vizient®

April 17, 2023

Submitted electronically via: Draft USCDI V4 Website

The Honorable Micky Tripathi
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology (ONC)
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 4

Dear Dr. Tripathi,

Vizient, Inc. appreciates the opportunity to comment on the Office of the National Coordinator (ONC) Standards Bulletin 2023-1 (SB23-1) which discusses the latest, draft version 4 of the United States Core Data for Interoperability (USCDI) standard (Draft USCDI v4). Many of the topics in SB23-1, including Draft USCDI v4, have a significant impact on our members and the patients they serve.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality, and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Recommendations

In our comments, we respond to various issues raised in SB23-1 and offer our recommendations to constructively improve Draft USCDI v4 and to support efforts related to health equity. We thank ONC for the opportunity to share recommendations related to Draft USCDI v4 and note our general support for several of the changes included in the most recent draft version. However, Vizient believes it is important that additional clarification on a range of data elements be provided before Draft USCDI v4 is finalized. In addition, we offer recommendations for future iterations of USCDI and provide additional suggestions for consideration.

799 9th Street NW
Suite 210
Washington, DC 20001

T (202) 354-2600
vizientinc.com

vizient

Suggestions for improvement in the data classes or elements in Draft USCDI v4?

As described below, Vizient offers several suggestions related to the data classes or elements included in Draft USCDI v4. Notably, Vizient is generally supportive of several of the changes included in USCDI v4 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 v4 instead, or in addition to those in Draft USCDI v4? If so, why?

Vizient recommends adding the below Level 2 data elements to USCDI v4. In support of these additions, use cases are also provided for consideration:

- Medications
  - Medication Administration: this allows for further insight and analyses of which medications were administered within visits.
  - 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 why they are being cancelled.
  - 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.
  - Medications Dispensed: This allows for differentiation of which ordered medications were actually 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.
- Laboratory
  - Laboratory results (date and timestamps): Date and timestamps would allow for trending of labs over time. This could be especially helpful when initially adding patient data into Fast Healthcare Interoperability (FHIR) databases since the upload date would be similar for all results.
- Observations
  - Observation Value; Observation Code; and Observation Performer: These three elements combined could be used to detail what kinds of observations took place, what the observations resulted in, and who ended up performing those observations during the visit.
- Vital Signs
  - 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).

- Vital Signs Results (date and timestamps): The addition of dates and timestamps would allow for trending of vital signs over time from various visits rather than relying on the date that the vital sign results were uploaded. This information could be especially helpful when initially adding patient data into FHIR databases. For example, if three blood pressures from different visits across three different months were all uploaded at once into an FHIR server, they would all show the same date that they were uploaded rather than having a reference date from when they were actually recorded.
- Social Determinants of Health (SDoH)
  - Outcomes: Vizient agrees with the use description submitted to ONC by the Gravity Project.[1] Overall, addition of the Outcomes element would allow for enhanced measurement of SDoH interventions, which may then also be used in the context of quality measurement. Also, the addition of the Outcomes element would allow for a more complete information, as currently available SDoH elements, which are included in different classes, do not include outcomes (e.g., SDoH Assessment, SDoH Problems/Health Concerns, SDoH Goals, SDoH Interventions).
- Procedures
  - Procedure sequence: Consistent with Vizient's comments regarding USCDI v3, the addition of Procedure Sequence would provide further clarification as to which steps took place from start to finish for each procedure. This information could help support performance improvement, among other benefits.
- Patient Demographics/Information
  - Pronouns: Consistent with Vizient's prior comments regarding USCDI v3, Vizient support including a data element for collection of person identified pronouns. Person reported pronouns, when used in conjunction with other gender and sex-related data elements, are an important part of care, and a standardized data field will provide accuracy and allow providers to deliver more patient-centered care.

Data Elements for Future Consideration after USCDI v4

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: Care Team Members
  - Add care team member specialty options as an element. This change would help hospitals group outcomes by care team member specialty and would provide more comparison opportunities for outcomes across health care organizations.
- Class: Encounter Information

---

[1] https://www.healthit.gov/isa/taxonomy/term/1846/level-2

799 9th Street NW   T (202) 354-2600
Suite 210   vizientinc.com
Washington, DC 20001

vizient.

- o Add diagnosis sequence and encounter status (e.g., scheduled, cancelled, closed) as elements. This addition would give insight to what diagnoses were associated with the designated encounters, and whether the encounters had already been closed, pending for future appointment, or cancelled.
- Class: Patient Demographics / Information
    - o Add "broadband availability" or "cellular service/smartphone availability" as an element. The addition would help match actionable factors to clinical outcomes in underserved populations.

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 v4?

Vizient notes that, as of the time of our comments, we did not encounter barriers to add the selected elements. We encourage ONC to include the elements from the draft USCDI v4 in the final version.

SB23-1: ONC Request for Additional Feedback on Selected Elements

Treatment Intervention Preference and Care Experience Preference
In SB 23-1, ONC invites public comment on the addition of the data elements "Treatment Intervention Preference" and "Care Experience Preference" to address important aspects of care planning that are vital to patient-centered care. Vizient supports efforts to standardize these data elements to provide greater clarity and consistency, while communicating patient preferences. In addition, we believe inclusion of these data elements to the Goals data class is appropriate.

Vizient commends ONC for including the "Care Experiences Preference" data element in USCDI v4. As described, the data captured in this data element such as a patient's religious or cultural practices, can help make healthcare safer, reduce health disparities in specific populations, and decrease patient safety disparities. Vizient is supportive of the addition of this data element to Draft USCDI v4 and encourages ONC to share guidance with providers on how to best collect and share this information in the patient's medical record.

Medication Adherence and Medication Instructions
Expanding the Medication data class to include elements such as Medication Adherence and Medication Instructions could help improve patient care given the important role medications play in treatment and as value-based care arrangements become more common. Vizient encourages additional information be provided regarding these data elements as no applicable vocabulary standard is referenced by ONC.[2] Vizient encourages ONC to work with providers to further clarify whether more standardized data could be included in the Medication Adherence and Medication Instructions data elements.

---

[2] https://www.healthit.gov/sites/isa/files/2023-01/Draft-USCDI-Version-4-January-2023-Final.pdf

799 9th Street NW   T (202) 354-2600
Suite 210   vizientinc.com
Washington, DC 20001

vizient.

Time of Procedure

Vizient supports the addition of time of procedure in Draft USCDI v4. As noted in our comments on USCDI v3, the addition of procedure time and procedure sequence (as noted above) would allow for measurement of various times associated with procedures, in addition to providing further clarification as to which steps took place from start to finish for each procedure. Also, recovery time could be tracked and referenced as variations in practice are considered.

The two elements, while overlapping, present distinct pieces of data relevant to quality improvement. The time of procedure data element captures only "time and/or date a procedure or other action is performed." A procedure sequence element would capture each individual step involved in a procedure (e.g., scheduled case start time, time patient enters room, time anesthesia is administered) and capture how long each step took, potentially tying time spent on procedure and outcomes related to procedure time or sequence of events. These elements together would allow those in the performance improvement space to utilize the information to address variation in procedural care, and the element of "time of procedure" does not adequately capture the intricacies of each step involved in a procedure. Vizient supports the addition of both the elements of time of procedure and procedure sequence, which together could allow for quality and performance improvement measures to be collected and analyzed based on the availability of sequencing and times.

Conclusion

Vizient thanks ONC for the opportunity to share feedback. 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 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 the ONC for providing us the opportunity to comment on USCDI v4. Please feel free to contact me or Emily Jones at Emily.Jones@vizientinc.com if you have any questions or if Vizient may provide any assistance as you consider these issues.

Respectfully submitted,

Shoshana Krilow

Senior Vice President of Public Policy and Government Relations

Vizient, Inc.