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April 20, 2022

Dr. Micky Tripathi
National Coordinator
Office of the National Coordinator for Health Information Technology
330 C Street, SW
Floor 7, Mary E. Switzer Building
Washington, DC 20201

RE: *Draft United States Core Data for Interoperability Draft Version 3 (January 2022)*

Submitted electronically via www.regulations.gov

Dear Dr. Tripathi:

Thank you for the opportunity to submit comments regarding ONC's request for comment on the United States Core Data for Interoperability (USCDI) Version 3 (January 2022).

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. The AHIMA mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

AHIMA appreciates ONC's continued work to develop and implement robust data standards to be used across all of health information technology. The USCDI is a roadmap to moving to a more interoperable and open patient centered health system. Version 3 of the USCDI continues to build on the foundation laid by both Versions 1 and 2 by pushing the adoption of data standards further down the maturity pathway. Version 3 proposes several new data classes and elements, actions AHIMA has previously provided comment on and will continue to support now and into the future.

AHIMA offers general comments on specific elements and classes followed by more detailed comments in response to certain questions contained within Standards Bulletin 2021-3.

Data Class: Health Insurance Information

AHIMA supports ONC's continued expansion and development of the Health Insurance Information data class. HHS and the health IT community has undergone a robust effort working to further merge administrative data with clinical data to paint a more complete picture of a patient's health. Further standardization of health

insurance information only continues to advance these efforts and demonstrates HHS and ONC's focus on continuing the development of the intersection of clinical and administrative data.

Continued development is needed for this data class to ensure it fully captures the on the ground reality faced by health information (HI) professionals daily. These development activities should include providing guidance for implementation and further development of the Health Insurance Information data class to capture patients that have multiple insurance types or providers. Dual-eligible patients, for instance, would need multiple types of insurance coverage captured within their health record. Similarly, some patients may even have tertiary coverage that also needs to be captured. Without clarity provided in the class itself, or within the USCDI Version 3 Implementation Guide, then a patient's full payment and insurance information will not be captured accurately.

Data Class: Health Status

AHIMA supports the development and implementation of the Health Status data class and encourages ONC to continue development efforts within this data class to ensure it captures future relevant data elements and includes as many applicable vocabulary standards as needed to reach complete global implementation.

As part of the future development of the included data elements within the Health Status data class, AHIMA recommends ONC include ICF as an applicable vocabulary standard in addition to LOINC 2.71. The inclusion of ICF will ensure that research settings and international stakeholders aligning with World Health Organization (WHO) recommendations will be able to take advantage of these data elements.

Health Concern

AHIMA recommends that ONC include clear guidance on how to implement the Health Concern data element in the USCDI Version 3 Implementation Guide to limit duplication with other notes fields within the USCDI.

Mental Function

AHIMA asks ONC to review the recommended LOINC 2.71 applicable vocabulary standard to ensure its utilization is in line with the Substance Abuse and Mental Health Services Administration (SAMHSA) vocabulary standards to ensure alignment with the broader behavioral health community. Alignment of standards across the healthcare continuum is imperative if they are to reach widespread implementation and use.

Additionally, AHIMA urges ONC to add additional data elements under Health Status to capture and provide context for when mental function may be impaired by other mental illness or preexisting conditions. Providing this context will be crucial for full understanding of the health status of a patient.

Functional Status

The Functional Status data element is supported by AHIMA, but we urge ONC to further clarify and expand the assessments applicable to the data field to include status' such as opioid use disorder. It is crucial, as demonstrated by the passage of Jessie's Law through Congress, that providers are aware of a patient's history of opioid use disorder to ensure a provider does not administer an opioid product to a patient in recovery.

Pregnancy Status

AHIMA recommends ONC align this data element with the applicable vocabulary standard of LOINC 2.71. LOINC 2.71 contains the code 82810-3 for Pregnancy Status.

Data Class: Laboratory

AHIMA supports ONC's inclusion of the Laboratory data class and the component data elements of Specimen Type and Result Status into USCDI Version 3.

Data Class: Patient Demographics

AHIMA supports ONC in its continued development of the Patient Demographics data class. This data class, perhaps more than others, is crucial for being able to capture and synthesize social determinants of health (SDOH) data. Additionally, demographics play a critical role in patient matching as demographic data is often used in developer algorithms to determine if two records are the same person. Further development of the Patient Demographics data class is encouraged by AHIMA with ONC aligning as many standards as available to the subsequent data elements.

Date of Death

AHIMA supports the inclusion of the Date of Death data element, however, urges ONC to align a data standard in order to standardize the capture of this health information. ONC should review the Level 2 Data element comments from both the Food and Drug Administration (FDA) and US Centers for Disease Control and Prevention (CDC) as both agencies are experts in capturing and transmitting this data. Additionally, ONC should review how local, state, and regional public health agencies collect and transmit this data to ensure the proposed standard for this data element aligns with nationwide data standardization practices.

Tribal Affiliation

To accurately reflect the Tribes currently active within the United States, AHIMA recommends ONC align the Tribal Affiliation data element with the Indian Health Services' (IHS') Standard Code Book (SCB) Tribe Data Table with the appropriate codes for each Tribe¹. Additionally, ONC should in its USCDI Version 3 Implementation Guides provide guidance on how best to capture an individual that may align to more than one Tribe.

Aligning government standards across the different agencies is important to ensure data capture and transfer is standardized nationwide. By aligning with the IHS codebook ONC is ensuring that all Native Populations will be appropriately captured within an EHR regardless of where they present for medical care. As part of the pursuit of better health equity, the nation should be moving forward with standards adopted and aligned by appropriate agencies.

Related Person's Name

AHIMA supports the inclusion of the Related Person's Name data element into USCDI Version 3. As part of the USCDI Version 3 Implementation Guides, AHIMA recommends ONC utilize the AHIMA Naming Policy White paper titled *Recommended Data elements for Capture in the Master Patient Index (MPI)*². This policy received nationwide input from HI professionals and is widely adopted by the AHIMA membership. Additionally, the policy has been included in the Interoperability Standards Advisory for comment and consideration. By utilizing this naming policy in the USCDI Version 3 Implementation Guides, ONC would be ensuring that capture of names in the EHR would be aligned across all data elements related to name.

¹ https://www.ihs.gov/scb/index.cfm?module=w_tribe&option=list&OrderField=TRIBE_NM&OrderType=DESC

² https://ahima.org/media/blfdriqj/326_21_namingpolicywhitepaper_final.pdf?oid=302787

Data Class: Procedures

AHIMA supports the inclusion and continued development of the Procedures data class.

Reason for Referral

AHIMA recommends ONC include the ICD-10 standard codes as an applicable vocabulary standard under the Reason for Referral data element. By providing multiple available vocabulary standards, ONC increases the potential for widespread adoption and utilization of this data element.

USCDI Level 2 Data Classes and Elements for Inclusion

Mother's Maiden Name

AHIMA recommends ONC elevate the Level 2 data element Mother's Maiden Name for inclusion into USCDI Version 3. Mother's Maiden Name is a crucial data element related to identifying, matching and tracking newborn or infant children in the medical system. The previously referenced AHIMA paper on naming in the MPI outlines that best practice for capturing the names of newborns in the medical record is to utilize the Mother's First Name, Mother's Maiden Name and Mother's Last Name. The Mother's first name and the newborn's gender at birth is captured in the First Name data element, the mother's last name is captured in the last name field and the middle name field is left blank. To ensure no two newborns who may share a similar naming structure between two families are mismatched, including the Mother's Maiden Name data element would improve the newborn match rate.

If ONC were to elevate this data element from Level 2 to USCDI Version 3, as also recommended by the CDC, then AHIMA recommends ONC utilize the previously mentioned AHIMA naming policy in the MPI as part of the USCDI Version 3 Implementation Guide for this data element.

Multiple Birth Order

AHIMA recommends ONC elevate the Level 2 data element Multiple Birth Order for inclusion into USCDI Version 3. Multiple Birth Order is a data element needed to facilitate the identification and matching of newborns within a provider facility who were born at the same time from a single mother. Currently, provider organizations need to utilize a naming convention within the electronic record to differentiate multiple newborns born to the same mother. The addition of the Multiple Birth Order data element will ensure the provider is able to accurately match and identify the records pertaining to each newborn through a standardized data element, no longer requiring providers to utilize a naming workaround. LOINC 2.71, recommended elsewhere in USCDI Version 3, already has an active data element standard, LOINC Code 73771-8, that will fulfill this requirement. Inclusion of this element would also fulfill the CDC recommendation to elevate this data element to assist with public health tracking.

RFI: Sex Assigned at Birth

AHIMA supports the current applicable vocabulary standards for the Sex (Assigned at Birth) data element but encourages ONC to examine the continuing evolution of how this data is captured across the government and nation. For instance, several states and the Federal Government are allowing for "X" to be listed as gender on birth certificates and passports. It is crucial for this vocabulary standard to continue to evolve as this issue evolves across the nation. If the vocabulary standard begins to lag behind national law changes, then the health IT community runs the risk of not correctly capturing a patient's data which can have a downstream impact on patient care.

Additionally, one of the major hinderances to updating vocabulary standards, such as this one, is the current, archaic Office of Management and Budget (OMB) standards for demographic data. As the OMB standards have failed to evolve, individual states have begun updating their requirements to further define what should be captured as a part of demographic data. If the OMB standards do not evolve, we face the risk of health IT vendors needing to provide 50 different products and create additional administrative burden for providers who operate in multiple states by needing to know multiple different vocabulary standards. We urge ONC as the government entity responsible for data standardization to work with OMB to update these standards to best reflect modern data capture.

RFI: Gender Identity

AHIMA supports the inclusion and continued development of the Gender Identity data element. As part of this data element’s evolution, we recommend ONC conduct research to ensure all vocabulary standards are represented, including having a standard for “non-gendered” as opposed to a “null” variable. This will capture patients who do not identify with a gender and do not consider themselves genderqueer. As with the Sex Assigned at Birth data element above, we again encourage ONC to ensure this vocabulary standard is aligned with states nationwide and to work with OMB to ensure the standards tied to this data element are updated.

RFI: Patient Address

AHIMA strongly supports the inclusion and widespread adoption of the Unified Specialization for Address in Health (Project US@) data standard. The work to unify address standardization is crucial to not only accurately capturing a patient’s address in a standardized way, but to also strengthen the accuracy and match rates of patient health information. Address is one of the key pieces of every patient matching algorithm and ensuring that it is standardized only serves to increase match rates creating a safer data exchange environment for patients and providers.

Thank you for the opportunity to offer comments on the USCDI Version 3 data classes and data elements. We hope that ONC will continue to engage extensively with stakeholders on these critically important issues related to data standardization and adoption. We look forward to serving as a resource now and in the future as ONC continues down the USCDI and data standardization pathway. Should you or your staff have any additional questions or comments, please contact Andrew Tomlinson, Director of Regulatory Affairs at andrew.tomlinson@ahima.org or Lauren Riplinger, Vice President, Policy & Government Affairs, at lauren.riplinger@ahima.org.

Sincerely,



Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer
AHIMA