

September 30, 2022

National Coordinator  
Health and Human Services Office of the  
National Coordinator for Health IT  
U. S. Department of Health and Human Services  
Washington DC, 20202

Re: Average Blood Pressure in USCDI v. 4.0

Dear Mr. Tripathi:

Omada Health submits the below comments in support of including Average Blood Pressure (ABP) in USCDI v. 4.0.

Omada Health is an eleven-year-old digital health company that provides care-team-based coaching services for prevention of diabetes and management of Type 1 and Type 2 Diabetes, hypertension, or a combination of diabetes + hypertension. We also offer video-based tele-physical therapy. In 2021, we served over 100,000 people. Since our founding, in our cardiometabolic programs, we've served over 700,000 people with efficacious services based on standard health care protocols. We launched our hypertension and diabetes + hypertension programs in 2018 and have served thousands of people with high blood pressure and other cardiovascular risk since then. And, we have served approximately 7,000 adults with tele-physical therapy through licensed physical therapists. We are the first fully virtual healthcare provider to receive NCQA's Population Health Accreditation, and we are CHAP accredited.

In our programs for hypertension and for diabetes plus hypertension, our members use a digital blood pressure cuff to take their blood pressure readings at home (thereby avoiding "white coat" syndrome. Our care teams, comprised of health coaches and nurses and CDCES trained in hypertension management, then can provide support through Omada's secure asynchronous communications. The digital blood pressure cuff supplies data directly to Omada's data system, where we visualize it and display it in real time so that the member and the care team have access to the same data at all times.

Omada Health is supportive of adding the Average Blood Pressure (ABP) Level 2 data element to the draft USCDI v4. As a digital health provider supporting home-based blood pressure monitoring for the optimal management of chronic hypertension, the accurate collection and reporting of blood pressure values for meaningful clinical impact is critical for both physicians and patients to make appropriate treatment decisions. Best practices for

measuring blood pressure, both in the office setting as well as at home, include taking the average of multiple readings. According to the 2017 ACC/AHA Hypertension Guidelines, this will minimize random error and provide a more accurate basis for estimating blood pressure. ABP saves the physician precious time because it shows blood pressure over time, not at a single point in time as would occur with individual readings. It is therefore vital that physicians have health IT systems that can store and exchange ABP separate and apart from individual readings. Including ABP in the USCDI v 4.0 will ensure that physicians and nurse practitioners everywhere can know and understand their patient's blood pressure over time, not just in the moment in which they are seeing them. That moment could be in the emergency room or other high-stress situation, giving a reading that shows higher than average, and potentially falsely. ABP included in USCDI will help physicians and nurse practitioners in their clinical decision making.

Thank you very much for your consideration

Sincerely,



Justin Wu, MD  
Medical Director  
Omada Health, Inc.



Lucia Savage, JD  
Chief Privacy & Regulatory Officer  
Omada Health, Inc.