

April 17, 2023

Comments from Wolters Kluwer on the Proposed  
United States Core Data for Interoperability, Version 4

Below are Wolters Kluwer's comments on the Office of the National Coordinator for Health Information Technology's (ONC) draft version 4 of the United States Core Data for Interoperability (USCDI). We appreciate the opportunity to share our views.

As way of background, Wolters Kluwer is a leading global provider of clinical technology and evidence-based solutions that drive effective decision-making and outcomes across the healthcare continuum. Key solutions include UpToDate®, Medi-Span®, Lexicomp®, Sentri7®, Lippincott® Solutions, Ovid®, Health Language®, and Emmi®. Wolters Kluwer had annual revenue in 2022 of €5.4 billion.

Our comments reiterate several of the recommendations we previously made to the Office of the National Coordinator for Health Information Technology (ONC) on earlier versions of the USCDI. These recommendations address data elements that represent critical information essential to patient care, and are already widely used in various settings across the care continuum. More detail is below.

Clarification on *Encounter Type*

With the Fast Healthcare Interoperability Resource (FHIR) standard now a required standard, we again raise the issue of how critical it is that ONC provide clarification on the proposed *Encounter Type* data element. In FHIR, there are two different elements: *Encounter.type* and *Encounter.class*. USCDI describes this element as the classification for an encounter, such as inpatient or outpatient. This description more closely reflects the *Encounter.class* element in FHIR. To avoid confusion and create more accurate alignment when USCDI is translated to FHIR, we suggest changing the name of this element from *Encounter Type* to *Encounter Class*. We also recommend that *Encounter Class* have a set of standardized values, which will better promote interoperability. We recommend ONC adopt the HL7 v3 Value Set called ActEncounterCode (<http://www.hl7.org/fhir/v3/ActEncounterCode/vs.html>).

As an aside, we appreciate ONC's proposal of a new *Encounter Identifier* to Version 4, but we do not believe that new data element helps clarify *Encounter Type*.

Proposed New Data Elements for Version 4

**Procedures Data Class** – We thank ONC for proposing to add the *Time of Procedure* data element to the Procedures Data Class. Capturing the time certain services and interventions are delivered is vital for providing a concise picture of the patient's care, and we strongly support the addition of this new data element. However, as we note below, we have concerns whether *Time of Procedure* can serve as a multi-purpose data element for the full range of services delivered to patients.

**Laboratory Data Class** – We appreciate the addition of several new data elements to the Lab Data Class that offer more detail on test results and specimens. We support the addition of all these new data elements. But we agree with the Interoperability Standards Work Group that Time of

Procedure is insufficient to provide important timing information related to lab tests. As such, we strongly recommend that *laboratory results: date and time stamps* and *laboratory test performed date* be added to Version 4.

**Allergies and Intolerances Data Class** – We support the addition of Substance (Non-Medication) data element to this data class.

**Immunizations Data Class** – Building out the *Immunizations* class of constituent elements is vital to help prepare the health system to address the next pandemic. Here again, we do not believe *Time of Procedure* will sufficiently cover immunizations. As such, we recommend adding Level 2 data elements related to *Vaccine Administration Date*, *Immunization Code* and *Immunization Status*.

**Medications Data Class** – Like labs, 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. We were pleased ONC commenced a modest build-out of the data elements of the Medication Data Class in Version 3, but were disappointed that the draft of Version 4 only adds *Medication Instructions* and *Medication Adherence*. We believe the Level 2 data elements list below provide vital information to providers on their patients’ medications and urge ONC to add the following to Version 4:

- *Medication Date Administered*
- *Medication Date Prescribed*
- *Medication Administered Code*
- *Medication Administration Dose*
- *Medication Prescribed Code*
- *Medication Prescribed Dose*
- *Medication Prescribed Dose Units*

**Vital Signs Data Classes** – Consistent with our other comments that emphasize the addition of data elements that address date and timing and maintain that *Time of Procedure* is not multi-purpose, we recommend *Vital sign results: date and timestamps* should be added to the Vital Signs data class.

Finally, as we commented most recently in September, we urge ONC to be more ambitious in building out the USCDI, particularly if that build-out includes data elements also supported by FHIR/US Core. Several of the data elements we recommend above are not only considered Level 2, but are also supported by US Core STU 3.1.1, which, as ONC is aware, is the implementation specification for the FHIR Release 4 standard. Specifically, *Laboratory Test/Panel Code*, *Vaccine Administration Date*, *Immunization Code*, *Immunization Status*, *Vital Sign Date and Time*, *Medication Date Prescribed* and *Medication Prescribed Code* are all data elements required by US Core. Other elements such as *Laboratory Results Value* and *Laboratory Test Performed Date* are both considered “must support” by US Core if available.

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](mailto:bob@bobhussey.com) or (612) 281-8741 who can connect you with the appropriate staff at Wolters Kluwer.