799 9th Street NW
Suite 210
Washington, DC 20001

T (202) 354-2600
vizientinc.com

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Submitted electronically via: United States Core Data for Interoperability (USCDI) | Interoperability Standards Platform (ISP)

The Honorable Steven Posnack
Acting Assistant Secretary for Technology Policy
Acting National Coordinator for Health Information Technology
Assistant Secretary for Technology Policy/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 6

Dear Acting Assistant Secretary Posnack,

Vizient, Inc. appreciates the opportunity to comment on the Assistant Secretary for Technology Policy (ASTP) Standards Bulletin 2025-1 (SB25-1), which discusses the latest draft version 6 of the United States Core Data for Interoperability (USCDI) standard (Draft USCDI v6). Many of the topics in SB25-1, including Draft USCDI v6, 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, serves more than 65% of the nation's acute care providers, including 97% of the nation's academic medical centers, and more than 35% of the non-acute market. The Vizient contract portfolio represents $140 billion in annual purchasing volume enabling the delivery of cost-effective, high-value care. With its acquisition of Kaufman Hall in 2024, Vizient expanded its advisory services to help providers achieve financial, strategic, clinical and operational excellence. Headquartered in Irving, Texas, Vizient has offices throughout the United States. Learn more at www.vizientinc.com.

## Recommendations

We thank ASTP for the opportunity to share recommendations related to Draft USCDI v6. In our comments, we respond to issues raised in SB25-1 and offer our recommendations to constructively improve Draft USCDI v6. However, Vizient believes it is important that additional clarification on several data elements be provided before Draft USCDI v6 is finalized. In addition, we offer recommendations for future iterations of USCDI.

### Suggestions for Improvement in the Data Classes or Elements in Draft USCDI v6

As described below, Vizient offers several suggestions related to the data classes or elements included in Draft USCDI v6. Notably, Vizient is generally supportive of several of the data

elements and classes proposed to be added to USCDI v6, as we believe they will help support more robust and accurate data collection for hospitals and other providers.

**Should Other Data Elements, Already Classified as Level 2 on the USCDI Web Pages, be Added to USCDI v6 Instead, or in Addition to Those in Draft USCDI v6? If so, why?**

Vizient recommends adding the below Level 2 data elements to USCDI v6. In support of these additions, use cases are also provided for consideration:

- Medications
    - Negation Rationale: This will allow for analyses as to what medication orders are being placed and then subsequently cancelled on a regular basis, in addition to detail on why the medication orders are being cancelled.
- Vital Signs
    - Body Mass Index (BMI): Inclusion of BMI would allow for quicker querying of patients in 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 v6**

Vizient appreciates ASTP's efforts to build upon USCDI by providing new versions and additional clarity. For future versions of USCDI, Vizient encourages ASTP 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: Medication
    - Add Discharge Medications: This distinguishes which medications were prescribed for a patient to start/continue from the point of discharge and would minimize confusion with medications prescribed as an inpatient.
    - Add Medications Dispensed: This allows for differentiation of which ordered medications were dispensed (e.g., generic). This may be different from what was ordered or administered, as it is the result of a pharmacy system responding to a medication order.
    - Add Expiration Date as an element: This would give information on the expiration date of a medication.

**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 v6?**

Vizient notes that, as of the time of our comments, we did not encounter barriers to adding to the selected elements. We encourage ASTP to include the elements from the draft USCDI v6 in the final version.

**Applicable Vocabulary Standards for Race and Ethnicity Data Elements**

In Draft USCDI v6, under the Patient Demographics/Information data class, the applicable vocabulary standards for both race and ethnicity require the use of both the 1997 Office of Management and Budget (OMB) Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity[1] and the Centers for Disease Control and Prevention (CDC) Race and Ethnicity Code Set Version 1.3.[2] As ASTP is aware, the OMB Standards were updated in 2024[3] and these revisions were not incorporated in the amended CDC code set. However, CDC indicates[4] these code sets will be aligned in the future. Vizient appreciates the ongoing process of updates to the vocabulary standards and encourages ASTP to continue to use the most recent CDC Race and Ethnicity Code Set in future iterations of USCDI.

**New and Updated Data Elements Included in Draft USCDI v6**

*Facility Address*
In Draft USCDI v6, ASTP adds the new data element *"Facility Address*", which includes the physical location of available services or resources, to be used to differentiate specific service locations, link data to track care quality and health outcomes and monitor facility level capacity, such as hospital bed and ventilator availability. Vizient is supportive of the addition of "Facility Address" as a data element because many hospitals currently include this field in their EHRs to share this data for quality and safety purposes including, tracking the patient journey through different sites of care, patient outcomes and to support quality improvement efforts.

*Date of Onset*
In USCDI v6, ASTP adds the new data element *"Date of Onset"* as the date or estimated date when signs or symptoms of a condition began to provide more information about the course of disease or other condition providing in existing data elements (e.g., *Date of Diagnosis* and *Date of Resolution*). While Vizient supports the addition of this data element to help provide clarity about the progression of the patient's condition, we believe the data element can be further refined. Vizient suggests clarifying that this data element reflects the onset of symptoms as provided by the patient to allow for more accurate documentation. In addition, such clarification will support communication between providers by providing clear, consistent information about the patient's condition, particularly if patients switch providers or are transferred to different care settings.

*Medical Devices Data Element Unique Device Identifier (UDI)– Implantable*
ASTP is updating the Medical Devices data element *Unique Device Identifier - Implantable* to broaden its scope to include all other medical devices, including non-implantable devices. Vizient supports expanding this data element to include non-implantable devices because of the

[1] Statistical Policy Directive No. 15, revised October 30, 1997. https://obamawhitehouse.archives.gov/omb/fedreg_1997standards
[2] Updated October 2024. https://www.cdc.gov/phin/media/pdfs/2024/11/CDCREC-1.3-Background-Paper-20241021.pdf
[3] Revisions to OMB's Statistical Policy Directive No. 15 (2024). https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf
[4] https://www.cdc.gov/phin/media/pdfs/2024/11/CDCREC-1.3-Background-Paper-20241021.pdf

important need for providers to exchange information to effectively identify and report on all device-related patient safety events, improve clinical decision-making to enhance patient treatment, respond to device safety recalls and strengthen the monitoring of medical devices to help ensure their ongoing safety and effectiveness. Additionally, Vizient appreciates ASTP broadening this data element as one data point captured in a single standardized field that recognizes the device identifier, as this will help hospitals manage device information more efficiently and reduce the likelihood of adverse events. For example, if a patient needs to change to a different hospital or provider due to a change in their insurance, the new provider can easily pull their records and link the patient to the device they are using. This will help providers manage device information more efficiently, inform their treatment decisions and improve patient care.

## Conclusion

Vizient's clients include 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 ASTP for providing us with the opportunity to comment on USCDI v6. 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,

Shoshana Krilow
Senior Vice President of Public Policy and Government Relations
Vizient, Inc.