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Submitted electronically via: https://isp.healthit.gov/united-states-core-data-interoperability-uscdi#draft-uscdi-v7

The Honorable Thomas Keane
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: United States Core Data for Interoperability Draft Version 7

Dear National Coordinator Keane,

Vizient, Inc. appreciates the opportunity to comment on the Office of the National Coordinator for Health Information Technology Policy (ONC) Standards Bulletin 2026-1 (SB26-1), which discusses the latest draft version 7 of the United States Core Data for Interoperability (USCDI) standard (Draft USCDI v7). Many of the topics in SB26-1, including Draft USCDI v7, have a significant impact on our clients and the patients they serve.

Background

Vizient, Inc., the nation's largest provider-driven healthcare performance improvement company, provides solutions and services to more than two-thirds of the nation's acute care providers and more than one-third of ambulatory providers. Vizient offers proprietary data and analytics to deliver unique clinical and operational insights and a contract portfolio representing $156 billion in annual purchasing volume enabling the delivery of cost-effective care. With its acquisition of Kaufman Hall in 2024, Vizient expanded its advisory services to help providers achieve financial, clinical and operational excellence. Headquartered in Irving, Texas, Vizient has offices throughout the United States. Learn more at www.vizientinc.com.

Recommendations

We thank ONC for the opportunity to share recommendations related to Draft USCDI v7. In our comments, we respond to issues raised in SB26-1 and offer our recommendations to constructively improve Draft USCDI v7. However, Vizient believes it is important that additional clarification on several data elements be provided as ONC works to finalize Draft USCDI v7. In addition, we offer recommendations for future iterations of USCDI standards.

Should Other Data Elements, Already Classified as Level 2 on the USCDI Web Pages, be Added to USCDI v7 Instead, or in Addition to Those in Draft USCDI v7? If so, why?

Vizient recommends adding the Level 2 data element Body Mass Index (BMI) under the Vital Signs data class to USCDI v7. Inclusion of BMI would allow for quicker querying of patients in Fast Healthcare Interoperability Resources (FHIR) via BMI rather than having to calculate BMI from the data elements "body height" and "body weight". A potential benefit to patients is that the

addition of BMI would provide more health information, especially as certain patients may not do the calculations themselves (e.g., patients outside of the 2-20 years range for which BMI percentile is included currently).

Data Elements for Future Consideration after USCDI v7

Vizient appreciates ONC's efforts to build upon USCDI by providing new versions and additional clarity. For future versions of USCDI, Vizient encourages ONC to consider further clarifying the following elements and classes:

- Class: Encounter Information
    - Add "diagnosis sequence" as an element. This addition would give insight into what diagnoses were associated with the designated encounters.
    - Add "encounter status" as an element. This addition would give insight into whether the encounter had already been scheduled, closed, pending for future appointment, or cancelled.
- Class: Patient Demographics / Information
    - Add "broadband availability" or "cellular service/smartphone availability" as an element. The addition would help match actionable factors to clinical outcomes in different populations.
- Class: Medications
    - Add "Medication Start Date/End Date" to document when patients begin medication and the expected or actual completion dates. These data elements will ensure that medication histories are captured with the necessary clinical context, such as enabling analysis of treatment duration (e.g., comparing outcomes for a five-day versus seven-day course of antibiotics). From an interoperability standpoint, standardized start and end dates allow different facilities, EHR systems, and care teams to accurately determine whether a patient is actively taking a medication, has completed therapy or has discontinued treatment. This reduces reliance on patient recall and ensures that critical medication information is readily available when individuals receive care across multiple settings.

Are there Significant Barriers to Development, Implementation, or Use for Any of These Data Elements that Warrant a Change in Definition, or Removal from Draft USCDI v7?

Vizient notes that, as of the time of our comments, we did not encounter barriers to adding to the selected elements. We encourage ONC to include the elements from the draft USCDI v7 in the final version.

New and Updated Data Elements Included in Draft USCDI v7

Adverse Events Data Class
Draft USCDI v7 introduces a new "*Adverse Events*" data class with two new data elements of "*Adverse Event*"[1] and "*Adverse Event Outcome*".[2] Vizient notes that while the "*Adverse Event"* element is aligned with SNOMED Clinical Terms® (SNOMED CT®) within USCDI as a standard for clinical documentation and interoperability frameworks, the "*Adverse Event Outcome"* element is not currently associated with any such standard. Currently, many hospitals use the

[1] This details a change to patient condition that could be an unintended effect of clinical interventions (such as medication reaction or vaccination reaction), providing essential information for patient safety monitoring and quality improvement activities
[2] This documents the patient's clinical outcome resulting from an adverse event, with examples including hospitalized, recovered, recovered with sequelae, death.

International Council for Harmonisation (ICH) Guideline E2B(R3) standard for adverse event outcome reporting in existing workflows.[3] As this standard is widely implemented, it is notable that this standard is not referenced in the Draft USCDI v7. Vizient recommends ONC incorporate ICH E2B standard, as the associated standard for the "*Adverse Event Outcome"* data element to ensure alignment with existing reporting practices and to strengthen the interoperability of the new Adverse Events data class.

Reason Not Performed
Draft USCDI v7 introduces the new data class of "*Healthcare Information Attributes"* that contains the "*Reason Not Performed"* data element.[4] Vizient supports the addition of this data element, as it has the potential to improve clarity around clinical decision-making and the additional reasons why an order or practice guideline is not carried out.

Performance Time
In the Draft USCDI v7, while its definition remains unchanged, the "*Performance Time"* data element has been moved from the "*Procedures"* data class to the newly created "*Healthcare Information Attributes"* data class.[5] Vizient supports relocating the "*Performance Time"* data element, as it broadens its applicability by allowing the data element to be associated not only with procedures but with a wider range of clinical activities. This shift enhances the flexibility and usefulness of the data element across multiple clinical contexts and aligns with how performance-related timestamps are used in practice.

Conclusion

Vizient appreciates ONC's efforts to gain additional feedback regarding USCDI v7. Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. Additionally, many hospitals are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top health care providers. In closing, on behalf of Vizient, I would like to thank ONC for providing us with the opportunity to comment on USCDI v7. Please feel free to contact me, or Randi Gold at Randi.Gold@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,

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Vizient, Inc.

[3] https://www.fda.gov/media/81904/download
[4] This specifies structured information about why an ordered test, procedure, immunization, or other planned intervention did not occur, such as patient refusal, clinical contraindication, or logistical constraints.
[5] The definition remains "Time and/or date an activity is performed. Examples include but are not limited to vaccine or medication administration times, surgery start time, time ultrasound performed, and laboratory specimen collection time."