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Submitted electronically to:

[https://www.healthit.gov/isa/united-states-core-data-interopability-uscidi?check\\_logged\\_in=1#comment-form](https://www.healthit.gov/isa/united-states-core-data-interopability-uscidi?check_logged_in=1#comment-form)

Re: ONC's Draft United States Core Data for Interoperability (USCDI) Version 5

Dear Dr. Tripathi,

On behalf of the Digital Identity working group of the FHIR At Scale Taskforce (FAST) HL7 Accelerator, we are pleased to review the proposed USCDI v5.

*FAST* identifies Fast Healthcare Interoperability Resources (FHIR) scalability gaps, defines solutions to address current barriers, and identifies needed infrastructure for scalable FHIR solutions. Our Digital Identity project leverages the most up to date industry considerations to build on best practices and recommendations for identity matching services and KPIs, and identity assurance for an appropriate, national, standards-based approach for individual identity matching. As such, we feel that we can provide helpful commentary and feedback around the Patient Demographics and Information section in USCDI v5.

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### **Patient Demographics and Information**

#### *Last 4 of SSN*

Digital Identity would like to propose the use of 'Last 4 of SSN' as an element for inclusion to the Patient Demographics and Information data elements list.

We recognize that Full SSN is included at Level 1 in the current proposal, but have heard concern expressed by stakeholders in the storing full SSN in their databases or receiving it in a match request. Additionally, stakeholders have noted that social security numbers of a family member are today often associated with and stored in a patient's record, since best practices for registering and sharing an SSN do not exist in the industry today, such that a social security number cannot be a proxy for a unique identifier. Last 4 of SSN mitigates some of this privacy risk posed by storing and potentially sharing (in match requests) full SSNs. We have also received positive feedback on this data element from CARIN Accelerator stakeholders when matching demographics were discussed as part of their Digital Identity POC in which we also participated. The Last 4 of SSN are digits consumers are generally comfortable

sharing, have memorized, can be verified with identity services, and serve a helpful purpose in identity resolution and matching.

### *HL7 Identifier*

Digital Identity would like to propose that the HL7 Identifier found in Level 0 of USCDI today be promoted to, at minimum, Level 2 of the Patient Demographics and Information data elements list.

The HL7 Identifier, as per [Section 5](#) of the Interoperable Digital Identity and Patient Matching IG, is a globally unique identifier used to represent the subject of a healthcare transaction or an end user in the transaction, and can correspond to a patient, payer, provider, or other healthcare actor. Best practices for generating the identifier include an identity verification practice that includes at least one form of identity evidence and in most cases that evidence must be matched to a live photo or in person presence of the person claiming the identity per the Guidance on Identity Assurance section of the IG.

Use cases are cited in USCDI Level 2 presently that require such an Identifier and Identifier Type at that level of adoption and demand, however we do not see guidance in USCDI v5 around a specific federated model that includes best practices for how to produce and manage unique identifiers for healthcare actors at a common minimum bar, and therefore propose that our guidance around the HL7 Identifier be reviewed and referenced as the value set and unique digital identifier standard to be applied when high-confidence patient matching is needed:

<https://hl7.org/fhir/us/identity-matching//NamingSystem-Identity-HL7-Identifier.html>

Many electronic health record systems and identity services are storing patient identifiers today that may meet this standard, if reviewed and confirmed to be consistent with guidance. These best practices in Digital Identity published by FAST are expected to reduce, and eventually eliminate, mismatches that result in patient safety issues, while preserving patient privacy.

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We, again, appreciate the opportunity to provide feedback to the drafted USCDI v5 guidance and look forward to supporting ONC in the future.

With warm regards,

Aaron Nusstein  
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Lantana Consulting Group

