TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

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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

Dear Dr. Tripathi,

On behalf of the Texas Medical Association (TMA) and our more than 56,000 physician and medical student members, thank you for the opportunity to comment on the United States Core Data for Interoperability (USCDI) Draft Version 3.

TMA appreciates that the Office of the National Coordinator (ONC) is requiring the standardized sharing of various data classes and elements. However, TMA encourages ONC to:

- Not add elements for which there are no applicable vocabulary standards. While many of the required data elements in USCDI versions 1 and 2 have corresponding standards, ***42*** of the proposed USCDI Version 3 data elements have no corresponding standard. Adding nonstandard elements will result in an enormous amount of vendor and end-user work that will simply create nonstandard data that are difficult to transfer. It also will create an excessive amount of rework in the future once applicable vocabulary standards are set for these data elements.

- Work on defining applicable vocabulary standards for the data elements of USCDI 1 and 2 that lack these. For example, Project US@ might make an excellent standard for the address required in USCDI.

- Conduct testing of electronic health record (EHR) vendors and users to ensure the USCDI versions 1 and 2 data are transferred as intended between disparate systems. TMA continues to hear from physicians who are frustrated because of the manual manipulation of data received that places additional burden on practice staff who are already stretched thin. In one instance, a small primary care practice needed to hire additional staff for the sole purpose of handling the influx of admit, discharge, and transfer feeds sent from the area hospitals. A sender (hospital) is working to meet the Centers for Medicare & Medicaid Services' condition of participation and believes it is transmitting useful information to the physician. However, what the physician receives is not always in a human-readable format or is so limited as to be not useful or actionable.

- Ensure vendors are FHIR-enabling the USCDI 1 and 2 data elements, as TMA believes this is needed for successful adoption of USCDI by physicians. Of note, for many years, TMA has advocated for universal use of extensible markup language (XML) or a similar standard (e.g., FHIR) as a way of exchanging meaningful health data, as is used in accounting and other industries. Universal common encoding of all

data elements could permit disparate systems to share and consume information much more easily. Information consumed by a receiving EHR could be placed correctly within the system to give it meaning and make it useful. As a simple example: Currently it is not possible to transmit pacemaker information and settings via discrete data between a hospital and the follow-up physician's EHR, even in some cases if they use the same vendor; standardized XML or FHIR coding of data elements would make this easy and inexpensive. This kind of encoding could allow the information in the receiving EHR to be searchable, extracted for reports (such as medication or device recalls), and available for clinical decision support. A more complex example of the benefits of standard tagging in an EHR database is where a physician desires to change EHRs. If the receiving EHR has the same functionality as the sending EHR, standard tagging would make it possible to move from one EHR to another almost instantaneously and at little to no cost. Requiring this kind of data element tagging as part of USCDI has the potential to more rapidly advance ONC's interoperability goals while decreasing user burden.

Accordingly, TMA encourages ONC to delay finalizing and requiring USCDI Version 3 until EHR vendors prove their users are able to functionally use USCDI versions 1 and 2 and that all data elements have a corresponding content standard and tagging as described above.

Recognizing that the above is a departure from ONC's current direction, TMA offers the following feedback on specific data classes and elements of USCDI Version 3:

- **Health Insurance Information:** Health IT is often contained in a separate practice management system, which means requiring it in the EHR is potentially redundant and subject to error, and wastes the time of practice staff. ONC needs to consider how practices handle insurance data and appropriately accommodate users. Of note, there are no applicable vocabulary standards, which is another reason why these data elements are not ready for use.

- **Health Status/Pregnancy Status:** An EHR needs to indicate that someone is pregnant; however, there are no applicable vocabulary standards for this. The standards should be developed before requiring this data element. Without a corresponding standard, physicians will be transmitting free text that is marginally useful and potentially dangerous.

- **Procedures/Reason for Referral:** This title is confusing and likely to generate entries related to nonprocedural referrals. "Referrals" are a different concept from "procedures" and should not be part of the "procedures" data class.

- **Patient Demographics/Related Person's Name and Related Person's Relationship:** This will create confusion as it may not be clear what a clinician should put in this field. Is it an emergency contact? Is it a guardian? Is it whoever is accompanying the patient on that particular visit? The descriptions in the USCDI document are insufficient to determine how a clinician should proceed. It should again be noted that there are no applicable vocabulary standards, which should be developed before requiring the data elements.

- **Patient Demographics/Tribal Affiliation:** Once again, no applicable vocabulary standards are specified so users are in danger of repeating the confusion that ensued with Race/Ethnicity until there were standards. The vocabulary standards need to be developed before requiring these data.

- **Patient Demographics/Current Address and Previous Address:** As part of Project US@, ONC and other organizations are promoting the use of U.S. post office address standards to improve patient matching. TMA recommends that ONC adopt standardized address conventions as set by U.S. Postal Services in publication 28.

In summary, TMA recommends that ONC pause on finalizing USCDI Version 3 until applicable data standards are established for each USCDI data element. Additionally, there should be real-world testing indicating that all data elements have bidirectional semantic interoperability. And finally, there should be evidence that what is required is useful for patient care and does not increase cognitive burden and workload on physicians. These recommendations are where vendors and clinical organizations should be spending their time, not on adding new data elements without standards.

TMA appreciates the opportunity to provide feedback on USCDI Version 3. Any questions may be directed to Shannon Vogel, associate vice president for health information technology, by emailing shannon.vogel@texmed.org or calling (512) 370-1411.

Sincerely,

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