

Steven Posnak, MS, MHS
Principal Deputy National Coordinator for Health IT
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20416

Dear Mr. Posnak,

On behalf of Medical Information Technology, Inc. (MEDITECH), I am pleased to offer comments on the United States Core Data for Interoperability (USCDI) Version 7.

MEDITECH empowers healthcare organizations around the globe to expand their vision of what's possible with Expanse, the intelligent EHR platform. Expanse answers the demands of an overburdened workforce: personalized workflows, interoperable systems, and innovative AI applications, all working together to drive better outcomes.

We support the continued standardization efforts from ONC, and are in support of the majority of the proposed changes for USCDI v7. We have a few specific comments below encouraging the development of data classes and elements that align with current industry standards.

Implementation Considerations

We appreciate ONC's continued advancement of USCDI in an effort to expand interoperability and standardization. As ONC adopts additional data elements for inclusion in USCDI, we encourage ONC to prioritize data elements that are already widely captured as structured, discrete data within existing clinical and administrative workflows. This approach minimizes implementation burden, reduces reliance on unstructured data extraction, and improves consistency for interoperable exchange.

US Core/USCDI+ Alignment

We emphasize our support of ONC's alignment between US Core, USCDI+, and USCDI data elements in movement towards streamlined standards; we wish to note that EHR Developers require time to adopt each of these standards, so although an element may have been finalized as 'US Core', it may not yet be fully integrated into the current software version. We recommend that ONC consider defined implementation timelines or grace periods between finalization of US Core and alignment within USCDI to allow developers adequate time for adoption, testing, and deployment.

Tobacco Use Element

ONC specifically requested feedback on the proposed revisions to the Tobacco Use data element, an evolution of the Smoking Status element. We are supportive of the expanded description, and note that the proposed assessment behaviors would be able to be captured in standardized, structured formats to support interoperable exchange.

Health Insurance Information

Health Insurance Coverage Period

Currently, the insurance policy expiration date is standardly captured, but not a coverage period start date. If this data element were to be finalized as proposed, new development work would be required to develop a new field to capture this additional information.

Health Insurance Payer

Further clarification would be needed to adopt this data element as proposed; health insurance and payer information are captured in more than one area of an electronic health record; it is unclear from the current proposed definition which fields would need to be referenced for this data element.

Health Insurance Plan and Health Insurance Plan Identifier

We believe Health Insurance Plan and Plan Identifier are fundamental data elements already supported and have no concerns about their inclusion.

Patient Demographics/Information

Accommodation

Patient accommodations are currently captured through non-standardized queries that indicate special patient indicators; we encourage the adoption of data elements that are able to be captured through standard fields.

Deceased Indicator

The adoption of this data element would require development work; we currently note patients' expiration, but this is not currently standardly interoperable with the deceased indicator we have received from other developers through inbound data.

Patient Identifier

Each patient standardly has a unique identifier within the HCIS; most patients have multiple medical record numbers.

Care Team Members

Healthcare Agent

While we recognize the value of capturing a patient's Healthcare Agent, we have concerns about the lack of standardized discrete fields for this role, which could result in inconsistent implementation across organizations and reduced interoperability due to non-standard capture. We suggest the definition evolve to clarify the Healthcare Agent's relationship to legal documentation and Advance Directives.

MEDITECH supports ONC's continued advancement of USCDI and the alignment with US Core and USCDI+. We encourage a continued focus on implementation feasibility, clear definitions, and alignment with existing structured data capture practices to ensure successful adoption and meaningful interoperability across the industry.

Thank you for your time and consideration. We look forward to the final version.