

April 14, 2025

Comments from Wolters Kluwer on USCDI Version 6

Below are Wolters Kluwer's comments to the Office of the Assistant Secretary for Technology Policy (ASTP) on the proposed United States Core Data for Interoperability (USCDI), Version 6. Thanks for allowing us to provide our views.

As way of background, Wolters Kluwer is a leading global provider of clinical technology and evidence-based solutions that assist effective decision-making and outcomes across the healthcare continuum. Key solutions include UpToDate®, UpToDate® Lexidrug™, UpToDate® Patient Engagement, Medi-Span®, Sentri7®, Lippincott® Solutions, Ovid®, and Health Language®. Wolters Kluwer had annual revenue in 2024 of \$6.4 billion.

At the outset, we strongly recommend the Trump Administration continue to build out the USCDI data classes and elements, which enables improved interoperability and exchange of health information data.

USCDI was created during President Trump's first term as a way for the Administration and private industry to work together to identify the critical data needed to enable interoperability and achieve the goal that all patient health information be capable of exchange. Under the President's leadership, Version 1 of USCDI was finalized and officially added to the ONC Health IT Certification Program in 2020.

As President Trump begins his second term in office, his Administration is embarking on a campaign to fundamentally reframe how America's health care system operates, and to reorient that system to focus on the prevention of chronic diseases and empower patients to be more active participants in their health. Enhanced data exchange facilitated by broader adoption and use of USCDI will be vital to support the *Make America Healthy Again* transformation, helping providers and patients with shared decision-making, educating patients on how to optimize their health and ultimately leading to improved health outcomes. USCDI will also be instrumental in advancing two other priorities of the Administration: enabling new research into the causes of chronic disease; and assisting in the development and deployment of artificial intelligence in care delivery.

On the proposed Version 6 of USCDI, we want to again stress the importance of adding data elements that address date and timing. We previously supported the addition of the *Performance Time* data element in the *Procedures* data class but continue to maintain it is not a multi-purpose data element that could apply across data classes. As such, we were pleased to see the proposed addition of the *Date of Onset* data element to the *Problems* data class, and we support its inclusion in Version 6.

Several other data classes in USCDI still need specific data elements that capture date and timing. Nowhere is this more important than with the *Medication* class. As we have previously commented to ASTP, it is critical to provide attending clinicians with granular data on their patient's medications, not only to facilitate smooth continuity of care but to safeguard patient safety. As such, the timing of when medications were prescribed and subsequently administered are vital data points that should be

included in Version 6. This would include *Date Medication Prescribed* and *Date Medication Administered*.

Similar arguments can be made regarding the status and timing of vaccines, and we urge ASTP to also include *Immunization Status* and *Vaccination Administration Date* in Version 6. Separately, ASTP also proposed to include in the USCDI+ Quality data set several date-related elements for the *Allergies and Intolerances* data class, including *Last Occurrence*, *Onset Time*, and *Recorded Date*. We supported the inclusion of all three in the Quality data set and would also support their addition to Version 6.

Additional timing-related data elements that should be added to Version 6 include *Vital Sign Results: Date and Timestamps*, *Laboratory Results: Date and Time Stamps* and *Laboratory Test Performed Date*. The latter two data elements are Level 2 because of their widespread adoption and therefore represent minimal implementation burden to providers and developers.

Thanks again for the opportunity to share our views. If you have questions or want to discuss our response in more detail, please contact Bob Hussey at [bob@bobhussey.com](mailto:bob@bobhussey.com) who can connect you with the appropriate staff at Wolters Kluwer.