission.
Outcomes	Adverse Event	Harm to a patient resulting from medical care rather than the underlying disease that requires additional monitoring, treatment or hospitalization, or that results in death.	Behavioral Health Maternal Health Quality Other Use Cases	Development and implementation burden are limited due to the existence of interoperable exchange of this data for CMS996v5 used in CMS's Hospital Outpatient Quality Reporting Program.
Medications	Date Medication Prescribed	The date when the prescription was initially written or authored.	Behavioral Health Maternal Health Public Health Quality	Development and implementation burden are limited due to the existence of interoperable exchange of this data for CMS108v13 and CMS190v13. These measures are used in CMS's

				Inpatient Quality Reporting Program and Joint Commission's ORYX Reporting Program. In 2023, 1,359 hospitals reported CMS108 and1,220 hospitals reported CMS190 to Joint Commission.
Patient Demographics/ Information	Date of Death	Known or estimated year, month, and day of the patient's death.	Behavioral Health Cancer Public Health Quality Other Use Cases	Development and implementation burden are limited due to the existence of interoperable exchange of this data for multiple measures, including CMS159v13, CMS349v7, and CMS56v13 used in CMS's Quality Payment Program.
Medications	Discharge Medications	Indication that a medication should be taken by or given to the patient after being discharged from an	Behavioral Health Maternal Health Public Health	Development and implementation burden are limited due to the existence of interoperable exchange of

		encounter.	Quality	this data for multiple measures, including: CMS104v13, CMS72v13, CMS108v13, CMS190v13, and CMS506v7 used in CMS's Inpatient Quality Reporting Program and Joint Commission's ORYX Reporting Program. In 2023, 1,727 hospitals reported CMS104; 1,231 reported CMS72; 1,359 reported CMS108; 1,220 reported CMS190; and 2,468 reported CMS506 to Joint Commission.
Encounter	Encounter Status	Current state of the encounter: Planned; Arrived; Triaged; In progress; On leave; Finished; Canceled; Entered in error; Unknown.	Maternal Health Public Health Quality	Development and implementation burden are limited due to the existence of interoperable exchange of this data for all measures used in CMS's Inpatient Quality

				Reporting Program and Joint Commission's ORYX Reporting Program.