



Physicians Caring for Texans

April 17, 2023

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 4](#)

Dear Dr. Tripathi,

On behalf of the Texas Medical Association (TMA) and our more than 57,000 physician and medical student members, we thank you for the opportunity to comment on the United States Core Data for Interoperability (USCDI) Draft Version 4.

TMA appreciates that the Office of the National Coordinator for Health Information Technology (ONC) is requiring the standardized sharing of various data classes and elements but encourages ONC to pause and consider the unintended consequences of continuing to move too quickly. Of the 112 data elements, including the 20 new proposed data elements, 58 (or 48.2%) of the USCDI Version 4 data elements do not have a corresponding content standard. Without content standards, electronic health record (EHR) vendors can choose their preferred data standard, and this inhibits interoperability. TMA encourages ONC to work with EHR vendors to reach consensus on data standards for each USCDI data element. Before advancing additional requirements on vendors, ONC should conduct testing among certified EHR vendors to ensure that the data is interoperable between disparate systems.

Physician members have reported that USCDI Version 1 data elements are not consistently shared, which speaks to the issues of implementing data elements without correlating standards. Data quality and data presentation to clinicians are inconsistent, which contributes to burnout and cognitive load. TMA implores ONC to standardize the delivery of the USCDI Version 1 data elements in a concise and consistent format and to place more emphasis and priority on data quality over additional data elements.

While TMA agrees with the addition of many of the proposed data elements, it is important for ONC to understand that not all elements are applicable to all medical specialties. EHR systems should have the ability to suppress fields that are not applicable and thus reduce EHR clutter with the goal of improving EHR usability. This will reduce the complexity of EHRs that can lead to physician frustration and burnout.

For many years, TMA has advocated for universal use of extensible markup language (XML) or a

similar standard (e.g., Fast Healthcare Interoperability Resources, or 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. 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. Additionally, standardized encoding of all data elements supports physicians who desire changing EHRs by making it possible to seamlessly move from one EHR to another at little to no cost.

TMA offers for ONC's consideration the following feedback on specific data classes and elements of USCDI Version 4.

**Allergies and Intolerances:** ONC proposes adding a data element to represent non-medication substances. These could be food and environmental allergies such as latex, peanuts, pollens, and eggs.

*TMA Comment:* TMA agrees that this is a useful data element and appreciates that it includes a correlating applicable vocabulary standard.

**Encounter Information:** This proposed data element is described as a unique value generated by the organization involved in the encounter as a useful reference when searching for this information.

*TMA Comment:* TMA agrees that this data element could be useful to organizations desiring reporting capabilities on various types of encounters. For example, a practice delivering in-person and virtual care seemingly could use this field to distinguish between the two visit types. Accordingly, to capture this information, practices could create a legend of visit types. This internal information would not be useful outside of the practice, and therefore, data standards would not apply as this information would not need to be shared externally.

**Facility Information:** ONC proposes Facility Information as a new data class with three new data elements: 1) Facility Identifier, 2) Facility Type, and 3) Facility Name.

*TMA Comment:* TMA agrees with the addition of Facility Information as a new data class and its three supporting data elements. It is important to be able to identify facilities where care is delivered or where services (such as lab tests) are provided. There are currently no applicable vocabulary standards for these new data elements. TMA encourages ONC to provide data standards prior to EHR vendors adding these new elements to support interoperability.

**Goals:** ONC proposes adding two new data elements to the Goals data class: 1) Treatment Intervention Preference and 2) Care Experience Preference. The advance care planning process may include expressions of interventions, religious beliefs, and overall care experience preferences.

*TMA Comment:* TMA appreciates that the two proposed data elements both have correlating vocabulary standards. Physicians and other care providers should have access to documents patients have signed such as advance directives. TMA believes that having a standardized way of saving and sharing patient directives for access at the point of care to aid in decision-making is critical and agrees with the addition of these new data elements.

**Health Status Assessments:** ONC proposes the addition of three new data elements to the Health Status Assessments data class: 1) Physical Activity, 2) Alcohol Use, and 3) Substance Use.

*TMA Comment:* TMA appreciates that there are correlating vocabulary standards. The Health Status Assessments are likely helpful to some specialties, especially behavioral health. Physicians should not be required to respond to data elements that are not applicable to the specialty or to the patient.

**Laboratory:** ONC proposed adding six data elements to the Laboratory data class: 1) Result Unit of Measure; 2) Result Reference Range; 3) Result Interpretation; 4) Specimen Source Site (body location where specimen was obtained); 5) Specimen Identifier; and 6) Specimen Condition and Disposition. Of the six proposed elements, only four have a correlating vocabulary standard.

*TMA Comment:* TMA agrees that these new elements have the potential to be helpful regarding clinical care and diagnostic testing. ONC should consider whether or not laboratory information systems can support these new data elements. Additionally, there should be corresponding vocabulary standards to support interoperability of the proposed data elements.

**Medications:** ONC proposes two new elements to the Medications data class: 1) Medication Instructions and 2) Medication Adherence. ONC surmises that medication adherence, as reported by the patient, can aid medication reconciliation.

*TMA Comment:* TMA appreciates ONC's recognition that these additional data elements will push EHR vendors to provide fields to collect helpful information when necessary and applicable. Both of the newly proposed elements lack applicable vocabulary standards, and TMA implores ONC to require standards that will support interoperability.

**Procedures:** ONC proposes the addition of one data element to the Procedures data class: Time of Procedure.

*TMA Comment:* TMA agrees that Time of Procedure can be helpful in capturing the time a procedure was performed. Unless specified, it is likely that physicians will determine whether it should be when the procedure began or was concluded. To prevent disparities, ONC should specify if start time is the desired metric. This data element also does not have an applicable vocabulary standard and should be added before EHR vendors add this new data element.


**Vital Signs:** ONC proposes adding one new data element, Average Blood Pressure, to the Vital Signs data class. ONC indicates that the concept of average blood pressure is recognized as an independent risk factor in many diseases and health conditions. It may also be that at-home blood pressure monitoring devices provide only an average value.

*TMA Comment:* While TMA agrees that average blood pressure is a useful field, it should not be up to physicians to compile data and compute averages. Either EHRs should be able to compute the data, or the field could be reserved for home devices that provide only average values. TMA appreciates that this element does have an applicable vocabulary standard.

In summary, TMA recommends that ONC work with EHR vendors and other stakeholders to reach consensus on applicable vocabulary standards, and that real-world testing be conducted to verify that all data elements have bidirectional semantic interoperability. Finally, there should be evidence that what is required is useful for patient care and does not increase cognitive burden and physician workload.

TMA appreciates the opportunity to provide feedback on USCDI Version 4. Any questions may be directed to Shannon Vogel, associate vice president of health information technology, by emailing [shannon.vogel@texmed.org](mailto:shannon.vogel@texmed.org) or calling (512) 370-1411.

Sincerely,

A handwritten signature in black ink that reads "Gary W. Floyd". The signature is written in a cursive, flowing style.

Gary W. Floyd, MD  
President  
Texas Medical Association