April 11, 2024

Dr. Micky Tripathi
National Coordinator
Office of the National Coordinator for Health Information Technology
330 C Street NW
Floor 7, Mary E. Switzer Building
Washington, DC 20201

RE: Draft United States Core Data for Interoperability Version 5

Submitted electronically via www.regulations.gov

Dear Dr. Tripathi:

Thank you for the opportunity to submit comments regarding the Office of the National Coordinator for Health IT (ONC) request for comment on the Draft United States Core Data for Interoperability (USCDI) Version 5.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. The AHIMA mission of "empowering people to impact health®" drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business and serve in data integrity and information privacy job functions worldwide.

AHIMA supports ONC's continued expansion and advancement of USCDI through the addition of data classes and elements. This more comprehensive version of USCDI will move the healthcare system towards improved nationwide interoperability while prioritizing the quality and validity of patient health data. Adopting additional standards will enable more information to be available to all healthcare providers at the point of care, empowering them to deliver more tailored, patient-centered care.

AHIMA supports the proposed new categories and data elements and offers more specific recommendations and considerations for the following proposed additions.

Data Class: Patient Demographics/Information

Name to Use and *Pronoun*

AHIMA supports the proposed additions of the Name to Use and Pronoun data elements to include names that should be used when addressing or referencing the patient, including nicknames, and preferred words that can replace a person's name when addressing or referring to a person. Collecting and documenting additional patient demographic information improves the quality of data within the medical record and ensures health data continues to remain accurate, complete, and timely throughout its lifecycle. Capturing patients' preferred names, nicknames, and pronouns can also assist in strengthening the patient-provider relationship and help patients feel better seen and understood by their providers. This can be particularly helpful for patients identifying with a different gender than the gender assigned at birth, who may have a different, preferred name or nickname compared to their legal name.

Inaccurate or incomplete patient information causes challenges with matching patients to their medical records and merging patient records. As a result, fragmented or duplicate patient records can lead to delayed, inappropriate, or unnecessary care; inaccurate analysis and reporting; inefficiencies in care coordination, prior authorization, and billing; and decreased or limited interoperability.[1] A 2022 research study conducted by the Patient ID Now Coalition revealed organizations can spend up to 110 hours per week resolving patient identity issues, one-third are spending $1 million annually on patient matching, and 70 percent of respondents agreed that patients undergo or receive unnecessary medical care due to difficulties in managing patient identities.[2] Furthermore, consequences from inaccurate patient matching disproportionately impact underserved and minority communities.[3]

AHIMA has been a longtime advocate for collecting and documenting accurate patient data to address patient misidentification. In 2023, AHIMA released the Naming Policy Framework as a resource to assist healthcare organizations in identifying and matching persons to their medical records in their health IT systems.

AHIMA applauds ONC for the proposed inclusion of the Name to Use data element, stands ready as a leader in this effort, and welcomes the opportunity to partner with ONC and other stakeholders to continue progress in this area.

Interpreter Needed

AHIMA supports the proposed addition of the Interpreter Needed data element to indicate whether a person needs language interpretation services. Appropriate, credible, and professional interpreting services can increase trust, understanding, and engagement between patients and healthcare providers; ensure patient privacy and confidentiality; and improve patient safety and quality of care.[4]

We encourage ONC to ensure additional data elements to identify the type of interpretation services needed are included in future iterations of USCDI. There are a wide range of interpretation needs from patients and many provider organizations may need additional time arranging for services. It is important

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[1] Available at:
https://oncprojecttracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153&preview=/180486153/239829684/Project%20US%40%20AHIMA%20Companion%20Guide%20Version%201.0.pdf.
[2] Available at: https://patientidnow.org/wp-content/uploads/2022/11/PIDN-Research-Findings-Final.pdf.
[3] Available at: https://journal.ahima.org/page/covid-19-magnifies-urgent-need-for-patient-identification-strategies.
[4] Available at: https://www.healthdatamanagement.com/articles/voices-of-healing-bridging-linguistic-gaps-in-patient-care.

for all provider organizations to have as much information about a patient's needs as possible, especially when meeting the needs of Limited English Proficiency (LEP) patients who communicate primarily through sign language or in a language other than English.[5] As currently written, the LOINC standard does not appear to include the proposed drop down for needed services indicated in USCDI v5 data element use case submission. The addition of another element utilizing the drop down for needed services would meet the full use case proposed in the Interpreter Needed data element.

Data Class: Provenance

Author and Author Role

AHIMA supports the proposed new data class of Provenance, with the Author and Author Role data elements, to include actors that participated in the creation or revision of data and their relation to the patient. A stronger and more consistent record of who interacts with the patient's medical record and at which times will help with compliance with information blocking requirements, improve understanding of the life cycle of the patient's record, and ease administrative burden in accounting for disclosures and similar activities. It will also help healthcare providers understand who and which actors the patient is interacting with and has access to their medical record. This can help providers understand more of the patient's health story and deliver more tailored care as well as care coordination.

As ONC continues to expand the USCDI, AHIMA looks forward to engaging and partnering with ONC to strengthen the availability and quality of data for providers at the point of care and further interoperability across the healthcare ecosystem. If AHIMA can provide any further information or if there are any questions regarding our feedback, please contact Tara O'Donnell, regulatory health policy associate, at tara.odonnell@ahima.org.

Sincerely,

Lauren Riplinger, JD
Chief Public Policy & Impact Officer

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[5] Available at: https://www.lep.gov/sites/lep/files/resources/mediating_through_interpreters.pdf.