



339 E Liberty Street, Suite 210
Ann Arbor, MI 48104
734.661.7944
www.arbormetrix.com

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Micky Tripathi, PhD, MPP
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St. SW; Floor 7
Washington, DC 20201

RE: Comments on United States Core Data for Interoperability Draft Version 3 (USCDI)

Dear Dr. Tripathi:

Thank you for the opportunity to contribute to the shaping of the US Core Data for Interoperability. ArborMetrix is a healthcare technology company that advances healthcare through data science. We deliver healthcare analytics and services that empower data-driven healthcare improvement across the healthcare and life sciences ecosystems.

Our products allow for efficient aggregation and deep analysis of healthcare data, delivery of evidence-based insights, and transform raw data into real-world evidence. Our approach, our technology, and our collective expertise transform disparate data into clinically rich real-world evidence and deliver targeted, clinically deep insights to achieve results that matter.

General Comments:

On behalf of the clinical data registries that ArborMetrix serves, we are excited to see ongoing efforts in standardization of electronic health data through the USCDI. ArborMetrix represents over 20 medical specialties and many with patient overlap. Interoperable data unlocks great value for our registries and their respective patients by promoting data re-use.

This reduces data collection burden and cost, increases data quality, and ultimately will allow for longitudinal data collection across specialties. We support the continued expansion of the USCDI, however adoption by electronic health record providers is necessary for widespread implementation. ArborMetrix relies heavily on interoperable data standards for the operation of its registries and utilizes all USCDI data classes and associated data elements in the administration of its registries.

While government agencies, clinical registries, and clinicians are at the forefront of adoption of data elements through USCDI, electronic health record adoption often lags. We highly encourage the ONC to require implementation of USCDI in a phased approach to advance interoperable data.

Specific Comments:

Health Insurance Information

While many of these data elements are often used within the context of clinical data registries, standardization of “Coverage Type” with a finite value set is particularly of interest to registries.

Health Status

Addition of health status, and specifically the “Functional Status,” “Disability Status,” and “Mental Function” are commonly used elements across specialties that allow for data collection specific to health outcomes. Our registries represent widespread use cases related to these data including physical medicine and rehabilitation, psychiatry, rheumatology, general surgery, trauma, cardiac care, and others. These data are crucial for quality improvement and are represented within clinical quality measures that are common to many of our registries. Standardization improves the quality of data collected and the accuracy of measures reported. Definitions and assessment instruments used to collect this information vary but are generally represented within the standard Logical Observation Identifiers Names and Codes (LOINC) and the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED-CT) and we support the adoption of these existing standards.

Procedures

While “Reasons for Referral” has been included in the USCDI, it is equally important for referral requestor, intent of the referral, and date of the referral-to be included as well. These data are commonly used within clinical data registries for clinical quality measures and understanding the appropriateness of care. Within FHIR, “Reasons for Referral” is represented by the “Service Request” resource and including this as a procedure is confusing. We would encourage the ONC to align with FHIR and include “Reasons for Referral” and respective referral-related data elements in a separate data class. Regarding value sets, we support the use of existing SNOMED-CT terminology for “Reasons for Referral.”

Laboratory

Laboratory data elements are essential in administering our registries in clinical pathology. To promote interoperability across all realms of health informatics, we encourage the ONC to align with FHIR and classify “Specimen Type” and “Result Status” as Observations. “Specimen Type” should be represented by the SNOMED-CT codes in the FHIR CodeSystem: [specimenType](#) and “Result Status” should align with the [FHIR “Observation Status” value set](#).

Patient Demographics

The inclusion of expanded demographic elements including “Tribal Affiliation,” “Occupation,” and “Occupation Industry,” allow for greater visibility into health equity and provides a multifaceted approach to social determinants of health. “Occupation,” and “Occupation Industry,” are well established with existing value sets, however, “Tribal Affiliation” has no existing terminology standard, and this is necessary to ensure consistency when drawing meaningful conclusions in health equity.



“Date of Death” is commonly collected in many clinical registries and should be represented by existing standards. While there are several terminology elements for the date of death, LOINC code 80616-6 represents the U.S. standard certificate of death, widely used by the Centers for Disease Control and Prevention and should be the standard used.

In conclusion, we are pleased that the ONC continues to promote interoperability through alignment with existing standards and defining data for widespread use. We thank you for the invitation to comment.

Regards,

A handwritten signature in black ink that reads 'Chrystal C. Price'.

Chrystal C. Price
Director of Clinical Informatics
ArborMetrix