EMORY
HEALTHCARE

April 13, 2023

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 Street SW, 7th Floor
Washington, DC 20201

Delivered Electronically via: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#draft-uscdi-v4

Re: Draft United States Core Data for Interoperability (USCDI) Version 4 (v4)

Dear Dr. Tripathi:

Emory Healthcare, part of Emory University, is an integrated academic health care system committed to providing the best care for our patients; educating health professionals and leaders for the future; pursuing discovery in all of its forms, including basic, clinical and population-based research; and serving our community. As the clinical enterprise of the Robert W. Woodruff Health Sciences Center of Emory University, Emory Healthcare remains the most comprehensive health care system in Georgia, providing extensive inpatient and outpatient services to a diverse patient population.

Emory Healthcare applauds the Office of the National Coordinator for Health Information Technology's (ONC) consideration of public comments in the standards advancement process for the USCDI. We appreciate the opportunity to be a part of this process due to our keen interest in advancing patient care and patient access to their data through digital innovation.

Emory Healthcare encourages the continued, active inclusion of health care organizations in the development of USCDI and all discussions associated with accessing patient data, be it for clinical care, public health, etc. It is important to have the full picture of how information is documented in the chart, stored in health care organizations' systems, technical capabilities of those systems and the clinical workflow behind each data element. You will note that our comments below reflect our interest in sharing the health care organization perspective.

Data standards have great utility at Emory Healthcare in the pursuit of providing excellent care for our patients, as well as in the daily operational needs of the system. Data standards are foundational to clinicians' ability to receive the right information at the right time, and exchange information in support of local, state and national public health goals. Whenever possible, Emory Healthcare supports the inclusion of vocabulary standards in USCDI, and notes that, without those vocabulary standards, variation in the content and format of data that is accessed, exchanged or used by providers and users of electronic health information can be expected.

As an integrated academic medical system, Emory Healthcare is committed to providing the best care for our patients and serving our community. We recognize the value in addressing the social determinants of health (SDOH) and industry-wide recognition that addressing health disparities is a crucial part of promoting health. At the same time, evidence of increased clinician burnout, in part due to workflows associated with increased documentation requirements, is growing, and health care organizations are facing staffing and financial challenges. Providers are often faced with the dilemma of assessing and documenting SDOH without the ability to act upon the information that is collected. This introduces moral injury to the providers and can re-traumatize patients who are already experiencing difficult circumstances. We encourage ONC to consider this reality and the burden of documentation on care teams as USCDI evolves.

In support of our comments on the Draft USCDI v4, Emory Healthcare leaders, clinicians, pharmacists, medical ethicists, clinical informaticists and regulatory specialists gathered to review and offer feedback on the data elements and data classes proposed for inclusion in version 4. We appreciate the opportunity to provide our perspectives, provided below. If you have any questions regarding our comments, please feel free to contact our Assistant Vice President for Federal Affairs, Jessica Davis, at jessica.ann.davis@emory.edu. We look forward to continuing to participate in the development of USCDI.

Sincerely,

Julie R. Hollberg, MD
Chief Medical Information Officer, Emory Healthcare

Enclosures

Comments on Data Elements/Classes Proposed for inclusion in Draft USCDI v4:

Laboratory Data Class:

Emory Healthcare supports the inclusion of laboratory data in USCDI v4. when associated with quality (e.g., Clinical Laboratory Improvement Amendments, or CLIA) or vocabulary (e.g., SNOMED-CT, LOINC) standards in current use.

Of the data elements that are proposed for inclusion in the Draft USCDI v4, we would like to specifically comment on *Specimen Condition and Disposition*. Emory Healthcare maintains the pre-analytical specimen condition as unstructured narrative text in a general-purpose comment associated with the result. This data might be difficult to extract. Specimen disposition also may be challenging to document or exchange as specified in the Draft USCDI v4, as the granularity of our post-analytical specimen dispositions depends on the level of automation in the laboratory section. Sections with more automation tend to have better specimen dispositions than sections with less automation. It is also notable that most specimens are disposed after a few days.

Goals Data Class:

Emory Healthcare supports the inclusion of advance care planning documents in the patient record, and has contributed to decision-making bodies, in the state of Georgia, responsible for authoring the state's advance directive forms.

In practice, the way in which patients express goals and preferences to their care providers versus what is documented (e.g., in state-specific advance directives forms) can vary greatly. This introduces challenges in documenting a patient's wishes in their medical chart, over and above what is legally considered to be acceptable or binding from jurisdiction to jurisdiction. For instance, Advance Directives may facilitate ascertaining what a patient's preferences might have been during the course of care delivery in some instances. In areas where ambiguity exists, and when an Advance Directive also includes the naming of a healthcare surrogate, the documentation can help guide decision making. But often, state-specific legal forms lack the ability to fully express the patient's goals and preferences.

For the purposes of clarity and accuracy, we recommend that information related to a patient's preferences and goals related to care addressing serious illness or injury be defined as Advance Care Planning Documents. This term encompasses the breadth of related documentation that might be included in a patient's medical record, including advance directives; living wills; powers of attorney for patient care; other designations of decision-making surrogate(s); notes containing conversations about diagnoses, prognoses, care history or experiences of loved ones that are facilitated by a health care provider; and patient-reported care preferences collected in the patient portal. Having a designated data element that encompasses all such related documentation accommodates the variability that providers and other clinical care team members encounter in the course of seeking to fulfill a patient's wishes, and avoids unnecessary and burdensome segmentation of information.

Medications Data Class:

Emory Healthcare supports the inclusion of *Medication Instructions* in USCDI v4. Providing patients with instructions related to their medications that are standardized in format and are made available in a meaningful manner is an important step towards improved medication adherence. It is important for patients – especially patients taking many medications – to know where to look for their medication instructions, instead of having to sort through a lot of documentation in order to find pertinent information. We encourage medication library vendors increase the breadth and quality of the available medication instructions to facilitate more meaningful experiences for patients.

Emory Healthcare has concerns about implementing *Medication Adherence* in a manner that is meaningful for patient care and outcomes assessment. Adherence can, from the patient perspective, be more subjective than described in the Draft USCDI v4. Often, a conversation between patients and providers may result in a patient understanding of the appropriate medication use that is different from what is codified into a discrete field or listed in the medication instructions given to the patient. Emory Healthcare encourages ONC to consider the lived patient experience and the lack of ability to discretely capture the necessary conversations between patients and providers about medication adherence.

Facility Information Data Class:

We reiterate our support, as stated in our comments on the Draft USCDI version 3 (v3), of data elements proposed for inclusion to identify and describe a facility. When providing care to patients, it is equally important to know where a patient has been treated as well as whom they have been treated by (as described in the Care Team Member(s) data class).

Patient Demographics/Information Data Class:

Emory Healthcare supports the collection of information on Patient Demographics and Information, and includes the collection of patient sex, sexual orientation, gender identity and preferred name (analogous to Name to Use; Level 2) in its standard operating procedures. We also provide patients the ability to enter their preferred pronouns (Pronouns; Level 2) into the patient portal. While some patients may be new to questions about gender identity, for example, the access, exchange and use of this data supports a more holistic approach to care delivery.

Additional Comments:

We reiterate our recommendation, as stated in our comments on the Draft USCDI v3, for the inclusion of Level 2 data class *Travel Information* in USCDI. We believe this information warrants being included, as the potential for infectious disease is increasingly relevant to actors that access, exchange or use electronic health information, but caution against requiring the capture of such information. If included in future versions, we encourage electronic medical records vendors to support patients capturing this data as part of electronic intake questionnaires.

Emory Healthcare supported the addition of “Health Insurance Information” to USCDI v3. As stated in our comments on the Draft USCDI v3, as a clinically integrated network (CIN), this data supports the needs of our members within our network and our population health goals. And while we applaud the identification of standards for “Health Insurance Information,” the enforcement of the use of these standards versus payer/carrier-specific codes is important. Payer/carrier-specific codes introduce variability and inconsistencies in data that add a layer of complexity to using that data and limit the use of this vital information. As such, Emory Healthcare sees the identification of standards for “Health Insurance Information” in USCDI as an opportunity to drive toward standards versus payer/carrier-specific codes.