

April 14, 2025

Steven Posnack
Principal Deputy Assistant Secretary for Technology Policy
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, DC 20201

Dear Mr. Posnack:

The National Committee for Quality Assurance (NCQA) thanks you for the opportunity to provide feedback on the draft version 6 of the US Core Data for Interoperability (USCDI).

NCQA is a private, 501(c)(3) not-for-profit, independent organization dedicated to improving health care quality through our Accreditation and measurement programs. We are a national leader in quality oversight and a pioneer in quality measurement. Leveraging our strengths as a trusted third party, we are committed to helping organizations navigate the challenges associated with improving the health care system. Our mission to improve the quality of health for all Americans propels our daily work.

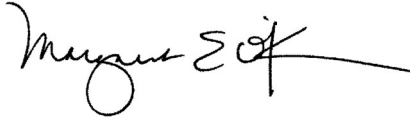
NCQA is pleased to provide the following comments, summarized below and detailed on the following page, on the proposals and considerations for USCDI v6.

- *Comments on ASTP requested items: Care Plan, Diagnostic Imaging*
 - Support the addition of the Care Plan element to USCDI and applaud the inclusion of goals as a minimum required component to support person-centered care plans.
 - Support adding additional detail to the Diagnostic Imaging data class including adding terminology requirements to the structured components of the Diagnostic Imaging Report data element to support exchange of clinical interpretation of results.
- *Additional recommendations for Final USCDI v6*
 - Add additional required components to the Discharge Summary data element to align industry requirements and support high quality care transitions.
 - Expand the Smoking Status data element to include all tobacco products or add a new Tobacco Use Status data element to the Health Status Assessments data class.
- *Other comments*
 - Support for the Department of Veterans Affairs recommendation to add Veteran Status data element to the Patient Demographic data class.
 - Recommend early alignment of the Race and Ethnicity data elements to the updated OMB SPD 15 standard to support clear, aligned standards requirements across the industry.

- Continue to recommend ASTP add the Carin Blue Button (BB) Common Payer Consumer Data Set (CPCDS) elements to USCDI to align requirements across payers and health IT.

Thank you for the opportunity to comment. We remain committed to working with ASTP to build a more efficient and responsible American health care system. If you have any questions, please contact Eric Musser, Vice President of Federal Affairs, at (202) 955-3590 or at musser@ncqa.org.

Sincerely,



Margaret E. O'Kane
President
National Committee for Quality Assurance

Detailed Recommendations

1. Comments on ASTP requested items: Care Plan, Diagnostic Imaging

Care Plan

NCQA applauds ASTP for adding Care Plan to the draft USCDI v6, as care plans are critical components to high quality, person-centered care and care coordination. We agree with the scope of the definition and strongly support the inclusion of goals as a minimum required component to ensure the plans remain person-centered. NCQA uses care plans in our person-centered outcomes measures to monitor and assess care aligned to the goals defined by the person. We are also working within HL7 to develop a **Person-Centered Outcomes FHIR Implementation Guide** that supports the exchange of information related to the identification and tracking of personal outcome goals and care planning broadly, which is complementary to existing implementation guides focused on care plans. The Implementation Guide will be balloted in April 2025.

Diagnostic Imaging

NCQA supports adding more requirements and detail to the Diagnostic Imaging data class to provide usable information related to diagnostic imaging tests and results. We believe including hyperlinks to diagnostic images can be a helpful step towards more interoperable diagnostic imaging data.

We also note there remains a gap in support for exchange of the clinical interpretation of the diagnostic imaging study as part of the diagnostic imaging report, represented as a standardized and structured clinical finding. The clinical conclusions or findings resulting from a diagnostic imaging study represent important information to be exchanged via standard terminology to support appropriate follow-up care and care coordination. NCQA continues to develop measures that require the findings from imaging reports, such as for mammograms and CTs for breast and lung cancer screenings, which routinely represent the clinical findings using the ACR Reporting and Data Systems (RADS). Adding additional clarity around the terminology requirements (RadLex, SNOMED, LOINC) for the structured components of the diagnostic imaging reports to the USCDI element will enhance standardization, reduce burden and time spent on standardization after diagnostic imaging reports are generated, and enhance interoperable exchange of these important data.

2. Additional recommendations for Final USCDI v6

Clinical Notes: Discharge Summary Note

- a. Recommendation type: Modification to existing USCDI element.
- b. Recommendation: Update the required components of a discharge summary note to include: reason for encounter, discharge diagnoses, procedures or treatment provided, current medications, patient instructions, and pending tests.

- c. Rationale: High-quality discharge summaries are considered essential for promoting patient safety during transitions between care settings. The recommended required components of the discharge summary align to requirements set by NCQA's HEDIS measure (Transitions of Care) used in CMS Medicare Advantage Stars and aligns to The Joint Commission requirements. Aligning USCDI requirements to industry standards supports reinforcement of high quality discharge summaries to support transitions of care.

Health Status Assessments: Smoking Status/Tobacco Use Status

- a. Recommendation type: Add a new USCDI element or expand the existing Smoking Status element.
- b. Recommendation: Expand the scope of the Smoking Status element to include assessment of all tobacco products, or add a new element for Tobacco Use Status, defined as assessments of a patient's tobacco use behaviors including use of smoke, vape, chew, or sniff tobacco products. Apply SNOMED CT and LOINC terminology requirements.
- c. Rationale: Tobacco use status encompasses assessment of broader tobacco product use beyond smoked products/cigarettes defined in the existing 'Smoking Status' USCDI element. Comprehensive assessment of tobacco use remains a public health priority and is essential to appropriately providing cessation intervention. Intervention should be provided for any tobacco use, not just smoked products/cigarettes. NCQA is currently developing a measure to incentivize routine tobacco use screening and cessation intervention and this data is routinely captured with standard terminology.

3. Other comments

Patient Demographic/Information: Veteran Status

NCQA supports the Department of Veterans Affairs recommendation to add a Veteran Status data element to USCDI. This data element can support both clinical and administrative workflows by ensuring that Veterans receive the specialized care and benefits they deserve, and its exchange between healthcare providers is essential for ensuring continuity of care and improving health outcomes for veterans. Additionally, a Veteran Status data element can be leveraged in aggregated health data to support quality measurement and targeted interventions for the Veteran community.

Patient Demographic/Information: Race and Ethnicity

NCQA supports ASTP's stated plans to modify the existing Race and Ethnicity elements and terminology requirements to support implementation of the updated OMB SPD 15 standard in future USCDI versions. We recommend USCDI update to align as early as possible (well in advance of the March 2029 OMB deadline) to support clear requirements and alignment of standards across the industry.

Explanation of Benefits: Carin Blue Button (BB) Common Payer Consumer Data Set (CPCDS) elements

NCQA continues to recommend that the Carin BB CPCDS elements be added to USCDI to support exchange of adjudicated claims information (without financial information), as proposed by Carin Alliance. The CMS Interoperability and Prior Authorization Final Rule requires payers to share patient claims and encounter data with in-network providers with whom the patient has a treatment relationship. This requirement provides a direct scenario where EHRs may begin to accept, store and use Carin BB CPCDS elements. Adding CPCDS elements under the Explanation of Benefits data class to USCDI aligns requirements across payers and health IT and will improve data sharing abilities across health plans and providers. Information sharing reduces redundancy in data collection, can improve the patient experience, and can support record location.