April 14, 2025

Steven Posnack
Acting Assistant Secretary for Technology Policy
Office of the Assistant Secretary for Technology Policy
330 C Street SW
Washington, DC 20201

Dear Acting Assistant Secretary Posnack:

On behalf of the American College of Physicians (ACP), I am pleased to share our comments on the latest draft of the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology's (ASTP) United States Core Data for Interoperability (USCDI), Draft United States Core Data for Interoperability Version 6 (Draft USCDI v6). ACP thanks ASTP for the opportunity to provide input on the proposed changes to USCDI. The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

ACP has long supported ASTP's goal of expanding interoperability in the health care system by establishing a standardized data set that can be commonly exchanged across care settings for a wide range of uses. The College's principal consideration for each new data element was its burden-to-benefit ratio for physicians. ACP urges ASTP to consider whether there is clinical value to each data element (i.e., whether the data element has the potential to improve patient care and/or physician decision-making), and if so, whether the burden on primary care physicians of collecting that data element throughout the full spectrum of health entities—from large health care systems to solo practitioners—outweighs its clinical value. ACP strongly believes that the effort and burden required to collect data, especially if the data are low in clinical importance, can be a significant barrier to the implementation and use of any given data element.

Unique Device Identifier

The College supports maintaining the Unique Device Identifier for implantable devices. However, we have concerns about the value and utility of tracking and transmitting this information for non-implantable devices. While we acknowledge the importance of following

many devices for recalls and patient safety, we hesitate to endorse including non-implantable devices due to concerns about clinical importance and the potential increased burden on physicians required to record and track such identifiers. Given the rapid expansion of medical devices and the development of innovative technologies, ACP seeks more clarity and guidance around this data element. Specifically, we wonder about the usefulness of the information for non-implantable devices and its direct relevance to physicians. It can be difficult to conceive of specific non-implantable medical devices that might call for this additional data element and for which the information would be actionable for physicians. We want to ensure that the information conveyed to and asked of physicians is meaningful and worthy of the additional burden.

Care Plan

The College supports the idea of the care plan data element but seeks further guidance in its implementation. One concern is that the plan lacks specificity. Since a care plan in one healthcare system or electronic record is not equivalent to another and can even vary across a single system, there is concern that this might increase the burden without increasing value. In the usage notes, we recommend explaining the operational difference between "prioritized problem" and "health concern," and we recommend increased specificity in the definition. To address the question posed in the standards bulletin, ACP suggests revising the definition and usage notes to better express the desired information by increasing the specificity of the information shared.

Portable Medical Order

ACP supports the inclusion of this element as defined. We believe it conveys critical information and is not overly burdensome for physicians. ASTP could, however, consider renaming the element since it does not describe the relation to life-sustaining care. We suggest renaming the element to be more intuitive and translate more clearly to the intent.

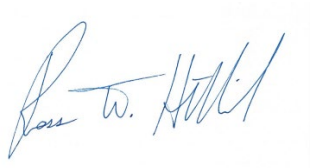
Removal of Data Elements

ACP requests that the data elements Sex, Pronouns, Sexual Orientation, Gender Identity, Name to Use, and Sex Parameter for Clinical Use be included in USCDI v6. ACP has long advocated for the health and well-being of sexual and gender minorities and remains committed to improving health care quality and access for these communities. In alignment with our longstanding policy, we emphasize the importance of these elements in supporting the patient-physician relationship. Their removal could undermine patient trust, discourage disclosure, and reduce engagement with the healthcare system. We also reiterate our previous comments on USCDI v5, where we supported several of these elements. As we supported their inclusion then, we continue to support them now.

Conclusion

ACP appreciates the opportunity to share our perspective and provide feedback on ASTP's Draft USCDI v6. While we understand the intent behind these proposed new data elements, ACP believes the burden of collecting data must not outweigh the clinical benefit of the data for successful implementation and use of proposed data elements. The College looks forward to continuing to work with ASTP to implement policies that support and improve the practice of internal medicine. Please contact Dejaih Johnson, JD, MPA, at djohnson@acponline.org with comments or questions about the content of this letter.

Sincerely,



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