



Physicians Caring for Texans

April 14, 2025

Steven Posnack, MS, MHS
Acting Assistant Secretary for Technology Policy
Office of Assistant Secretary for Technology Policy
U.S. Department of Health and Human Services
330 C St. SW; Floor 7
Washington, DC 20201

Submitted via [ASTP's USCDI webpage](#)

RE: Comments on [United States Core Data for Interoperability Draft Version 6](#)

Dear Mr. Posnack,

On behalf of the Texas Medical Association (TMA) and our more than 59,000 physician and medical student members, we thank you for the opportunity to comment on the United States Core Data for Interoperability (USCDI) Draft Version 6.

TMA recognizes the benefit of standardizing data elements to facilitate interoperability of patient information and appreciates the steps the Assistant Secretary for Technology Policy (ASTP) is taking to advance data sharing. As we have with previous USCDI comment letters, TMA urges ASTP to define applicable vocabulary standards as part of the standardized process to ensure that disparate systems are exchanging data elements with a common language.

Of the five new data elements, four do not have a correlating vocabulary standard. If ASTP adopts the newly proposed data elements, there will be a total of 132 data elements, 57 of which will not have a correlating vocabulary standard. Without vocabulary standards, electronic health record (EHR) vendors can choose their preferred vocabulary standard, which inhibits interoperability. TMA encourages ASTP to work with EHR vendors to reach consensus on vocabulary standards for each USCDI data element. Before advancing additional vendor requirements, ASTP should conduct testing among certified EHR vendors to ensure the data is interoperable between disparate systems.

While TMA agrees with the addition of the proposed data elements, it is important for ASTP to understand that not all data elements are applicable to all medical specialties. EHR vendors should program systems with the ability to suppress non-applicable fields and thus reduce EHR-screen clutter with the goal of improving EHR usability. This will reduce EHR complexity that helps increase physicians' satisfaction while reducing frustration and burnout.

For many years, TMA has advocated for universal use of extensible markup language (XML) or a similar standard (e.g., Fast Healthcare Interoperability Resources, or FHIR) as a way of exchanging meaningful health data, similar to what is used in accounting and other industries. Universal common encoding of all data elements could permit disparate systems to share and consume information much more easily. Information

consumed by a receiving EHR could be placed correctly within the system to give it meaning and make it useful. Requiring this kind of data-element tagging as part of USCDI has the potential to rapidly advance ASTP's interoperability goals while decreasing user burden. Standardized encoding of all data elements supports physicians who need to change EHRs by making it possible to seamlessly move from one EHR to another at little to no cost.

Additionally, ASTP should consider collecting data from qualified health information networks (QHINs) and health information exchanges (HIEs) to understand if the required USCDI data elements can all be exchanged seamlessly and without additional user effort.

Specific data elements

TMA also offers for ASTP's consideration the following feedback on specific data elements of USCDI Version 6.

- *Facility address*: This data element should not be adopted until there is a correlating vocabulary standard.
- *Care plan*: This data element should not be adopted until there is a correlating vocabulary standard.
- *Date of onset*: This data element should not be adopted until there is a correlating vocabulary standard.
- *Family health history*: TMA appreciates the “family health history” data element does have applicable vocabulary standards that will help with exchanging this information. TMA does question this data element being placed in the “Problems” data class since problems are typically related to a current health need for which the patient is presenting. ASTP may want to consider either adding it to “Health Status Assessments” or creating a new “Health History” data class.
- *Portable Medical Order*: TMA appreciates the addition of portable medical orders to address end-of-life care. ASTP should adopt a correlating vocabulary standard to optimize the interoperability of this important information at a critical time in the patient’s care.

TMA appreciates the opportunity to provide feedback on USCDI Version 6. Any questions may be directed to Shannon Vogel, associate vice president of health information technology, by emailing shannon.vogel@texmed.org or calling (512) 370-1411.

Sincerely,



G. Ray Callas, MD
President
Texas Medical Association