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Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
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Washington, DC 20201

Delivered Electronically via: <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#draft-uscdi-v5>

Re: Draft United States Core Data for Interoperability (USCDI) Version 5 (v5)

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.

Interoperability is foundational to our ability to fulfill our purpose. At Emory Healthcare, we leverage electronic health data interoperability to support bedside care, research, and our partners in public health at the state, tribal, local, territorial and federal levels. To continue advancing our aligned yet adjacent missions, we must all depend on data standardization and the exciting modernization efforts that are being championed by the ONC and its federal partners. Emory Healthcare particularly looks forward to developments like the increasing landscape of systems that leverage the Fast Healthcare Interoperability Resources (FHIR) data standard, the continued evolution of the Trusted Exchange Framework and Common Agreement (TEFCA), and investments in artificial intelligence (AI)-related governance and tools. With reliable, high-quality and appropriate exchange of data between interested parties, we can collectively seize these opportunities to elevate our local and global communities.

In support of our comments on the Draft USCDI v5, Emory Healthcare assembled leaders, clinicians, pharmacists, medical ethicists, physician and clinical informaticists, security and regulatory specialists to review and offer feedback on the data elements and data classes proposed for inclusion in version 5. This is the fourth time Emory Healthcare has assembled to thoughtfully collaborate on comments. We appreciate the opportunity to submit our perspectives, provided below, and strongly believe in the capacity that the USCDI has for positive impact.

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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 the USCDI.

Sincerely,



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Data Class: Advance Directives

- As noted in our comments on the Draft USCDI v4 and from 2023-09-20 (<https://www.healthit.gov/isa/comment/13513>), Emory Healthcare (EHC) is committed to accurately documenting a patient's advance care goals and preferences in their medical record and supports the inclusion of such data and documentation in the USCDI in its own data class.
- EHC looks to ONC for leadership in determining the most widely applicable nomenclature and data standardization to support the quality and robust exchange of data and documents related to advance care planning. There are many care settings in and purposes for which a patient's advance care planning wishes might be documented or referenced, but inconsistencies in how this information is referred to and what is typically found in the medical chart or through exchanges of health information are well documented. Providers at EHC work diligently with patients, the people they trust, medical ethicists, chaplains and more to ensure that decisions are made accurately and sensitively. Important information that care team members often reference includes 1) whether or not advance directive-related documentation is on file; 2) the names of people the patient trusts to help make care-related decisions; and 3) the recordings of conversations that care teams have had with the patients about goals of care or decisions regarding serious illness. What this data or these documents are called is secondary to our ability to exchange these files and reference them in a timely fashion.



Data Class: Clinical Notes

- Emory Healthcare (EHC) submits its support for the inclusion of the Emergency Department (ED) notes and Operative notes in the Clinical Notes data class in the USCDI v5, in addition to the existing data elements therein.
- The sharing of notes between providers is essential to the continuity of patient care, as they provide critical information about a patient's presentation, symptoms, treatments given or procedures performed, complications, post-operative instructions, etc. When provided in tandem with information on the care team member who authored the note, this information supports our providers' ability to provide safe and quality care.
- Often, information that would summarize an ED encounter (i.e., a Discharge Summary) includes limited information that does not adequately inform the next provider. For example, when infectious disease providers are treating a patient and look to reference prior encounter documentation, they value reviewing content included in clinical notes (e.g., a provider's impressions and the patient's travel history, if any). Due to use cases like these, EHC enthusiastically supports the inclusion of these new note types.
- EHC also recommends that Airway Management be moved from Level 1 to Level 2 within this data class.

Data Class: Diagnostic Imaging

- Emory Healthcare (EHC) submits its general endorsement of the comments and sentiments submitted by the American College of Radiology on 2024-03-06 (<https://www.healthit.gov/isa/comment/13760>).

Data Class: Immunizations

- Emory Healthcare (EHC) submits its support for the inclusion of Lot Number in the USCDI v5, and requests that ONC assess and encourage the adoption of a vocabulary standard (e.g., LOINC code 74714-7) to support discrete data exchange and effective implementation.

Data Class: Laboratory

- Emory Healthcare (EHC) submits its support for the inclusion of Test Kit Unique Device Identifier in the USCDI v5.

Data Class: Medications

- Emory Healthcare (EHC) submits its support for the inclusion of Route in the USCDI v5.
- However, similar to joint comments submitted by CMS and CDC on 2024-01-29 (https://www.healthit.gov/isa/sites/isa/files/2024-02/FINAL_CDC%20and%20CMS-CCSQ%20Joint%20USCDI%20v5%20submission%20letter_012924.pdf), EHC expresses support for the inclusion of data classes that would provide information on the administration and dispensation of medications. To that end, EHC is actively seeking clarity on the intention of Level 2, 1 and 0 data elements referenced in those comments, including Medication Administration and its derivatives. As we noted in our comments from 2023-09-20 (<https://www.healthit.gov/isa/comment/13511>), EHC encourages ONC to evaluate the benefit of including data elements that support the distinction of medication administration (i.e., given in an inpatient setting) and dispensation (i.e., given in an outpatient setting). Emory Healthcare offers for consideration “Date Medication Administered” and “Date Medication Dispensed,” which would mirror the Date Medication Administered Level 2 data element but support a better understanding of the care context and nuances therein.
- Furthermore, EHC recommends ONC explore the value in hosting a listening session or focus group dedicated to understanding the data exchange needed to support care quality and equity goals related to medication tracking and adherence.

Data Class: Orders

- Emory Healthcare (EHC) submits its support for the inclusion of the data class and data element, Orders, in the USCDI v5, and is eager to see how this might transform FHIR capabilities related to future orders. While the vendor support for orders through the ServiceRequest FHIR resource has been helpful up until this point, EHC is looking forward to a more standardized and uniform support for orders and associated information.
- EHC recommends that Current Procedural Terminology (CPT®) codes be considered as an additional vocabulary standard for the Orders data element, as some health care organizations may not yet have associated certain orders (e.g., diagnostic imaging orders) with LOINC codes.

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Data Class: Patient Demographics/Information

- Emory Healthcare (EHC) submits its support for the inclusion of Name to Use, Pronoun and Interpreter Needed in the USCDI v5.
- EHC notes the importance of recording and requiring both First Name and Last Name (i.e., legal name) and Name To Use to support safe patient care as well as patient matching.
- EHC submits its particular interest in the inclusion of the Name to Use and Pronoun Data elements. Including Name to Use and Pronouns helps ensure respectful, patient-centered care, especially for individuals whose gender identity may not align with the sex assigned to them at birth. Misgendering can be distressing and harmful to patients, leading to feelings of alienation, anxiety and distrust in the health care system. This data element will help health care providers in having the information they need to support the diverse needs of all patients.
- EHC submits its particular interest in the inclusion of the Interpreter Needed Data element. Including Interpreter Needed supports more effective, comprehensive and patient-centered care and communication during medical encounters.
- EHC is aware of the Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, and intends to monitor the USCDI for updates that reflect health care data collection conducted or sponsored by federal agencies.

Data Class: Provenance

- Emory Healthcare (EHC) submits its support for the inclusion of Author and Author Role in the Provenance Data class in the USCDI v5. Identifying the author of a document or record and their role within the health care team promotes accountability and ensures that the source of information is clear. This information provides valuable context for other providers when reviewing patient records and making clinical decisions. Different health care professionals may contribute to a patient's care, and understanding their respective roles helps providers assess the relevance and reliability of the information presented.

Data Class: Travel Information

- Emory Healthcare (EHC) submits its support for the inclusion of Travel History Location and Travel History Dates in the USCDI v5 under a Travel Information data class. Please see our comments from 2023-09-30 (<https://www.healthit.gov/isa/comment/13510>).