Wolters Kluwer

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Comments from Wolters Kluwer on Draft USCDI Version 7

Below are Wolters Kluwer's comments to the Office of the National Coordinator for Health Information Technology (ONC) on the draft United States Core Data for Interoperability (USCDI), Version 7. 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 2025 of $7.2 billion.

We commend the Trump Administration for its continued commitment to building out the USCDI data classes and elements, which enables improved interoperability and exchange of health information data. We generally support Version 7 of USCDI as proposed, which provides important additional contextual information to several of the data classes, including the new *Healthcare Information Attributes* class.

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.

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 ONC, 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 USCDI. 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 ONC to also include *Immunization Status* and *Vaccination Administration Date* in a future version of USCDI. Separately, ONC included 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 support the inclusion of all three in the Quality data set and would also support their addition to USCDI. Additional timing-related data elements that should be added to USCDI include *Vital Sign Results: Date and Timestamps, Laboratory Results: Date and Time Stamps* and *Laboratory Test Performed Date.*

Below are specific comments on proposed new data elements and classes for Version 7.

Adverse Events & Safety

We strongly support the introduction of the *Adverse Events* data class as a critical advancement for patient safety, care quality, and improved surveillance across care settings. Capturing safety-related data as structured, interoperable elements will strengthen national efforts in risk mitigation, safety reporting, and quality improvement. This new data class also aligns with the broader public health emphasis of the *Make America Healthy Again* agenda, particularly in preventing avoidable harm and improving transparency in care transitions.

We support the initial two data elements, *Adverse Event* and *Adverse Event Outcome*. However, per our point above about the importance of elements related to data and time, we were disappointed ONC did not also include *Adverse Event Date*, which is a Level 2 element worthy of inclusion in Version 7. Adding this important temporal context would better support analytics, clinical decision support, safety surveillance, and cross-setting continuity of care.

Care Coordination & Patient Context

New data elements to support care coordination and improve patient context will help facilitate seamless navigation across the healthcare ecosystem. For example, elements such as *Appointment* (in the *Encounter Information* data class), *Healthcare Agent* (in the *Care Team Members* data class), *Accommodation* and *Deceased Indicator* (both in the *Patient Demographics* data class) all enrich the context required for efficient, safe, and equitable care delivery. Deceased status is of particular importance as a discrete data element that will improve official federal statistics, as well as support local provider organizations in eliminating undesired communications to grieving families.

These additions improve interoperability around transitions of care, referral workflows, and patient-centric planning. We encourage ONC to continue advancing data elements in this space, particularly those that provide functional, social, and logistical context. These contextual elements are foundational for modern care management, value-based care programs, and whole-person care initiatives.

Clinical Care

We support the expansion of data that enhance clinical care documentation and interoperability, particularly in areas such as nutrition, device use, medication administration, specimen collection and diagnostic imaging. The proposed new data elements that correspond to these areas (*Nutrition Order, Medical Device Order, Medication Administration, Specimen Collection Method, Diagnostic Imaging Reference)* all reflect real-world clinical workflows and provide deeper granularity needed for care planning, treatment management, and evidence-based practice.

In particular, the additions around nutrition assessment and ordering advance national *Make America Healthy Again* priorities related to chronic disease prevention and lifestyle-driven

health outcomes. Adding future data elements that support clinical care documentation will further strengthen the ability to perform population health management and high-quality reporting across federal programs.

Health Status, Lifestyle, and Behavioral Context

The enhancements to the *Tobacco Use* element and addition of *Nutrition Assessment* and other health status indicators (e.g., *Immunization; Procedure*) increases the availability of clinically meaningful lifestyle data that support public health reporting, risk scoring, and preventive care. By expanding these elements beyond narrow legacy definitions, ONC is taking an important step toward representing modern health behaviors and their impact on clinical outcomes. Continued maturation of data elements in this category—including additional behavioral, functional, and lifestyle-related measures—would further support high-value analytics and strengthen prevention and wellness components of the *Make America Healthy Again* agenda.

Healthcare Information Attributes

We support the creation of the new *Healthcare Information Attributes* data class, which appropriately houses cross-cutting contextual details, such as reasons for non-performance, indications, and timing, that are critical to interpreting clinical actions. These elements will provide added precision for clinical decision support, quality reporting, and care coordination. We recommend that ONC continue to prioritize advancing additional timing and rationale-related data elements, as these details significantly enhance usability and accuracy across many care domains.

Already-Supported Elements in Certified HIT and Alignment with US Core

We support ONC's approach to incorporating proposed data elements already supported in certified health IT through US Core data classes and "must support" requirements. This alignment properly balances interoperability advancement with realistic implementation burden. Where possible, we recommend the ONC use this alignment as an opportunity to advance additional elements that are also technically mature and widely supported.

Other Level 2 Data Elements Worthy of Inclusion in USCDI

We were pleased to see ONC elevate many Level 2 data elements to Version 7. Reviewing the list of remaining Level 2 data classes and elements from which additions to USCDI might be drawn, we recommend eventual inclusion of a new *Nutrition and Diet* data class and its accompanying data elements, *Oral Diet Type* and *Enteral Nutrition Type*. This new data class fits squarely with the Trump Administration's priority to promote healthy eating. Also, these two data elements will encourage interoperability in transitions of care, particularly for patients transitioning from an inpatient setting to a long-term care or rehab setting.

Also from Level 2, we support adding the *Negation Rationale* data element to the *Medications* data class in Version 7. This data element promotes more accurate quality measure

reporting and overall improvement in the quality of care by informing the care team about deviations from standard treatments.

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 who can connect you with the appropriate staff at Wolters Kluwer.