The Joint Public Health Informatics Taskforce (JPHIT) is pleased to provide the following comments regarding Draft USCDI V6 for consideration. JPHIT is a coalition of 14 national public health associations that optimizes and advocates for the exchange of timely and accurate public health data. JPHIT integrates the expertise and reach of national associations to advance public health information system capabilities by identifying synergies, providing complete perspectives, building consensus, and facilitating action.

In general, JPHIT is supportive of the inclusion of new data elements in USCDI V6, especially Facility Information: Facility Address, Medical Devices: Unique Identifiers, and Problems: Date of Onset.

Data Classes or Element Definitions

JPHIT has the following suggestions for improving **the data classes or element definitions** in Draft USCDI v6:

Assigning Authority: JPHIT recommends that ASTP include the **Assigning Authority** and **Type of Identifier** with any identifier data element, including Identifier, Specimen Identifier, Medical Record Number, and Medical Patient Identifier. The Assigning Authority would provide information on which organization has assigned the identifier – for example, which health care organization, which governmental agency etc. The Type of Identifier would detail whether the identifier is, for example, a medical record number, a Medicare number, a social security number, or a laboratory patient identifier. We further recommend that the definitions for these identifier data elements include the following language: "Alphanumeric value that uniquely identifies the declared identifier type over time, at minimum within one organization, ideally at the national level, including a means to identify the organization or system that assigned it." Note that APHL and CSTE have made similar recommendations separately.

Immunization Data Class: JPHIT supports the suggestion submitted by the American Immunization Registry Association (AIRA) to rename the current Immunizations data class containing a data element with the same name as the data class. For example, Data Class = Immunization; Data Element = Immunization Code. This renaming serves to separate the notion of class from element, but also to improve clarity when other elements in Level 2 are brought forward into USCDI. This renaming could take a few different forms as long as it is clear the class is an aggregation of various data elements by a common theme or use case and the element is the most granular level at which a piece of data is exchanged as defined by USCDI. This strategy could be applied beyond Immunization to other Data Class / Data Element relationships.

If ASTP adopts JPHIT's recommendation to rename the Immunizations data element to **Immunization Code**, then the Level 2 data element Immunization Code would no longer be necessary.

Laboratory Test Performed Date: JPHIT requests an update to the definition to specify that this data element refers to the date (and optionally time) when testing was conducted by the testing laboratory. This definition would align with HL7 V2 OBX-19 (Date and time of Analysis). Note that APHL has submitted similar feedback on this data element definition.

Laboratory Order: JPHIT supports APHL's recommendation that this data element be renamed Ordered Laboratory Test / Panel Code with an updated definition: "A code that identifies the test or group of tests (panel) being ordered for the analysis on a specimen derived from humans, animals or the environment, which provide information for the diagnosis, prevention, treatment of disease or assessment of health." This definition would match the coded version of the CLIA element in §493.1291(c)(4) in CLIA 42 CFR 493.1291 - Test Report (42 CFR Part 493 -- Laboratory Requirements).

Level 2 Data Elements That Should Be Added to USCDI V6

JPHIT has the following suggestions for **other existing Level 2 data elements that should be added to USCDI V6** instead of, or addition to, those in Draft USCDI V6.

JPHIT acknowledges multiple Patient Demographics/Information data elements included in previously published, final USCDI versions have been excluded from draft version 6. JPHIT recommends the Patient Demographics data elements of final version 6 reference the version 3 Patient Demographics elements (in addition to **Interpreter Needed** which was added in version 5). The omitted data elements are an integral part of patient demographics; in many cases, this information is epidemiologically significant, and it is therefore crucial to public health surveillance. Retaining these data elements would keep ASTP in alignment with prevailing data exchange standards and leverage the interoperability work that has been done by software vendors, healthcare partners, and the public health community over the last decade.

JPHIT recommends adding several specific date/timestamps to capture laboratory and immunization events more accurately. These data elements include **Laboratory Test Performed Date/Time, Report Released Date/Time, Specimen Collection Date/Time, and Vaccine Administration Date**. Using a single procedure performance date/time element to capture this information may be technologically challenging because many systems do not track these data as procedures. Furthermore, pulling data from different data classes could lead to significant data quality issues.

JPHIT acknowledges that AIRA and CSTE have also argued in favor of adding **Vaccine Administration Date** to USCDI v6 because it is required for EHR-IIS immunization exchange. Information about when the patient received the dose is crucial for effective immunization management, facilitating accurate tracking and coordination of vaccination schedules. Standardizing the Vaccine Administration Date data element, potentially aligning it with established terminology and specifying the date format, will enhance interoperability across systems, supporting unified information exchange and improving population health outcomes. Vaccine Administration Date enables accurate record evaluation (e.g., were doses given at the proper age and at a proper interval?). Using an alternative data element such as Performance Time would be much less precise than entering the date of administration.

JPHIT also supports AIRA and CSTE's recommendation to add **Vaccination Event Record Type** to USCDI V6. This element enhances immunization data management and provenance by standardizing

categorization, promoting adherence to vaccination schedules, and enabling efficient public health monitoring. Its inclusion not only resolves duplicate records but also supports research and streamlines reporting in mass vaccination campaigns, contributing to improved patient care and public health outcomes. Vaccination Event Record Type enables accurate inventory decrementing by public health and aids in vaccine matching/deduplication (e.g., was this an administered dose that needs to be autodecremented, or an historical dose that does not?).

JPHIT supports inclusion of pregnancy-related data elements in USCDI V6 but notes that a single variable (Pregnancy Status) is not sufficient to capture critical data that are needed for a large variety of conditions affecting the public's health, including maternal mortality, Hepatitis B and C, COVID-19, Zika, syphilis, and influenza, to name only a few. JPHIT therefore echoes CSTE in urging the inclusion of additional variables in the core data for exchange as defined by the ONC Public Health Task Force on Capturing Pregnancy Data in Electronic Health, especially **Pregnancy Status**, **Date Pregnancy Status Recorded**, **Estimated Delivery Date**, **Pregnancy Outcome**, **Date of Pregnancy Outcome**, and optionally **Postpartum Status**.

JPHIT recommends that ASTP consider adding **Mother's Maiden Name** into USCDI V6. This data element is heavily used in pediatric/adolescent use cases such as EHR to IIS exchange, newborn screening, and ELR for certain reportable conditions.

Significant Barriers

JPHIT raises the following issues that may pose **significant barriers to development, implementation, or use** of any of the data elements in the final version of USCDI v6.

As indicated above, the use of **Procedure Performance Time** to track all date timestamps for immunization and laboratory data may pose technical hurdles. The related tracking systems typically do not track the relevant information in this way. JPHIT recommends using dedicated date/timestamps for certain immunization and laboratory data as described above.

JPHIT supports the inclusion of **Unique Device Identifier** but notes that many data producers are not capable of storing and exchanging this data element yet. It will take time for source systems and near-source intermediaries such as instruments, LIS, RIS, PoCs automatically to include this information in downstream communications. ASTP should roll out EHR certification requirements around this data element with this delay in mind. Fortunately, all HL7 products can accommodate the exchange of device information including the full UDI, as well as parts of the UDI like the device Identifier, and IHE LAW supports "manufacturer" and "model" as well as the serial number for the transactions between instruments and analyzer managers. Thus, once the issue of capturing it at the source or source-intermediary level is resolved, the UDI information can be exchanged.

Feedback on New Data Elements

JPHIT would like to provide comments on the new data element, **Unique Device Identifier**, in Draft USCDI V6. JPHIT requests more guidance on what devices should be tracked using this data element. For the laboratory we suggest ASTP focus on the instrument (Instrument Unique Identifier) and test kit (Test

Kit Unique Identifier). Furthermore, breaking this data element up into two (i.e., Unique Device Identifier—Implantable and Unique Device Identifier—Non-implantable) may accommodate a phased approach for certification, but the modeling of both should be the same.

Thank you again for the opportunity to comment on USCDIv6. If you have any questions, please email jphit@astho.org

JPHIT Members include (endorsed):
American Immunization Registry Association (AIRA)
American Medical Informatics Association (AMIA)
Association of Public Health Laboratories (APHL)
Association of State & Territorial Health Officials (ASTHO)
Big Cities Health Coalition (BCHC)
Council of State and Territorial Epidemiologists (CSTE)
National Association of County and City Health Officials (NACCHO)
National Association of Public Health Statistics and Information Systems (NAPHSIS)
Network for Public Health Law (NPHL)