



05/12/2025

Steven Posnack, MS, MHS
Acting Assistant Secretary for Technology Policy, Acting National Coordinator for Health Information Technology
Department of Health and Human Services Hubert Humphrey Building, Suite 729
200 Independence Avenue SW Washington, DC 20201

Dear Mr. Posnack:

The Digital Quality Implementers Community (DQIC) appreciates this opportunity to review and provide feedback on ASTP/ONC's United States Core Data for Interoperability Version 6 (USCDI).

The Digital Quality Implementers Community (DQIC) is a collaborative, consensus-driven coalition dedicated to advancing and standardizing tools, platforms, and best practices necessary for digital quality measurement across the healthcare ecosystem. The community brings together leading experts to establish common approaches for open infrastructure, tooling, and best practices in digital quality, with a focus on the adoption of open standards like HL7® FHIR® and Clinical Quality Language.

We have reviewed and discussed the proposed changes to USCDI and believe all the elements proposed will improve the ability to support DQIC's mission. We particularly appreciate the inclusion of the new Medical Devices Class with Unique Device Identifier (UDI), as well as the addition of Care Plan (under Patient Summary of Plan), and Date of Onset (under Problems) which enable the ability for US Core to more fully support quality reporting. However, as noted by other public comments as well as recent public presentations from other organizations, we support modular certification to enable non-certified EHRs to begin to align with USCDI data classes.

After evaluating the maturity of the USCDI v6 model and reading public comments from other industry coalitions, most notably America's Health Insurance Plans (AHIP), the DQIC formally requests ASTP/ONC to consider an effort to poll the industry to determine feasibility of incorporating USCDI+ Quality entirely into USCDI in future versions, reducing or eliminating the need to maintain separate models for quality reporting. This could be undertaken as part of modular certification.

In addition, we would also like to advocate for the incorporation of the Explanation of Benefits (EOB) data class from the CARIN Consumer Directed Payer Data Exchange (CARIN IG for Blue Button®) to support integrated quality reporting. All payers are already required by statute to provide these data elements as part of the CMS Interoperability and Patient Access Final Rule (CMS-9115). In 2027, these elements will also be supported by many Electronic Health Records vendors as they implement the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

Members of the DQIC are aware that these changes are complex and need significant discussion and testing; however, leading members of the Clinical Quality Information (CQI) workgroup in Health Level Seven (HL7®) have begun having these discussions. In fact, some implementers have already performed testing of several cancer screening measures during HL7® Connectathons using only US Core elements and have been successful.

Thank you for your consideration. We welcome further discussion on this important topic.

Sincerely,

The Digital Quality Implementers Community