



April 17, 2023

Comments from Provation on the Proposed Version 4  
of the United States Core Data for Interoperability

Below are comments from Provation in response to the Office of the National Coordinator for Health Information Technology's (ONC) recent solicitation for comments on Version 4 of the United States Core Data for Interoperability (USCDI). Thanks for the opportunity to comment.

By way of background, Provation is a leading provider of healthcare software and SaaS solutions for clinical productivity, care coordination, and quality reporting. Our purpose is to empower providers to deliver quality healthcare for all. Provation's comprehensive portfolio spans the entire patient encounter, from pre-procedure through post-procedure, with solutions for physician and nurse documentation, anesthesia documentation, patient engagement, surgical care coordination, quality reporting, order set and care plan management and EHR embedded clinical documentation. Provation serves more than 5,000 hospitals, surgery centers and medical offices and 700 physician groups globally, including 19 of the top 20 U.S. hospitals. In 2021, Provation was acquired by Fortive Corporation, a Fortune 1000 company that builds essential technology and accelerates transformation in high-impact fields like workplace safety, engineering and healthcare.

We commend ONC for its development of the USCDI as the foundation of data elements and classes that all electronic health record technology should be able to collect, analyze and share between providers. Our comments below reiterate recommendations for additional data elements and classes to be added to the USCDI that we previously shared with the ONC. We also wish to associate ourselves with a recommendation made by the HITAC's Interoperability Standards Work Group to add an *Operative Notes* element to Version 4.

New Data Elements and Refinements Recommended for USCDI Version 4

As a leading provider of Procedure Documentation software, Provation appreciates the value of specific and granular data elements for helping optimize care coordination and health outcomes. As such, many of our recommendations for Version 4 add greater specificity and context for elements already in Version 3, and will be invaluable for Care Teams in gaining a more complete picture of the patient's health profile, and avoiding duplicative tests or treatments.

Specifically, under the **Procedures** data class, we previously recommended in comments submitted last year on USCDI Version 3 that *Time of Procedure* be added. We thank ONC for proposing to now add it to Version 4. We also recommend adding *Location of Procedure* to Version 4, which has achieved Level 2 adoption and usage worthy of its inclusion in USCDI.

While we agree with the proposed addition of *Time of Procedure*, we do not agree with ONC that it can serve as a multi-purpose data element that can convey the timing of other services and interventions. As such, we believe separate *Date and Time* data elements should also be

included for the **Laboratory** and **Diagnostic Imaging** data classes. *Pending Tests/Reports* should also be added to those classes.

For the **Health Status Assessment** data class, we recommend the *Health Concerns* data element be broken down by *Physical Health Concerns* and *Mental Health Concerns*, or at a minimum, ONC should clarify in the description of *Health Concerns* that it could include either physical or mental health issues. Within the **Allergies and Intolerances** data class, we recommend making the *Reaction* element more granular by signifying whether it was *Mild*, *Moderate* or *Severe*.

Under **Medications**, we recommend adding the *Pharmacy's Address* and *Phone Number*, which will help the Care Team in following up on issues related to refills and patient adherence. For **Problems**, we believe the *Date of Resolution* element would be of greater utility if the underlying problems were qualified as *Acute* or *Chronic* (with the latter being seldom truly resolved). For **Medical Device**, we recommend adding *Implant Date*, *Manufacturer*, *Date of Last Interrogation* and *Last Interrogation Results*.

Under **Vital Signs**, *Inhaled Oxygen Concentration* should be qualified as either *Intubated* or *Supplemental* as the difference between the two can have significant clinical implications. *BMI Percentile* should apply to everyone, not just patients aged 2-20 years, but *Occipital Head Circumference* probably need only apply to neonates and newborns. For all the listed **Vital Sign** data elements, adding the *Date* and *Time* is recommended.

Finally, for **Clinical Notes**, we strongly agree with the Interoperability Standards Work Group that *Operative Notes* be added to Version 4. Surgeries are often seminal events in the health history of any patient, so enabling patient access to *Operative Notes* should be a priority.

In closing, we want to again praise ONC for its development of the USCDI. We believe that once it is broadly adopted and overlaid with technologies such as artificial intelligence and natural language processing, USCDI's utility will go far beyond the mere normalization of health data, enabling conversational analytics by the care team that can lead to exponential gains in quality, access and the equitable delivery of care.

Thank you again for allowing us to comment. If you have questions or would like to discuss our comments, please contact Bob Hussey at [bob@bobhussey.com](mailto:bob@bobhussey.com) or (612) 281-8741.